

## **WIGAN: INTEGRATING HEALTH AND SOCIAL CARE**

Since 2011 Wigan council has been fundamentally transforming the way it operates. (See appendix on page 15 for more details.)

As part of this, council leaders were keen to work with local NHS partners to create an 'integrated care organisation' (ICO). However, interviews the RSA conducted in 2017 highlighted a "real cultural difference" between the council and the clinical commissioning group (CCG).

As a health leader commented in 2017: "The council perspective is to move at pace, to take risks, to think about the changing relationship between the citizen and the state. The CCG is much more risk averse, operates in a quite a rigid structure, and is slower to respond in terms of the pace of delivery. That dynamic causes frustration on both sides".

At that point the council, the CCG and the local NHS acute hospital trust (Wrightington, Wigan and Leigh Acute Trust) and other health organisations were trying to create an ICO but had different opinions about what such a body might look like and how it would operate.

As a health leader reflected: "There were issues about the form of the ICO. What does this look like? Is it a whole new organisation? Is somebody accountable for it? Is it a separate limited company? Is it a collaboration, a coming together of stakeholders? There are lots of options. People are threatened. And it's novel: we don't quite know what would work."

The lack of mutual trust meant that little progress was being made. As an interviewee explained: "We had mismatched ambitions. There were disagreements about how quickly you can go. We had lots of conversations that got nowhere: they never made things happen." And another: "It was a very difficult phase. You can have the best strategy in the world, but if you don't have the relationships it ain't going to happen."

## **TRANSFORMING RELATIONSHIPS**

A key turning point came when the partnership gave up trying to agree an overall organisational model. “We decided not to keep going round in circles about what the overall operating model should be, just to do integration on the ground. And if that worked we would build up trust. We wouldn’t be arguing about who should be the lead provider because it would all just naturally flow out of it. Previously we were having the wrong argument because we were focusing on the overall model. We decided to learn by doing, adapting and tweaking. We accepted it’s not going to be perfect.”

In early 2019, there was another decisive intervention. Most of the partnership’s strategic leaders participated in an ‘accelerating transformational change programme’ using behavioural propensities, structural dynamics and dialogue. “It gave people permission to behave differently. We started to have conversations that didn’t get stuck. Before we would bring data about demand at A&E and everyone would spend the time debunking the data, rather than discussing the issues. It’s paid off dividends. It’s taken the emotion out of it. It gave us a shared language, a shared perspective. People realised they were not always right.”

This was followed by a “watershed workshop”. “We had difficult conversations in the same room. We worked through structural dynamics. We did it as a racetrack with pit stops. We discussed ‘what’s the end game?’ in five or ten years. Are we trying to get to Monte Carlo or somewhere else? We got a consensus about pit stops. We got things out in the open, issues about lack of trust. It formed the basis of the alliance agreement and how far we would go. Then we motored on: we agreed to get on and do.”

## ACHIEVEMENTS

There has been a complete transformation in relationships between the partners. As a health leader commented: “It’s been a turbulent journey, with positive times and less positive times. But the last 12 to 18 months there has been a huge change in relationships and interactions.” Another observed: “Now **there’s a an ‘esprit de corps’ among the partners to drive Wigan forward in an integrated way.**” And a third: “We now have a collective sense of purpose: doing the best for the people we serve.” And the new Managing Director of the CCG, jointly appointed by health and social care partners, is describes as: “working hand in glove with the council”.

As well as health and social care services becoming better integrated, **different parts of the health system are now joining up more effectively.** As a senior hospital leader commented: “It’s much, much better. Eight years ago I knew very few GPs. I wouldn’t have known which part of Wigan they were working in. I wouldn’t have known what their issues were. I wouldn’t have worked with them on particular issues. All that has changed.”

The **form and nature of the partnership has been carefully thought through.** As one leader explained: “We have developed an alliance agreement. We co-designed it. Some people wanted to take one off the shelf. It took longer, but we had buy-in.”

**Services have been integrated around seven ‘service delivery footprints’** (SDFs), with GP surgeries and schools as ‘anchor points’. Each SDF has a population of 30,000 to 50,000 and their boundaries have been designed to reflect natural communities. As one leader commented: “Some of the places were in the Domesday Book. We didn’t invent the geography, it’s not organisational convenient, it’s long standing.”

As part of wider public sector reform, other local public sector partners are also using the SDF boundaries. So, for example, the police now use them as a basis for their officers' beats. As one leader described: "We now have common building blocks we all recognise. We come together around the neighbourhoods."

Each SDF has a local base that people from different agencies can use and a 'foot-print manager' who convenes weekly 'huddles', multi-agency problem solving forums. Local workers can use the huddles to raise concerns, obtaining information and advice from other agencies. As a leader commented: "We have done away with referrals. We get much quicker action via huddles".

Particularly striking is the way **GPs are engaged and play a central role at all levels**. As one put it: "I used to think I was a GP. Now I'm #Team Wigan, and I'm still a GP." Previously GPs tended to link up around their specialisms, or social connections. Now there is a GP cluster in each SDF, with one GP from each cluster represented on the HWP Board. As a GP put it: "GPs are the foundation in the community."

GPs now benefit from, practice based, **community link officers** who connect their patients to appropriate community activities. These community link officers are supported by three centrally based community knowledge officers who map all the activities in the borough. "The transformation of GP practice has been huge. They now understand what is going on in their areas."

The council and CCG now have a **joint chief finance officer** and **all health and adult social care budgets are either pooled or aligned**. There is a pooled budget of £327 million, and an aligned one of £356 million, a total of £683 million.

From April 2019 a new **integrated commissioning committee** has brought together the political and clinical leadership. It is co-chaired by the council leader and the chair of the CCG, and includes five GPs and five politicians. As one leader described: "We changed the governance. We are the design authority. As part of the commissioning process we test out potential deliverers. We see if their pro-

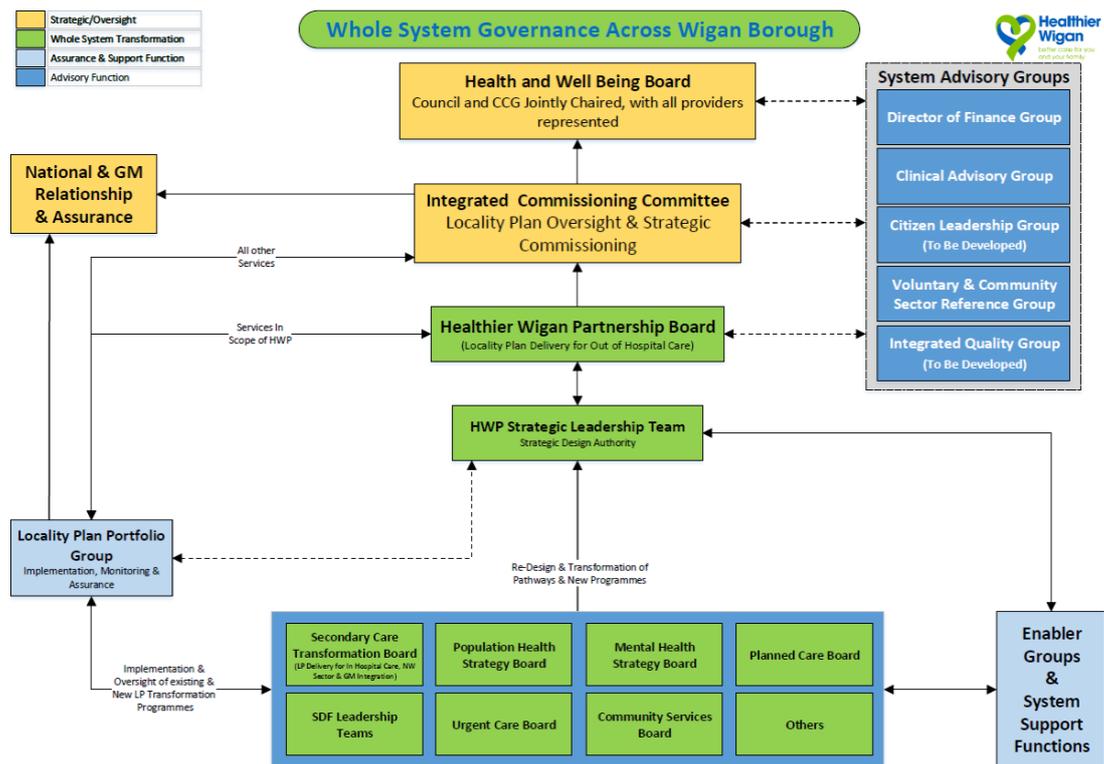
posals contribute to the system plan. So if we do something in the hospital we look at the impact on GPs. Traditionally the CCG would work with individual partner organisations. Now we do it in a system way.”

**All adult social care and health community services have been integrated** bringing together services from the council and hospital trust. This includes many different professions such as social workers, occupational therapists, health visitors, district nurses, community matrons and reablement staff. Referrals between workers are much faster because they are done in person rather than through form filling. People’s needs are addressed much more quickly, before they deteriorate further.

Significant pressures on A&E services have been reduced by the creation of two new integrated teams. **The complex care team** supports people with long term conditions such as diabetes and asthma, and the **community response team** addresses the needs of frail elderly people who ring ‘999’. The collaboration between these teams and the local ambulance service has also contributed to the success of these new approaches.

Supporting all these activities is the **HWP strategic leadership team** which is responsible for redesigning services and brings together enabler groups. It reports to HWP Board which in turn is responsible to the ICC and ultimately to Wigan’s health and the wellbeing board (jointly chaired by the council and CCG, with all providers represented).

The HWP has contributed to developing a new ‘Wigan Deal 2030’ which sets out partners’ shared ambitions for the borough in ten years time, including for health and wellbeing, and other issues that contribute to healthy life expectancy, such as homelessness, open spaces and employment.



The system has worked together to refresh its locality plan for health and care transformation, signing off the new shared plan ‘Happy, Healthy People’ in Dec 2019, at the health and wellbeing board’ “We are not just thinking about health for the borough. We are thinking about what wealth creation opportunities for the borough there are in way we procure. Employment in health and social care has a very large impact locally. So the college needs to develop the workforce of the future.”

# THE DEAL FOR HEALTH AND WELLBEING

## Our Part

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We will work hard to listen to you and find out the things you enjoy doing to stay healthy and happy

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Work with and invest in our communities to continue to provide brilliant opportunities for you to do what you love in the borough

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Work together with our partners to get our health services right and delivered where you live

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Work with a range of organisations to create an excellent range of care and support

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Invest in the best possible offer to carers across the borough so they feel recognised and supported

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Create skills and employment opportunities for all which lead to happy and fulfilling careers

## Your Part

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If you need our services be honest with us about the things you love to do so we can help you and improve your life

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Make the most of the opportunities in our borough to do things that make you happy, that connect you to your community

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Choose the right health care when you need it – that might be visiting your pharmacist, your GP or looking after yourself through self-care at home

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Take responsibility for your own health and wellbeing

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Tell us if you care for a family member or relative and make sure you look after your own health and happiness as well as the person you are caring for

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Access skills and training opportunities which can broaden your employability and further your aspirations

## OUTCOMES

Ten years ago many health outcomes in Wigan were getting worse, and the gap between Wigan and the England average was widening.

Now, although it is early days, many performance indicators are demonstrating that the council's and the HWP's approach is both cutting costs and improving outcomes:

- The demand for A&E from over 75 year olds has flattened despite the rapidly ageing population
- The demand for ambulances has reduced by 12 to 15 a day
- Rates of delayed transfers of care are among the lowest in England
- 91% of older people are still at home 91 days after discharge from hospital significantly more than the England average of compared to 83%
- Rates of emergency re-admissions from care homes are lower than the England average
- Local residents' 'healthy life expectancy' has increased dramatically in recent years, much faster than most comparable places (over six years up 31 months for women, and 19 months for men)
- Rates of premature mortality from cardiovascular diseases and cancer have fallen faster than the England average
- Over the last few years smoking rates have halved: from 30% to 15%
- Rates of physical exercise increased from 48% in 2012 to 55% in 2015, while the England average did not change.
- The rate of improvement in care homes has been the third highest nationally.
- Wigan has the fifth best detox rate in England
- There are no difficulties in recruiting in key areas like social work and health visiting: "Staff want to work in Wigan. It's easy to recruit staff – we can select the best."

## KEY LEADERSHIP ACTIONS

From the interviews with those involved in the HWP, the key leadership actions that have helped to begin to create a much more effective integrated approach over the last three years include:

### **Building mutual trust** by:

- **Having “honest conversations”** or as one interviewee put it: “surfacing the tensions and conflicts and working through them in a purposeful way.” And another: “We meet face to face regularly. I don’t think there is any substitution for staring into each others’ eyes when you are trying to make change, to make a difference. We respect the time in the diary, to come together regularly, to work on the issues.”
- **Appreciating other organisations’ constraints, concerns, pressures and strengths.** As one leader explained: “We used to have a deficit model of partnership. People were highlighting what other organisations were bad at, and what they don’t do, rather than what their strengths were. Now we have an asset based approach: we look at what everybody brings.” Council leaders are now much more conscious of the constraints NHS partners operate under. As a health leader commented: “There are huge cultural difference between health and local government. Local government has a lot more freedom than the NHS. Sometimes it’s interpreted as being obstructive.”
- **Appointing an experienced external independent chair respected by everyone.** As one leader described: “He brings calmness and maturity. He wouldn’t take sides. He has credibility with the NHS and the confidence of the council. It’s helpful, especially when passions are high.” Another observed: “He works across the system. He tells us how far we’ve come when we beat ourselves up.” And a third: “He got things out in the open, issues about lack of trust.”

- **Encouraging leaders to reflect on the impact of their behaviour.** Strategic leaders' participation in the 'accelerated behavioural change programme' had a profound impact on leaders' behaviour. Others praised the willingness of strategic leaders to reflect, and to acknowledge their weaknesses.
- **Identifying key shared issues and developing solutions together.** Building better mutual understanding by working to resolve important practical problems jointly. "We work together on specific issues such as reducing admissions from nursing homes or mental health issues in a particular part of borough. We all try to find solutions."

#### **Agreeing shared strategies by:**

- **Acting as leaders of systems.** Analysing the key underlying issues together, such as the causes of ill health, rather than the symptoms. Then working together to address these. Focussing on local residents' interests and potential, and what's best for them long term, rather than just their needs. Using positive language and a 'asset-based' approach.
- **Agreeing a "powerful unifying vision",** with long-term outcomes, critical "pit stops", a joint philosophy and a "strong narrative". As one leader commented: "You need to find common ground, and identify other organisations' red lines and don't go there. Don't expend effort on the impossible. Find areas where you can work together."
- **Starting small, learning by integrating services on the ground.** Then adapting, accelerating and scaling up successes.
- **Ensuring key politicians, and key clinical leaders support the approach.** Local politicians were strongly committed to integrating health and social care from the start, supported by the Greater Manchester wide approach. But initially some clinical leaders were concerned that the council wanted to move forward too fast, and could not provide evidence that their ideas would work in

practice. As a local government leader explained: “You come up with a formula that is so strong – but you can’t expect NHS colleagues to accept a foreign body.” It took time, and many conversations, to develop an approach that all leaders were prepared to support.

### **Delivering results by;**

- **Being brave, determined and tenacious.** This included: “believing in what is possible before you can demonstrate results”. As a senior council manager commented: “It takes at least 5 years to have a story to tell others. When we started we were embarking on something we hoped would be important. We’ve still got a long way to go. It will take us to 2030 to see the full fruit.”
- **Investing resources in transformation** Wigan benefited from a significant investment from the Greater Manchester transformation fund. The council has also invested its own resources to develop the partnership: “The council paid for the programme office that co-ordinates the whole thing. They have more flexibility than the regulated bodies. They have used that to help that common cause.”
- **Engaging managers and staff in delivering the vision, encouraging joint working across as many functions as possible,** as well as giving flexibility at the frontline. In 2019 over 1,000 frontline staff and managers from across the alliance, and from voluntary organisations, participated in an interactive development centre co-designed by the partners. Frontline staff were also centrally involved in designing the new integrated community services. “We said let’s not write strategies and plans, let’s put staff in a room together and see what they come up with”. Leaders encourage staff to take responsibility for addressing the issues they encounter, and do not blame them when well thought through experiments go wrong.
- **Attracting a critical mass of people in key roles who support the vision.** Managers and staff are recruited for their values and attitudes, as well as their

experience. And partnership leaders jointly recruited the new chief officers of the CCG and the acute trust.

## **CHALLENGES**

**Demonstrating integration works.** As one leader explained: “You need to recognise that some of the things you do don’t have instant results. And even if you are doing well, demand keeps increasing because our population is getting older and their needs are getting more complex. So it’s about what our performance might have been relatively. And that’s a much more complex story to tell rather than we did A and we got B.”

**Coping with NHS bureaucracy.** As a senior NHS leader commented: “NHS acute organisations are measured to death. There are issues as to how to measure the right things, and convoluted levers to change.”

**The NHS commissioner/provider split.** As one leader observed: “The organisation that was providing the local NHS’s community services covered 10 boroughs. There was no ‘team Wigan’ no loyalty to Wigan. There were 54 service lines, bits of service here there and everywhere.”

**Governance and accountability issues** when the council’s community services moved into the acute trust. As a senior acute trust manager explained: “The council wanted to continue to make key decisions about their services but as a NHS Trust we had to be accountable. There was a bit of tension working through what does that mean in practice. We saw things through different lens. We had a cross borough transition group led by the council. We made sure that we both delivered on the regularly requirements, and we kept aligned to our strategic vision about integration.”

## **THE FUTURE**

The people leading the partnership now feel they can build on a firm foundation of mutual trust, a clear vision, and mechanisms for delivering it.

The approach that seems to have worked best has been integrating services on the ground, but leaders are aware that they need to scale up and spread their local achievements carefully. As a health leader commented: “We need to industrialise our successes while continuing to allow them be organic”.

There is also agreement that the partners need to develop the individual identities of the SDFs, respecting their different histories and strengths. As one leader explained: “You need a narrative of place with the people of the place, a distinctive narrative.”

There remains much to be done. There are many pressures on A&E services that need to be examined and addressed. More work needs to be done on integrating mental health services further into the model. And at some point, it may be necessary to agree an overall organisational model for health and social care integration.

## **ADVICE FOR OTHERS**

All the leaders stressed the hard work involved. As one put it: “If you think competition is hard, try collaboration”. They also discussed the fundamental importance of mutual trust. As someone remarked: “Partnerships proceed at the pace of trust”. And another: “Don’t underestimate the impact of culture: history, myths, the back story, the imprint of what’s gone before. But it’s less and less a factor the more you build trust.”

Some suggested that there are different ways of integrating services, depending on local factors, but similar approaches are likely to help. As one said: “Integra-

tion can be done in every area, but it can't be replicated. The context is important, the history of the relationships, and what the local community is like. It's best to learn from others, and distil the key ingredients."

## **MORE DETAILS**

Healthier Wigan Partnership website:

[www.healthierwigan.nhs.uk](http://www.healthierwigan.nhs.uk)

The Deal 2030:

<https://www.wigan.gov.uk/Council/Strategies-Plans-and-Policies/Deal-2030.aspx>

Kings Fund report:

<https://www.kingsfund.org.uk/sites/default/files/2019-07/A%20citizen-led%20report%20final%20%2819.6.19%29.pdf>

Kings Fund video:

[https://youtu.be/JcNl5v\\_DfTU](https://youtu.be/JcNl5v_DfTU)

Local Government Association 2017 Peer Review

<https://www.wigan.gov.uk/Council/Performance-and-Spending/Peer-Review.aspx>

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This case study is based on interviews conducted in both late 2019 and early 2017.

## **APPENDIX: WIGAN COUNCIL'S TRANSFORMATION**

In 2011 Wigan Council's political and managerial leaders agreed that they needed to transform the way the organisation operated to cope with both increasing demand and reducing budgets.

A major part of the council's new approach was moving from what was described as a "paternalistic" style of working, to one of investing in developing community resources, while reducing council provision. For example, they closed most adult services day centres and instead invested in community activities, providing a much greater choice of support for people who needed help.

As a leading politician commented in 2017: "Councils have got to accept that we can't do everything. There are some things that we need to do, but lots of things that we have done in the past the community can do it better than we can. If we got more money we wouldn't go back to what we were doing: the new way is more effective, people have better outcomes."

The council also switched to a 'strength-based' approach to working with local people. "We want staff to take a 'human to human' whole person approach, looking at person's strengths, interests and concerns. Not just their need for a service in a narrow way." Supported by ethnographic training, staff now talk about having "different conversations", "listening to local people", and "being a human being first, not a professional". The new approach was supported by a different way of recruiting staff: "We look at their values, as well as their qualifications. People have to demonstrate our values: 'Be positive, be creative, be accountable'."

As part of this new way of working with local citizens the council developed the 'Wigan Deal' to set out what it would do for local people, as well as what it expected of them.

The council's approach has been hugely successful. Local people have benefited from much more tailored community support, the council's local satisfaction ratings have gone up, and outcomes have improved significantly. And, over several years, the council has both frozen the general element of council tax and saved £141 million.

# The Deal



## 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