

Title of report:	Partnerships Report
Presented to:	Trust Board
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Executive summary

The latest version of the NHS Foundation Trust Code of Governance (published in April 2023) requires Trust to work effectively with our system partners and identifies several specific responsibilities for Trust Boards.

This report is the third biannual report to Trust board on system partnerships, following the previous reports on the 7th February 2024 and 2nd October 2024.

Link to strategy

Working effectively with our partners across the Wigan Locality, Greater Manchester and beyond is identified as a key part of *Our Strategy 2030*.

Risks associated with this report and proposed mitigations

No specific risks linked to this report. Risk to partnerships included within the Board Assurance Framework (see PR12)

Financial implications

No financial implications to this report.

Legal implications

No financial implications to this report.

People implications

No financial implications to this report.

Wider implications

None noted.

Recommendation

Trust Board are requested to note the contents of this report.

Background

The latest version of the NHS Foundation Trust Code of Governance (published in April 2023) highlighted an expectation that *“providers will work effectively on all issues, including those that may be contentious for the organisation and system partners, rather than focusing only on those issues for which there is already a clear way forward or which are perceived to benefit their organisation. The success of individual NHS trusts and foundation trusts will increasingly be judged against their contribution to the objectives of the ICS, in addition to their existing duties to deliver high quality care and effective use of resources”*¹.

This update to the code reflects the establishment of Integrated Care Systems (ICSs) on a statutory footing. Each ICS now has: an Integrate Care Board (ICB) which bring NHS bodies together locally to improve population health and care and manage the financial allocation; an Integrated Care Partnership (ICP) which is statutory joint committee of the ICB and upper tier local authorities, with a focus on improving the care health and wellbeing of the population. The ICP and ICB, along with place-based partnerships (such as our Healthier Wigan Partnership) and provider collaboratives, are tasked with bringing together all partners within an ICS.

The principles underpinning the new code has several elements that relate directly to the need to work in partnership as shown in the table below.

Table 1 – Code of Governance Principles

- 1.1** Every trust should be led by an effective and diverse board that is innovative and flexible, and whose role it is to promote the long-term sustainability of the trust as part of the ICS and wider healthcare system in England, generating value for members in the case of foundation trusts, and for all trusts, patients, service users and the public.
- 1.2** The board of directors should establish the trust’s vision, values and strategy, ensuring alignment with the ICP’s integrated care strategy and ensuring decision-making complies with the triple aim duty of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources. The board of directors must satisfy itself that the trust’s vision, values and culture are aligned. All directors must act with integrity, lead by example and promote the desired culture.
- 1.3** The board of directors should give particular attention to the trust’s role in reducing health inequalities in access, experience and outcomes.
- 1.4** The board of directors should ensure that the necessary resources are in place for the trust to meet its objectives, including the trust’s contribution to the objectives set out in the five-year joint plan and annual capital plan agreed by the ICB and its partners, and measure performance against them. The board of directors should also establish a framework of prudent and effective controls that enable risk to be assessed and managed. For their part, all board members – and in particular non-executives whose time may be constrained – should ensure they collectively have sufficient time and resource to carry out their functions
- 1.5** For the trust to meet its responsibilities to stakeholders, including patients, staff, the community and system partners, the board of directors should ensure effective engagement with them, and encourage collaborative working at all levels with system partners.
- 1.6** The board of directors should ensure that workforce policies and practices are consistent with the trust’s values and support its long-term sustainability. The workforce should be able to raise any matters of concern. The board is responsible for ensuring effective workforce planning aimed at delivering high quality of care.

This report provides a summary update of the key ways in which we are seeking to work effectively as a system partner, specifically across Greater Manchester (GM) and the Wigan Locality.

¹ [NHS Foundation Trust Code of Governance – Paragraph 2.3](#)

Alignment of Strategy

As part of developing the Our Strategy 2030, the Trust engaged widely with partners across the Wigan locality alongside considering strategies at a Greater Manchester level. Delivery of the Trust's strategy is then focussed on an annual basis as part of the corporate objective setting and supporting divisional plans. In addition to Our Strategy 2030, several other drivers are considered as part of setting the annual corporate objectives including: changes in national planning guidance and/or expectations; and any new partnership strategies as they emerge. In 2024/25 we had specific partnership objectives: to improve the health and wellbeing of the population we serve (CO14); and to develop effective partnerships across GM and the Wigan Locality which support services that are clinically and financially sustainable (Corporate Objective 15). Risks to achievement of these objectives are monitored through the Board Assurance Framework (BAF) with updates on Trust Board brought biannually. The Corporate Objectives for 2025/26 are currently being developed and partnerships will continue to be a key focus as one of our "4 Ps" that underpin the strategy.

Participation in NHS Greater Manchester ICS

WWL has been significantly involved at multiple levels throughout the organisation to ensure that our 2025/26 operational plan submission is been consistent with planning assumptions within the GM ICS and that it contributes towards delivery of the GM ICS plan to meet national operational planning requirements. This includes: the weekly operational planning hub meeting; 1-1 meetings between GM ICB and WWL Executives; and the Trust Provider Collaborative (TPC). At the time of writing the Trust and the GM ICS has a gap to the financial control total and we will continue to be involved in the system discussions and work to address this.

The recent announcements that ICBs will be required to reduce their costs by 50% does potentially increase the risk to effective partnership working, given the disruption that this is likely to generate. We do however continue to be actively involved wherever possible with partners in the ICB which will support us in mitigating this risk. As previously reported, all executive directors play an active role in their relevant sub-group or network across GM as well as the GM wide programme boards such as elective care or sustainable services, which track system wide actions against priority areas. Several of the Executive Team have key roles within the GM Trust Provider Collaborative including the Director of Strategy and Planning who chairs the GM Directors of Strategy group, which help to shape the system response to challenges and develop future plans.

The Trust Provider Collaborative has identified four key areas which it is seeking to make significant progress focus on, and where there is opportunity to deli

- Pathology; to support Manchester Foundation Trust & Northern Care Alliance to develop a best practice pathology function – this would also link to microbiology provision which is a fragile service area within WWL. Given our existing partnership arrangement with the NCA, this is something that we will continue to be closely involved in.
- Asceptic service
- Procurement
- Convergence of Patient Information Systems (secondary care, primary care, mental health)

WWL are also active participants within the GM Commissioning Oversight Group which is seeking reviewing the commissioning intentions for GM. It is doing this by undertaking a systematic assessment of services against an agreed set of outcome, efficiency, effectiveness and quality measures to determine which services must be maintained, those which need review and potentially transformed to a different delivery

model and those which could be considered for disinvestment as no longer affordable or core to the NHS GM vision and aims. The initial outcome from this is due at the end of September. Bilateral commissioning meetings between WWL Executives and the ICB have also been established.

Since the last report to Trust Board, at which the surgical hub accreditation for Leigh Infirmary from the NHSE Getting It Right First Time (GIRFT) programme was noted, we have continued to work with NHS GM to identify opportunities to further develop the role of Leigh in supporting reduction of elective waits across the system, and efficient use of NHS assets. As part of the 25/26 planning round, discussions are continuing about the potential for Leigh to support the wider system in both provision of general surgery and ophthalmology. In addition, GM are looking to implement a Single Point of Access which provides opportunity to further cement the roles of both Leigh and Wrightington as system assets.

Since the last partnerships report to Trust Board, the work to create additional endoscopy rooms at Leigh Infirmary, as part of the GM endoscopy programme, has completed and one of these rooms is now delivering additional lists. This increase in diagnostic capacity will support earlier diagnosis, and an opportunity to reduce health inequalities both for residents of the Borough and GM. The work at Wigan is progressing well and when completed this will support the delivery of Bowel Cancer Screening lists at both Wigan and Leigh (they are currently just undertaken at Leigh); this will increase accessibility of screening and support a reduction in health inequalities given the variation in screening take up across the Borough.

The Trust continue to be closely involved in the processes to allocate capital funding across the GM ICS. These arrangements have been strengthened recently, with the Chief Finance Officer joining the GM Capital Resource Allocation Group (CRAG). In addition to the core capital allocation (CDEL), there continue to be several different capital funding allocations for specific purposes. The Trust has recently submitted bids into funding for elective recovery, estates safety and urgent and emergency care, with successful bids against the elective and estates safety allocations. The outcome of the urgent and emergency care bidding process is awaited at the time of this report being written.

Collaboration with Bolton NHS Foundation Trust

Since the last report to Trust Board, the Bolton and WWL Collaboration Board has formed, and held the first two meetings, with future meetings scheduled on a recurring 6-weekly frequency. The Board has been established to oversee collaborative projects between WWL and Bolton NHS Foundation Trust which improve efficiency and service sustainability in line with the principles below that have previously been agreed:

- Our focus is optimising functions rather than changing form, ensuring that we retain the ability for each organisation to act in a way that is responsive to the needs of the populations they serve. This is not a pathway to merger or creation of a group structure.
- We will actively encourage collaboration at all levels across our organisations and in all areas of business, ensuring that barriers to doing so are identified and overcome.
- Any proposed service change must not destabilise core service provision for our local populations.
- All clinical service changes will be clinically-led and organised around the delivery of shared and agreed outcomes for our patients and service users.
- We will involve our patients in any service redesign, ensuring that we remain patient focussed and that - wherever appropriate and possible - that we deliver services closer to home.
- Prioritise areas where there are opportunities to take out costs, not compromising on the quality of service provision.
- We will reduce health inequalities, rather than exacerbate them, through any changes to service provision that we make.

The following areas have been identified as priorities to progress with immediately, focussing on areas which address clinical sustainability issues, provide opportunity for financial efficiencies (which can be

delivered within 12 months), and where a Bolton/WWL partnership is preferable and does not rely on changes to other partnership arrangements:

- Maximise theatre utilisation at Wroughtington, Leigh and Bolton through 25/26 planning round
- Microbiology
- Dermatology
- Strategic finance expertise, general ledger and payroll
- HR Transactional services
- Digital (Identify alignment opportunities, data centre, sharing info across Altera EPR)

The Transformation Unit have been engaged to support the work across finance, HR and digital to identified opportunities to work more effectively and efficiently across our two organisations.

Healthier Wigan Partnership

WWL Executives continue to play an active role in the Healthier Wigan Partnership Board which brings together key partners across the Wigan Locality including Wigan Council, WWL, the locality ICB team, Healthwatch and representation from the voluntary, community and faith sectors (VCFS). Key WWL stakeholders also contribute to the sub-groups to the Partnership Board. The Chief Executive co-chairs the Wigan Integrated Delivery Board with Director of Public Health from Wigan Council.

The HWP Partnership Board has identified three key system priorities to put integrated health and care services at the heart of the community following the launch of “Progress with Unity”:

Addressing Inequalities with Communities	Addressing inequalities is at the heart of our commitment to prevention and population health. It requires a multifaceted approach focused on community engagement and partnership building on our learning through the work with Scholes and Westleigh. Engaging with residents and local leaders to tailor interventions that meet specific community needs.
Reforming Community Based Services	Reforming community health services is essential in response to our ageing population and pressures on hospital services. We are committed to going further through an integrated service delivery model in neighbourhoods working across primary care, community and mental health, adult social care, children's services, public health and the wider voluntary sector services.
Workforce Planning Together	Workforce planning is critical to ensure a sustainable health and care workforce for the borough. Engaging young people and creating clear pathways for careers in health and care is essential. This involves collaboration with educational partners and local employers to create training and employment opportunities that are attractive to future generations.

Since the last report to Trust Board, progress has been made in establishing the “Better Lives” programme; a shared programme across Wigan Council, NHS GM ICB and WWL to support our residents to live independently and transform urgent and care. The co-designed programme has three key aims:

- To deliver the most independent outcomes and support more people to live at home
- To deliver simple and more effective care for people through collaboration and integration, critically eliminating the longstanding and unacceptable overcrowding of the Emergency Department (ED).
- To build an operationally and financially sustainable model of care for the residents of Wigan.

Three key workstreams have now been established (Admissions Avoidance, Community and System Leadership and Visibility).

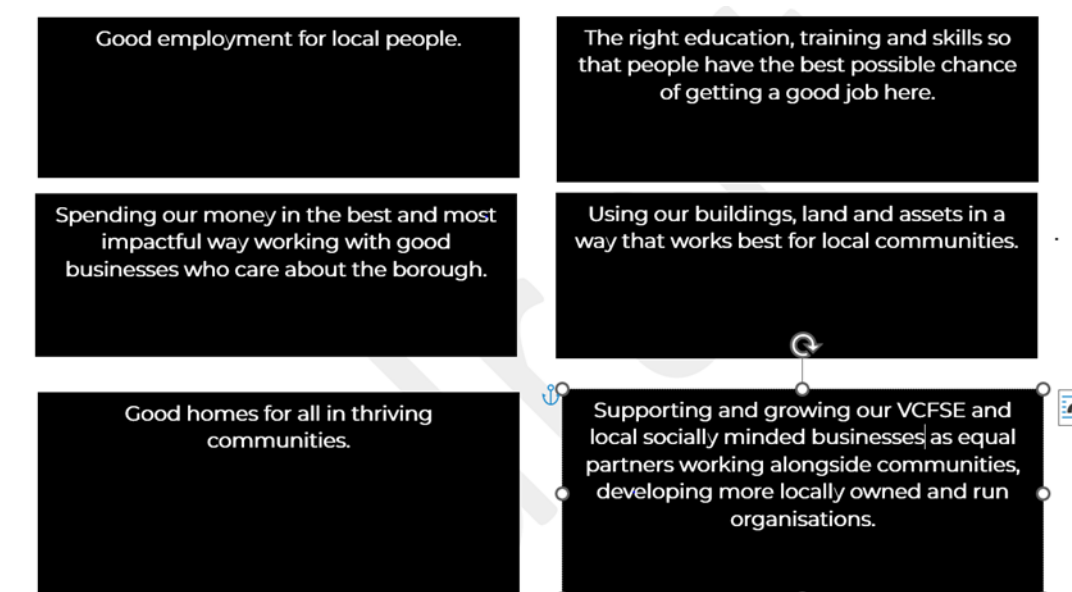
Health Inequalities

Partnership working brings opportunities to focus not just on provision of health services, but also on tackling the wider determinants of health. One key approach to this is our role as active participant in the Wigan Anchor Partnership, recognising that community wealth leads to strong community health (one of the fundamental “Progress with Unity” pillars). We know that a good job, access to education, a good place to live, connections to the community are important building blocks that can really improve the health and wellbeing of our residents. Through this partnership, we are actively engaged in supporting improvements in the socio-economics of the Borough by leveraging the economic clout we have as the largest employer and our significant spending power.

To date the partnership has achieved significant progress supporting local people to access work, progress in their careers, created local jobs and run local buildings and facilities for the benefit of their community. We have also seen an increase in the value of non-pay spend with organisations based in Wigan and across GM.

Whilst there has been significant progress, there is much more to do. Through focussing a sustained effort on the right activities from all partners we have the potential to make lifetime changes for people living in the borough, improving population health and making a significant contribution to reducing health inequalities and enabling thriving communities.

As a result, the anchor partnership has recently been reviewing its priorities and has identified the following 6 themes for focus whilst also working on developing a Community Wealth Building strategy.



The Trust is going to be significantly engaged in the development of the work programme under these key priorities; working with partners to identify and focus delivery on those areas which will deliver the greatest benefit for our residents. The development of the work programme is being taken forward through a series of workshops over the coming months.

In 2024/25, the first two biannual Trust reports were presented to outline the work that that has been undertaken to both identify and address health inequalities in our Borough; it is planned for these to continue into 2025/26.

Recommendation

Trust Board are requested to note the contents of this report.