REPORT TO:	Health Policy & Performance Board
DATE:	17th September 2019
REPORTING OFFICERS:	Chief Executive – Warrington & Halton Hospitals and Chief Executive Bridgewater Community Healthcare
PORTFOLIO:	Health & Wellbeing
SUBJECT:	BCH and WHH Collaboration update
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

The purpose of this report is to provide an overview of the collaboration between Bridgewater Community Healthcare NHSFT and Warrington and Halton Hospitals NHSFT, including progress to date and key next steps. The collaboration is an equitable partnership of two foundation Trusts intended to support and accelerate the delivery of One Halton and Warrington Together priorities with system partners to improve the health and wellbeing outcomes of our populations.

2.0 RECOMMENDATION:

It is recommended that the Health Policy and Performance Board note the contents of this report.

3.0 SUPPORTING INFORMATION

Context

The NHS Long Term Plan published in January 2019 promotes models of collaboration with the 'breaking down' of barriers between primary and community and acute care with out of hospital provision of care prioritised and the development of integrated community teams and primary care networks.

BCH and WHH both operate across the Warrington and Halton health economy footprints and, like many health and care organisations, both face increasing pressures from increased demand for services due to population health trends, service delivery pressures due to workforce availability and need to address challenges at an organisation and system level.

In line with the direction of the NHS Long Term Plan both

organisations, as parts of local systems within Warrington and Halton, share an ambition to develop true sustainable integrated care. Both Boards share the belief that there are opportunities to collaborate in developing place-based models of care in both Halton and Warrington which will not only remove the barriers between acute and community but also primary care social care and voluntary/charity sector services.

Given the geographic footprint of both organisations and the specific focus of each organisation on acute and community services, both organisations have agreed to work more closely together to explore opportunities for closer collaboration and efficiencies which will deliver benefits to the Warrington and Halton health and care systems.

Progress in establishing integrated care systems (ICSs) under the Cheshire and Merseyside Health and Care Partnership is moving towards place-based care at borough/s level with a model of collaboration between commissioners, providers and third sector providers. Provider Alliance Boards have been established with the aim of bringing together providers of health and care to deliver new solutions to place-based care as part of integrated care systems (ICSs) One Halton and Warrington Together are our respective ICSs. The collaboration between BCH and WHH is intended to support the delivery of Warrington and Halton's place based priorities through the Provider Alliance Boards.

The NHS Long Term Plan states:
We will boost 'out-of-hospital' care, and finally dissolve the historic divide between primary and community health services:
-       A new NHS offer of urgent community response and recovery support
-       Primary care networks of local GP practices and community teams
-       Guaranteed NHS support to people living in care homes
-       Supporting people to age well

The NHS will reduce pressure on emergency hospital services
-       Pre-hospital urgent care Reforms to hospital emergency care
-       Same Day Emergency Care
-       Cutting delays in patients being able to go home

Local NHS organisations will increasingly focus on population health – moving to Integrated Care Systems everywhere

System Aims

As two of our proposed integrated care systems' care organisations, we want to commence the process of collaboration and integration for the benefits of our shared current and future populations.

The benefits to our populations, our workforce and our wider stakeholders are multiple:

☐ Higher quality services through service redesign and reconfiguration
☐ Higher quality services through having the right number of staff with the right skill set in the right place
☐ Higher quality services through better access to equipment and services
☐ A better and even safer experience through more 'joined up' care with seamless transition between services and teams
☐ Greater innovation through research and development
☐ Considerable quality improvements and financial efficiencies to the system such as those associated with

- improved recruitment and retention of staff
- more efficient clinical or managerial processes or working methods
- efficiencies from supplying a broader scope of services
- efficiencies from having a larger scale of operation
- The reduction of costs through areas such as shared procurement and other back office services

Our guiding principle is the NHS Constitution 2019:

a.   The patient will be at the heart of everything the NHS does
b.   The NHS is accountable to the public, communities and patients that it serves
b.   The NHS works across organisational boundaries
c.   The NHS is committed to providing best value for taxpayers' money
d.   The NHS aspires to the highest standards of excellence and professionalism

Progress to date and key next steps

Governance

The full boards of the two Trusts met in April to affirm our commitment to working together and to agree an outline work programme.

A 'Committees in Common' is now in place and convened for its inaugural meeting in June. The CiC will determine the scheme of delegation and provide assurance and pace to the progress of the programme plan.

A draft joint milestone programme plan has been developed and is overseen both by the CiC and by joint executive team meetings, which defines the integration programme as well as the key organisation specific components (such as the BCH divestments

and the WHH acute collaborations).

A programme team will lead and monitor this programme, manage and mitigate the risks and provide assurance and escalation to the CiC, as per the governance structures as defined in the Terms of Reference.

The programme will serve to support delivery of both One Halton and Warrington Together's priorities. We are currently exploring opportunities to share programme resource locally to facilitate delivery of all place based priorities at pace.

Primary Care Networks will be central to the partnership, building on the appointment of 2 Halton GPs as Clinical Directors within BCH and the joint development of the Integrated Care Team model.

From and Warrington and Halton place perspective it is intended that by April 2020:

- All hubs will be in place with service operating plans for partnership working
- Public engagement is in place around the developing partnership and integrated models
- Risk stratification will be in place for all long term conditions and complex care patients
- Pathways are in place with other providers such as mental health
- Sustainable system financial plans are delivering to achieve control totals agreed with NHSE/I
- Workforce plans are in place in relation to joint posts, rotation and new roles.
- Support services in WHH and BCH are aligned to contracts, maximising efficiency in functions such as human resources, finance, and communications

Service improvements that require wider system solutions will continue to be developed and delivered through the existing Provider Alliances within both One Halton and Warrington Together. The BCH WHH collaboration aims to support the acceleration of these improvements and the move towards the establishment of integrated local care organisations for Warrington and Halton, which will include all partners.

Workforce

Working collaboratively will help mitigate the staffing risks across both organisations and the wider system, as we have economies of scale and also have different workforce models. Skill mix across both organisations can shape the future sustainability models as services integrate. Collaboration across back office function staff will

mitigate risk, where individuals may be employed within one organisation to a team across both. The two Trusts have agreed to develop joint posts which would enable increased resilience and provide efficiency in corporate functions. The inclusion of partners outside of the two Foundation Trusts illustrates the ambition for wider integration and the centrality of primary care and social care to the emerging model.

- Joint Director of Workforce and OD
- Joint Medical Director
- BCH is appointing a deputy medical director (or possibly two) from primary care to work in Warrington and Halton accelerating the transformation and integration agenda.
- Two GPs in Halton have been appointed as Clinical Directors for BCH who are driving the transformation and integrated community team developments.
- WHH have a number of joint appointments with commissioners and local authority to develop local and Trust based plans.

We will continue to explore and deliver on opportunities to make joint appointments with all partners locally.

Clinical service sustainability

We have implemented a number of "quick wins" to enable service sustainability, for example increased IV provision in the community and WHH support to BCH safeguarding provision.

We are focussing further work on supporting the acceleration of One Halton and Warrington Together priorities e.g. Integrated Community Teams and Frailty services, as well as working with each of our clinical services to identify and deliver opportunities for collaboration that enable improvements to services for patients and clinical, workforce and financial sustainability.

Integrated community teams within neighbourhoods are the keystone to the new clinical models being developed across our shared geography. The ICTs developments have ensured that not only co-location but also improvements in care can be evidenced across all services.

A principle focus of the partnership is to deliver excellent care in each place, with integrated care teams as the foundation for wider transformation, both supporting and being supported by high quality local hospital services. The objective is to have a full set of ICTs operating across both boroughs by October. Beginning with the connection of community health services, primary care and social care, the inclusion of a broader range of providers will only build depth and value to the work of the teams and the places within

which they operate.

Reducing costs in the system

Both Trusts are committed to delivering our control totals in 2019/20. We acknowledge that there is work to do to close the 'system gap' of approximately £16m beyond the plans that have been submitted. At the time of writing further plans are being developed to address this gap over the course of 2019-2021.

The Trusts are working together, using a common financial model to ensure that both organisations' plans are consistent, and using the same inflationary assumptions and the same underlying key assumptions. This will allow any future modelling for shared services and functions to be produced in a consistent and efficient manner.

In addition the organisations are working in collaboration within the Warrington and Halton place economies including social and primary care and supporting system recovery planning. Working together in collaboration will be a vital element to support the delivery of the system financial plans and recovery plan.

4.0 **POLICY IMPLICATIONS**

There are currently no policy implications for HBC.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

There are currently no other implications for HBC.

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

The collaboration between BCH and WHH will assist in delivery of some of the Council's key priorities, especially Children and Young People in Halton and A Healthy Halton, through enabling the acceleration of priorities identified by the One Halton Provider Alliance. These priorities include Urgent Treatment Centres; Place Based Integration, including Primary Care Networks and frailty; and Prevention and Population heath.

7.0 **RISK ANALYSIS**

A detailed risk register for the programme is in development, alongwith mitigating actions. There are no immediate risks to the Council's priorities.