



# **Transforming Health and Social Care Through the Power of People**

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and New Local Govt Network**



# The Impact – Achievements



Contribution to acute stability and system demand. NHS-Social Care Interface Dashboard: Wigan 4<sup>th</sup> best performing nationally, strongest of 23 Councils in the North West



Radical workforce redesign, high levels of staff satisfaction



Healthy life expectancy in the most deprived areas increased by seven years



Financially stable while still making key investments



89% of domiciliary and 75% of care home providers rated 'good' or 'outstanding'. 3<sup>rd</sup> most improved nationally



Getting people home from hospital: Wigan best performing in North West and 5<sup>th</sup> in country



Over three quarters of people supported by our 'Outstanding' Reablement service require no further ongoing social care support



Community Book - innovative online community matching tool plus £10m community investment

# A Different Way.....

## From a traditional approach

- Individual contracts based on service line specifications that measure outputs and not outcomes
- Multiple providers contracts and conflicting specifications and silo based individual provider focus
- Duplication of provision and overlaps in service delivery
- User effort and confusion in navigating the services across a complex system
- Disease or service specific focused creating dependency
- Getting the best out of the contract for commissioners

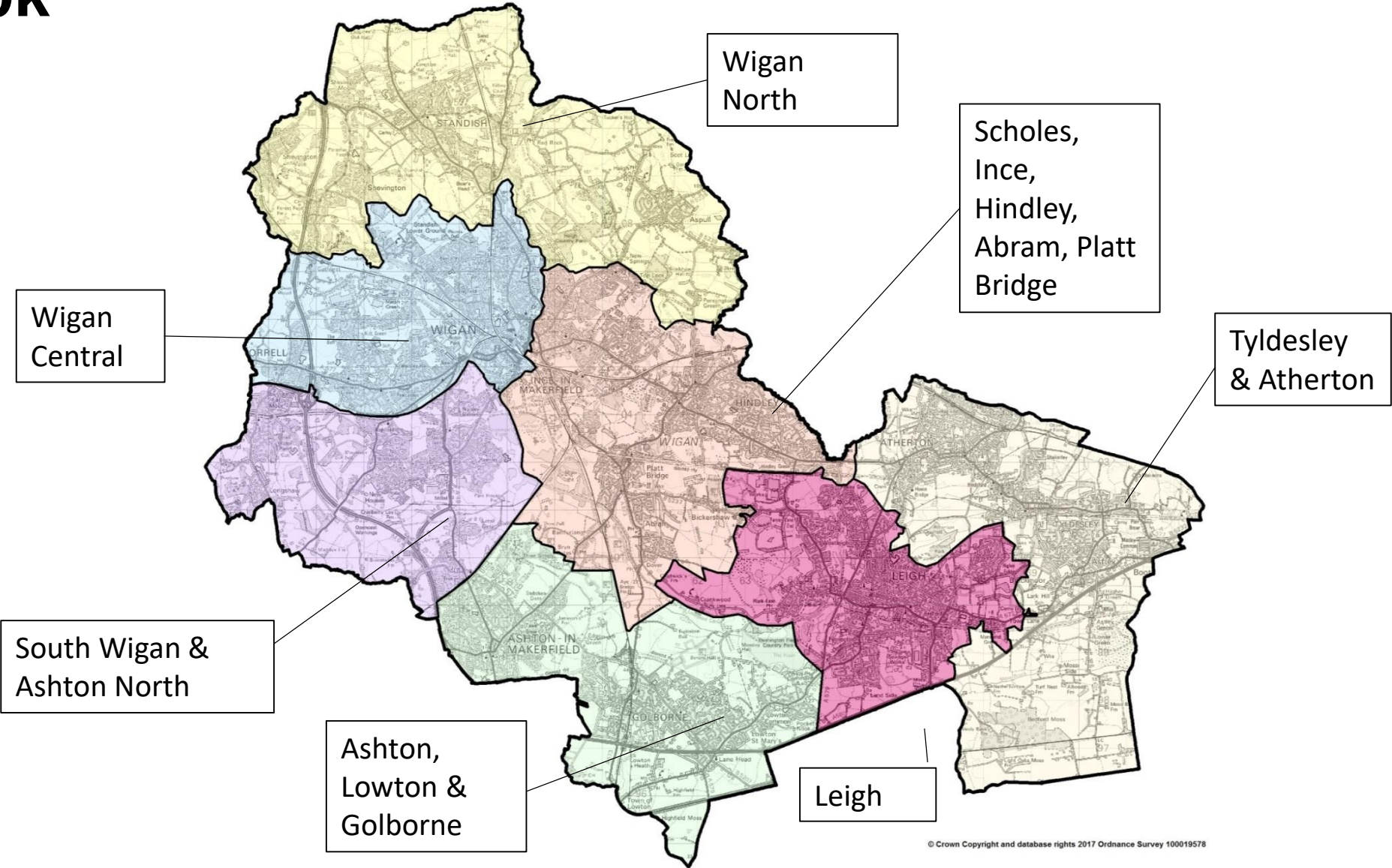


## To an asset based approach

- Focus on outcomes and the holistic needs of individuals and their families
- Co-production of frameworks and delivery models between commissioners and providers
- Development of co-ordinated care pathways and reductions in duplication
- Focus on easy access to services and providers working together to provide a seamless joined up arrangements services
- Strengths based promoting independence
- Getting the best out of the system for residents



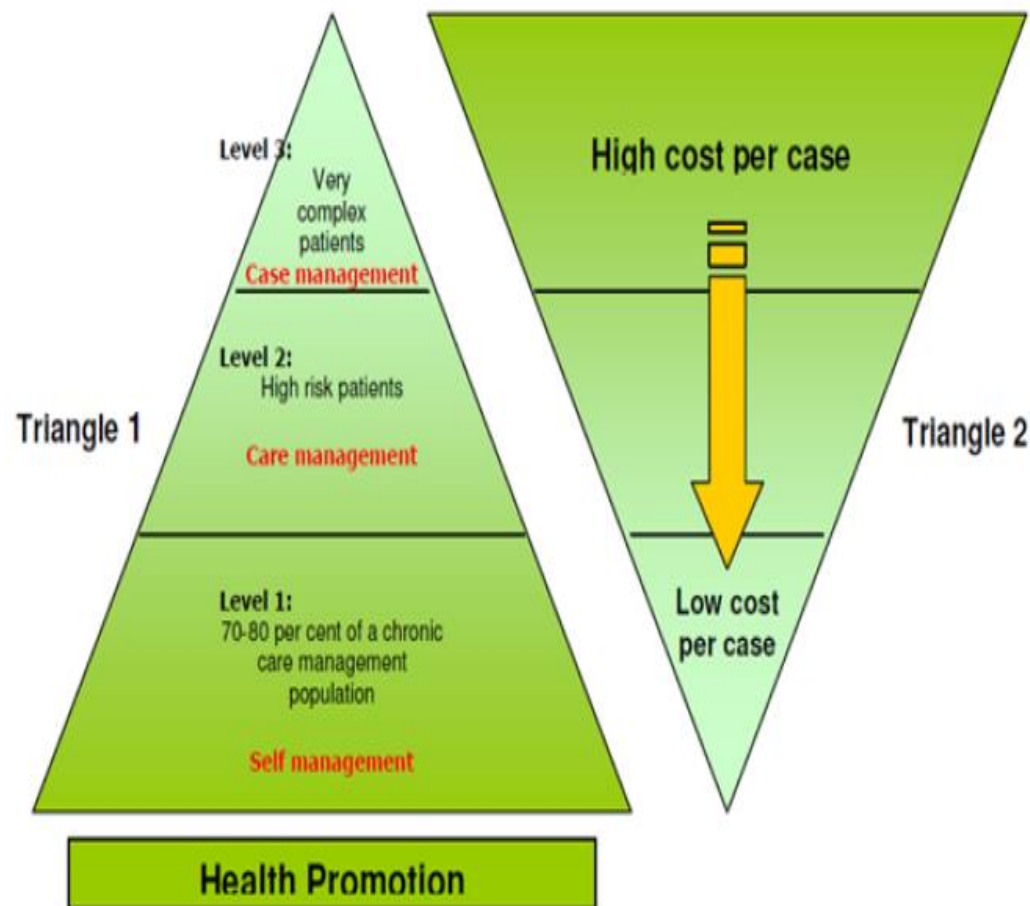
# Integrated Place Based Teams: 30-50k





# Risk Stratification to Drive Partner Based Intervention

## - Non Elective Admission – >10% Risk Score



SDF	Hindley	Leigh	LiGA	SWAN	TABA+	Wigan Central	Wigan North
Number of patients with a Risk Score >50%	300	351	196	252	293	407	264
Percentage of SDF population	0.7%	0.6%	0.6%	0.6%	0.6%	0.7%	0.6%
Number of patient with a risk score between 25%-50%	684	783	440	500	639	881	616
Percentage of SDF population	1.5%	1.4%	1.4%	1.2%	1.3%	1.4%	1.4%
Number of patients with a risk score between 10%-25%	2512	3129	1732	2321	2723	3390	2425
Percentage of SDF population	5.5%	5.5%	5.6%	5.7%	5.4%	5.6%	5.6%

*Level 1 patients 10-25%, Level 2 patients 25%-50%, Level 3 >50%*



## Our part

- Keep your Council Tax as one of the lowest
- Help communities to support each other
- Cut red tape and provide value for money
- Build services around you and your family
- Create opportunities for young people
- Support the local economy to grow
- Listen, be open, honest and friendly
- Believe in our borough

Signed

Councillor David Molyneux, Leader of Wigan Council

## Your part

- Recycle more, recycle right
- Get involved in your community
- Get online
- Be healthy and be active
- Help protect children and the vulnerable
- Support your local businesses
- Have your say and tell us if we get it wrong
- Believe in our borough

Signed





## For providers

### Our part

- Develop a diverse and vibrant market that celebrates the assets, gifts and aspirations of Wigan residents
- Work in true partnership with ethical, high quality providers and residents, sharing challenges and co producing solutions
- Create an environment where creativity and innovation thrive based on openness and transparency
- Pay a fair price for high quality provision as part of a total reward and recognition package
- Have high expectations and a rigorous approach to quality assurance

Signed

Councillor David Molyneux, Leader of Wigan Council

### Your part

- Provide services that celebrate the assets, gifts and aspirations of Wigan residents
- Demonstrate a relentless pursuit of quality and ethical provision that delivers the best possible outcomes for Wigan residents
- Provide creative and innovative solutions and embrace collaboration and transparency
- Provide value for money and a decent reward and recognition package for your well motivated and supported workforce
- Strive for excellence and passionately engage in quality assurance

Signed



# The Deal Principles = Asset Based Commissioning



## Different conversations



Different conversations with partners, part of collective endeavour to support Wigan citizens to live great lives. Co-production, relationships, trust, shared outcomes (plus robust decommissioning when required)

## Know your community



Citizen and community knowledge drives market shaping. Neighbourhood based focus, e.g. Homecare, understanding Wigan as a place important element of tender process, share tools such as Community Book to help partners connect citizens to their community

## Place based teams



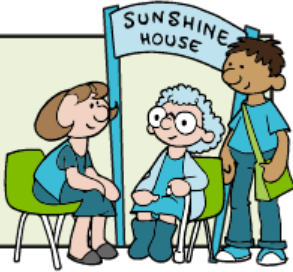
Providers key part of place based models, connected to huddles, community assets and wider reform agenda e.g. Care Homes, Wellbeing Teams



# The Deal Principles = Asset Based Commissioning



## An asset-based approach



Asset based approach embedded into our commissioning model, recognising assets of people, communities and partners and ensuring all support recognises and develops the assets of our communities and citizens. Inclusion driving principle

## Staff attitude and behaviours



Be Wigan behaviours of Be Positive, Be Accountable and Be Courageous shared by commissioners, partners and front line staff – reframes relationship, all energy focussed on high quality and great outcomes

## Permission to innovate



Wigan asset based commissioning liberated creativity and passion of partners to deliver great outcomes and positive experience to citizens e.g. people powered technology. Enabled innovators such as Community Circles and Wellbeing Teams

# Key Features of Ethical Homecare in Wigan



- Appropriate reward and recognition for workforce
- Carers paid national living wage independent of age, travel time, training, contracts
- Transparent, standardised, affordable and sustainable rate agreed with partners
- 16 neighbourhood zones, strengthen community connections and reduce travel
- Support based on outcomes, not time and task, no 15 mins for personal care
- Provider partners connected to community assets supporting community connections
- Provider leadership, workforce and commissioners share Deal behaviours – Be Positive, Courageous, Accountable – Deal training being delivered across partnership
- Embracing permission based working, positive risks, innovation and creativity e.g. beer and bet group
- Next phase – learning from introduction of Wellbeing Teams and building on integrated community services working with health colleagues re Wigan version of Burtzoorg

# Care Homes Reform



*Wigan's Care Home Provider Forum  
December 2017*

**We're doing things differently in Wigan and we're getting great results!**

- Care Home Quality in Wigan is the 3<sup>rd</sup> most improved in the country over the last 12 months – service improvement process
- Asset Based commissioning – foundation for Care Home Reform
- 88% homes good or outstanding, positive DTOC figures

# The Story So Far



- Wigan Innovation Fund - £1 million available
- Community Circles
- Dementia friendly environments
- Butterfly Community
- People Powered Technology
- Army of champions – e.g. cancer
- Health mapping
- GP mapping
- Workforce development – Council, hospital and college
- Asset based working – if I could I would
- Multi generational working – schools, nurseries and care homes working together





# The Case for Change – the Origins of ICS

Growing and ageing population means pressures on services are greater than they have ever been

Waiting times are rising and health services are struggling to cope with demand against a backdrop of significant financial cuts

Frail elderly and deteriorating patients getting stuck in hospital settings when care could be more adequately maintained in community

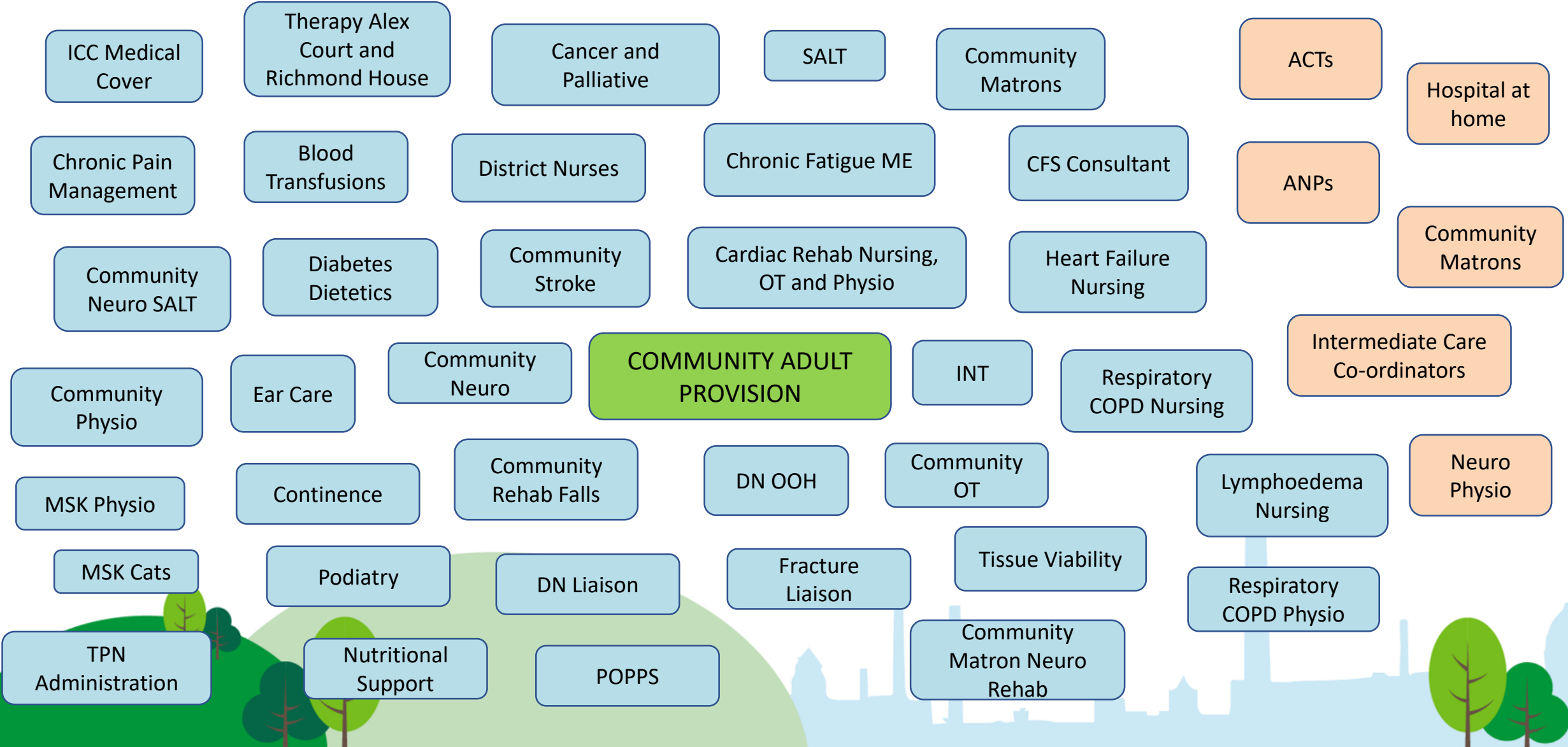
Duplication in provision targeting the same groups of patients rather than a integrated approach to managing people

Legacy of community services commissioned on an individual service line basis across multiple organisations

Opportunities to pursue MCP models as set out in the 5 Year Forward View



# From this multiple service lines and unwieldy arrangements .....



# Our Design Principles



- Bringing the workforce together through **co-location, shared resources**; oxygen, milk, strengths and skills
- Applying the **Asset Based Approach** to assessment and care planning
- Re-designing of work in teams to make it easier to see **improved outcomes for residents and patients (Performance and KPIs)**
- **Multi-skilling of nursing and therapy** staff and development of **generic worker** across health and social care
- Development of **risk stratification to be informed by SDF profiles**
- **Identifying High Intensity users with Primary Care to develop personalised care plans**

# The Benefits



## Benefits to the patient

- Care closer to home maximising independence
- Avoiding unnecessary hospital attendance and admission
- A health and care team that know them
- Reduction in the number of times telling their story
- A focus on self care and shared care, building on an individual's strengths

## Benefits to Primary Care

- Health & care teams that wrap around clusters/SDF
- Rapid response to patients at risk of admission and deteriorating
- Improved communication from community teams in relation to patient assessment and treatment
- Improved relationships and named staff for clusters/SDF

## Benefits to secondary care

- Reduced attendance & admission for patients who can be treated in community
- Assessment & management of patients in community who are deteriorating or are likely to be re-admitted
- Watch list of high risk patients recently discharged from hospital, including those returned to nursing homes and intermediate care
- In-reach to wards to support effective discharge



**Thank you for listening  
Questions?**

