

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 the Trust to work effectively with our system partners and identifies several specific responsibilities for Trust Boards.

There have also been a few publications from NHS England over the last few months which have highlighted the importance of strong partnership arrangements as a key enabler to delivery of integrated and efficient services and in driving improvements in population health through an increased focus on prevention. These publications include:

- The NHS England 10 Year Health Plan, which highlights three radical shifts; from hospital to community; analogue to digital; and sickness (reactive care) to prevention; and
- The Planning Framework for the NHS in England, which promotes integrated, system-wide planning focused on population health, financial sustainability, and service transformation.

This is the latest biannual report to Trust Board highlighting the system partnership work that we are undertaking.

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 PR8)

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 is 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 Integrated Care Board (ICB) which brings NHS bodies together locally to improve population health and care and manage the financial allocation; an Integrated Care Partnership (ICP) which is a statutory joint committee of the ICB and upper tier local authorities, with a focus on improving the 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

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| 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. |

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

There have also been a few publications from NHS England over the last few months which have highlighted the importance of strong partnership arrangements as a key enabler to delivery of integrated and efficient services and driving improvements in population health through an increased focus on prevention.

In July 2025 NHS England published the 10 Year Health Plan, which highlights three radical shifts, from:

- hospital to community;
- analogue to digital; and
- sickness (reactive care) to prevention.

Core to achieving these shifts, as set out in the 10 Year Health Plan, is development of a truly Neighbourhood Health Service, which is multi-disciplinary, prevention focussed and rooted in communities. Achievement of this will only come through effective working with our partners across the locality.

The 10 Year Health Plan also proposes reforming the NHS's operating model to give more power to local leaders and communities, with high performing Trusts having the opportunity to have greater freedom and the potential to become "integrated health organisations" that hold outcomes-based contracts for local populations. Whilst the policy details of how this will be implemented are still being developed nationally, it is again clear that accessing greater freedoms will only come through improving the services we provide our communities, which in turn will require effective partnership working to increase focus on prevention and provide integrated care.

In September 2025, the *Planning Framework for the NHS in England* was published. This marks a strategic shift in how services are planned and delivered introducing a rolling five-year planning horizon (2026/27-2030/31), which replaces the previous annual cycle, and promotes integrated, system-wide planning focused on population health, financial sustainability, and service transformation. This medium-term planning approach, with an emphasis on integrated planning across localities and systems, is a key enabler to delivery of the 10 Year Health Plan.

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.

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. Our Strategy 2030 is focussed on delivery across our "4 Ps", one of which is Partnerships. 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 the current financial year we have a specific partnership objective: "to further strengthen existing partnerships and develop new ones, to complement and support our NHS and research activities" (CO8). Risks to achievement of this objective are monitored through the Board Assurance Framework (BAF).

Participation in NHS Greater Manchester ICS

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 Chief Executive, who chairs the GM Elective Recovery Board, and the Deputy Chief Executive who chairs the GM Directors of Strategy group. We also continue to be closely involved in the processes to allocate capital funding across the GM ICS, with the Chief Finance Officer part of the GM Capital Resource Allocation Group (CRAG).

WWL was significantly involved at multiple levels throughout the organisation to ensure that our 2025/26 operational plan submission was 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. We are already fully engaged with the GM ICB to work towards development of our five-year plan for 2026/27 - 2030/31 in line with the requirements of the *Planning Framework for the NHS in England* through: the GM planning hub meeting and the GM Executive meetings (e.g. GM Directors of Strategy and GM Directors of Finance); and the Trust Provider Collaborative (TPC). Further opportunities to strengthen our clinical services, through working collaboratively with the other GM Trusts, will be considered through this planning round.

We are committed to the delivering key programmes in partnership with providers across GM including:

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| Pathology | We have had a shared pathology for many years with Salford Royal (now part of the Northern Care Alliance). We are committed to building on this to develop a single pathology service for GM, through supporting Manchester Foundation Trust and the Northern Care Alliance to develop a best practice model for pathology. |
| Procurement | We are the strategic lead for developing a single procurement hub for GM, and an early adopter of the new model. |
| Recruitment | We are committed to supporting development of a single recruitment model for GM |

The potential impact of significant cost reductions that ICBs are being required to make on effective partnership working, given the disruption that this is likely to generate, is not yet clear. The operating model for the ICB, including how the ICB supports effective working in “place” (i.e. Wigan) has not yet been finalised. We do however continue to be actively involved wherever possible with partners in the ICB which will support us in mitigating this risk.

Our participation in GM programmes supports access to capital funding to deliver improvements in our services. Since the last partnerships report to Trust Board, the endoscopy service at Leigh has achieved accreditation from the Joint Advisory Group (JAG) on Gastrointestinal Endoscopy (hosted by the Royal College of Physicians). This provides a national quality framework for endoscopy services and is a pre-requisite for delivering the Bowel Cancer Screening Programme. This supports earlier diagnosis, and an opportunity to reduce health inequalities both for residents of the Borough and GM. The capital work at Wigan is progressing well, with the new endoscopy unit expected to complete by November 2025. Following this we will be seeking JAG accreditation for Wigan which will support the delivery of Bowel Cancer Screening lists here too; increasing accessibility of screening and supporting a reduction in health inequalities given the variation in screening take up across the Borough.

Collaboration with Bolton NHS Foundation Trust

Our collaborative work with Bolton with oversight of projects to improve efficiency and service sustainability overseen by the Bolton and WWL Collaboration Board in line with the principles below that have previously been agreed and reported to Trust Board.

- 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 table below outlines the key areas that we are working on together:

Microbiology	Increasing attractiveness of Microbiology roles at WWL through ensuring access to Bolton's pathology laboratory, to support substantive recruitment and reduce premium spend
Theatre utilisation	Maximising theatre capacity for the benefit of our patients, with a specific focus on Bolton patients accessing capacity at Wrightington Hospital for orthopaedics and Leigh Infirmary for high volume low complexity general surgery.
Workforce	Review of opportunities for joint working across recruitment and payroll services to increase resilience, reduce costs, and align systems, in line with the single GM recruitment model.
Digital	Senior leadership collaboration sessions established, with review of opportunities for joint working being undertaken including the potential for a shared data centre.
Finance & Procurement	Sharing expertise where specialist knowledge can be pooled to provide resilience. Early adopter and strategic lead for procurement collaboration across GM. Progression of General Ledger harmonisation, in line with GM priority, using shared resource.
Nursing, Midwifery & AHPs	Senior leadership collaboration sessions established to share learning and identify opportunities, including consideration of joint posts where it makes sense to share expertise and leadership.

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.

Our commitment to increasing focus on prevention together is demonstrated by the recent joint appointment of a Consultant in Public Health with Wigan Council, bringing specialist expertise in epidemiology and health improvement into hospital services and supporting targeted action on health inequalities and embedding prevention within clinical pathways. The joint appointment will provide visible leadership across organisational boundaries, ensuring closer alignment of prevention, population health and acute care priorities, strengthening our shared use of data and intelligence and promoting workforce development.

We continue to be committed to the work of 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.

Our “Better Lives” programme is now starting to deliver some tangible benefits through working collaboratively with Wigan Council and the ICB to support our residents to live independently and transform urgent and emergency 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.

We have much yet to do to sustainably embed new ways of working, and to achieve these aims. The signs are however encouraging. We have seen the second consecutive month of improvements in our four-hour emergency department performance, reaching 77% in August — the highest level in three years. The first phase of Better Lives, focussed on admissions avoidance is the most developed. Work has started over the last two months on the second phase which is focussed on discharging patients from hospital promptly and ensuring that we make the most of our reablement and rehabilitation services across the Borough. This will support increases in the number of patients who are able to return to their usual place of residence and reduce those going into long term care.

Recommendation

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