

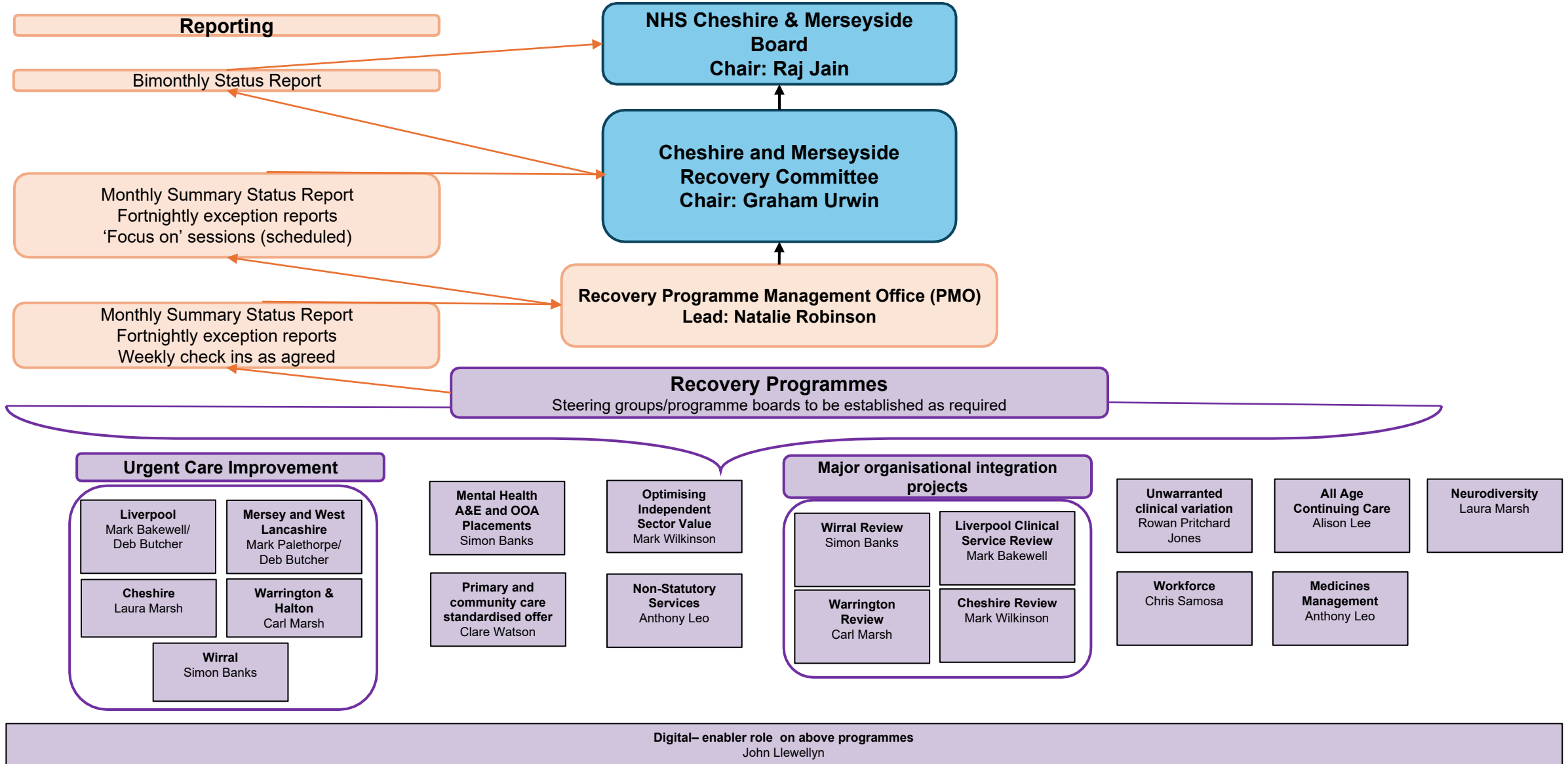


Warrington and Halton integration programme

Introduction

- We have identified significant opportunities to improve things for both our patients and staff working at the front line and are launching a programme of work to deliver integrated and collaborative models of care between Warrington and Halton Hospital NHS Foundation Trust and Bridgewater Community NHS Foundation Trust.
- Our system is not clinically and financially sustainable and we must significantly improve our use of resources. All parties have recognised the sub-optimal working that exists, caused by silo working, fragmentation, and lack of co-ordination. Evidence demonstrates that alignment of management of the system is necessary to effectively address and optimise the use of resources and outcomes for patients and staff.
- We recognise the potential risks associated with these plans, in terms of staff anxiety and the potential for cumbersome governance. The overriding aim of delivery of a sustainable system for patients and staff will require focus and leadership to mitigate risks and take people with us.
- The programme must focus on a Warrington and Halton solution and involve the seven local Primary Care Networks and the two Local Authorities.
- To achieve the objectives, the programme will focus on the place-based clinical integration of services and production of a co-designed clinical strategy for the places/partnership, with organisational forms/models being developed to create the environment, leadership and governance for high-quality clinical services to thrive.

ICB Context



Overview of organisations

Bridgewater Community Healthcare NHSFT



1,550 staff



£97m annual turnover



66 community sites in Warrington, Halton, Cheshire, Merseyside and Greater Manchester



Community adult and children's nursing and therapy services in **Halton, Warrington, and St Helens**. Community dental services across **Cheshire, Merseyside and Greater Manchester**.

Warrington and Halton Teaching Hospitals NHSFT



5,000 staff



£347m annual turnover



2 Acute hospital and over 30 community sites in Warrington and Halton



Full range of acute general hospital services, across unplanned care, planned care and clinical support services in **Warrington and Halton**.

Programme workstreams (1)

Workstream	Leads	Purpose
1. Clinical and operational service integration	Mark Charman Dan Moore	<ul style="list-style-type: none"> ▪ Deliver improvements to the care provided to our populations ▪ Ensure financial and clinical sustainability of our shared services. ▪ Determine the clinical operating model for the integrated teams
2. Corporate services integration	Nick Gallagher Jane Hurst	<ul style="list-style-type: none"> ▪ Review corporate services structures ▪ Develop corporate services operating model ▪ Establish integrated structure, systems and streamlined processes to support clinical services ▪ Deliver efficiency savings and improved Use of Resources, enabling the release of the opportunity costs identified in Model Health data
3. Finance	Nick Gallagher Jane Hurst	<ul style="list-style-type: none"> ▪ Understand the underlying Place financial position and develop and 5-year strategy to ensure financial sustainability. ▪ Outline the financial impact of the integration to the overall financial position of the new organisation ▪ Develop financial benefits realisation plan ▪ Identify financial and operational efficiencies
4. Workforce	Paula Woods Michelle Cloney	<ul style="list-style-type: none"> ▪ Establishment of leadership and organisational structure ▪ Cultural behavioural alignment (Common vision, values and behaviours) ▪ Workforce transformation ▪ Develop change management and staff transition plan/arrangements

Programme workstreams (2)

Workstream	Leads	Purpose
5. Estates	Nick Gallagher Dan Moore	<ul style="list-style-type: none">▪ Develop Estates strategy▪ Current Estate review and rationalisation▪ Develop single EFM structure
6. Digital	Ted Adams Paul Fitzsimmons	<ul style="list-style-type: none">▪ Review and rationalisation of digital infrastructure▪ Develop and implement robust informatics systems, processes and digital technologies to improve quality of care, increase productivity and improve operational efficiencies▪ Review and harmonise clinical systems▪ End-to-end digitised clinical pathways, ongoing optimisation across place including social care
7. Communications and engagement	Mike Baker Kate Henry	<ul style="list-style-type: none">▪ Engagement and communication with stakeholders▪ Manage stakeholder consultation▪ Develop benefit key messages▪ Develop communications and engagement strategy
8. Governance and programme management	Lucy Gardner	<ul style="list-style-type: none">▪ Establish robust Governance and Assurance arrangements▪ Development of Programme and Implementation timeline

6-month deliverables

Workstream	Deliverables
1. Clinical and operational services integration	<ul style="list-style-type: none">▪ UEC System Improvement (Flow)▪ Dermatology (Quality and safety)
2. Corporate services integration	<ul style="list-style-type: none">▪ Review all corporate structures and identify opportunities to share resource▪ Develop integrated structures and assess savings
3. Finance	<ul style="list-style-type: none">▪ Develop high level 5-year financial strategy▪ Review use of resources data to identify opportunities
4. Workforce	<ul style="list-style-type: none">▪ Develop integrated organisational change framework▪ Develop joint vacancy review & management process framework
5. Estates	<ul style="list-style-type: none">▪ Explore options for integrated hard/soft facilities management functions▪ Review service contracts across both Trusts and identify opportunities for savings
6. Digital	<ul style="list-style-type: none">▪ Identify opportunities for EPR consolidation, convergence, patient portals and interoperability▪ Review & align digital strategic intent
7. Communications and engagement	<ul style="list-style-type: none">▪ Develop communications and engagement strategy▪ Introduce regular internal and external comms re the integration journey
8. Governance and programme management	<ul style="list-style-type: none">▪ Establish programme governance and reporting arrangements▪ Development of programme and implementation timeline

Summary of progress to date (1)

- Developed and agreed an MoU between CEOs
- Agreed Nikhil Khashu will be Chief Executive for both Trusts, subject to approvals
- Drafted and approved high level summary case for change
- Established workstreams and SROs
- Joint executive SROs met to agree initial 6, 12 and 24 month priorities for each workstream
- Plans on a page drafted for each workstream and highlight reports produced monthly to track progress
- Agreed initial programme governance arrangements
- Regular joint executive team delivery group meetings held
- Second Steering Group, chaired by ICB CEO, held 9th October
- First Board to Board held 4th September

Summary of progress to date (2)

- Sought advice from partners and networks who have undertaken integration recently
- Met with Hill Dickinson to obtain initial advice on options for legal mechanism to bring organisations together
- Reviewed model hospital data to inform potential financial benefits
- Issued joint media statement and internal communications
- Established joint vacancy review process
- Developed initial quality, performance and financial benefits
- Developed and agreed workforce principles and single EIA process
- Approved communications key messages and principles
- Developed and approved initial milestone plan
- Signed data sharing agreement
- Approved risk/gain share agreement
- Developed draft joint executive team structure

Summary strategic case for change

- Initial draft case for change shared at Exec-to-Exec meeting on 6 August and developed further subsequently
- It helps set a positive tone for the integration, focusing on the benefits for patients and staff
- Boards have now:
 - reaffirmed the principles of strategic intent to integrate
 - approved the proposed partnership branding
 - Approved the strategic case for change
- This case for change will be communicated internally across both organisations, and externally, as soon as possible



Priority services

Priority service for integration	Rationale for prioritisation
1. Urgent and emergency care (including UTC and UCR)	
2. Intermediate Care (Padgate)	Risk around workforce resilience and leadership
3. Dermatology	Clinical risk re inpatient dermatology
4. Paediatric Audiology	Need to create a high quality, more seamless service as close to patients' homes as possible. Potential IQIPP accreditation for single service.

Key next steps

- Finalise communications and engagement plan – October 2024
- ICB Steering Group meeting – October 2024
- Confirm in year forecast benefits – quality, performance and financial – October 2024
- Clinical and operational services workshop – October 2024
- Joint CEO and executive team – 1st November 2024
- Develop partnership/management agreement – November 2024
- Establish Joint Committee – January 2025

