

Well North Programme

Site Diagnostic – Part one

To be returned to Louise Greenall
by Thursday 18th June.

Self Assessment (to be completed after initial discussions with Well North Programme staff)

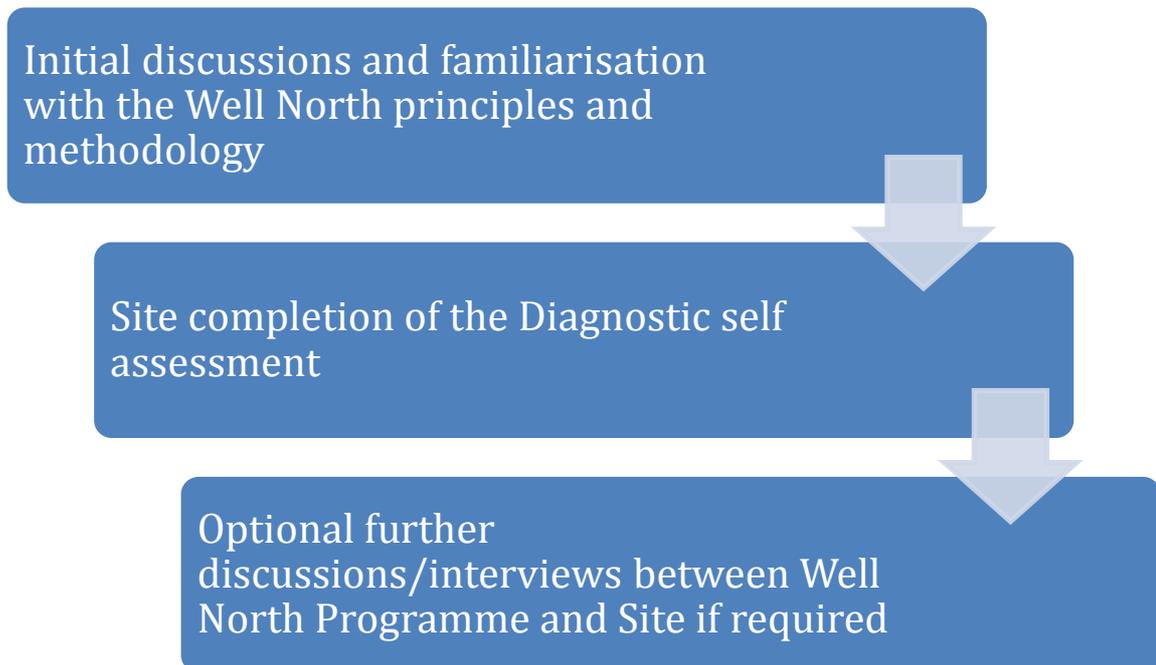
Applicant: One Halton (NHS Halton CCG)

Contact name/details: Leigh Thompson, Leigh.Thompson@haltonccg.nhs.uk, 01928 593724

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Diagnostic process



Diagnostic Purpose and benefits

The exercise is intended to support really honest dialogue and shared insight and understanding to support decisions to embark upon a Well North Project.

The diagnostic will allow the Site and the Well North Programme to assess the ‘fit’ between the site proposition and the Well North methodology and principles, and to consider the commitments required and benefits anticipated. We have considered early learning from the pilot sites and drawn upon selected lessons from healthcare transformation literature.

The three pilot sites have all contributed to the development of this diagnostic.

Key factors include:

1. The **local political system leadership and commitment** for working with the Well North methodology;
2. The relevant **local experiences of transforming services with strong community engagement** (e.g. troubled families, MTDs) and the potential for ‘fit’ with the Well North methodology, and identification of where value can be added (for the Well North Programme and the site);
3. The **maturity, capacity and capability** of the local system to fully engage with the Well North hub team, the methodology, the philosophy and the evaluation;
4. The ability of the local system to commit appropriate **resources and staff** and to provide timely access to information, people and services
5. The feasibility of the site to participate fully if there are some **gaps and/or development issues**;

6. The potential for **learning, added value** (against a range of criteria) for both the site and the Well North Programme and to generate a **return on investment** for the programme, linking to the programme evaluation.

The diagnostic process will provide the following benefits:

- For the Well North Hub, Board and investors – the diagnostic will contribute to a transparent and robust ‘due diligence’ process for site selection, and supports prioritisation and sequencing decisions. The diagnostic is a useful tool to demonstrate that sites have fully considered and thought through the degree of commitment needed.
- For the Well North Hub team and the site – creates the ability to have a dialogue about how and where the Well North methodology could add value and ROI and align with local developments. This dialogue will form part of the local collaborative agreement;
- For the sites – identifies where there is flexibility to bring in planned or ongoing local initiatives into the Well North methodology;
- For the Well North evaluation – the diagnostic assessment forms part of the site baseline, and contributes to the overall evaluation of ‘what works where and why’;
- For the sites – the diagnostic assessment can inform the local OD (organisational development) plan to support achievement of the project;
- For all parties – the diagnostic is a key way of using lessons learned from earlier sites about the pre-conditions for success – it enables all parties to understand the factors that help and hinder progress from the offset;

Guidance.

If you feel you have covered a point please don’t feel the need to repeat any text, simply signpost back. We are not seeking operational levels of detail, or lengthy script, but rather key, summarised information that will sufficiently paint a picture about your proposition and local context, and can be expanded upon in discussion.

Sections.

1. Your proposition
2. Your commitment to the Well north Philosophy
3. System Leadership and Collaboration
4. Local Commitment and Resources
5. Horizon scanning – opportunities and risks
6. Transformation Case Study
7. Governance
8. Learning

1. Your proposition

Well North is an opportunity to do something really differently. Please describe your proposition expressing your ambition, your appetite for learning, for breaking down barriers and being willing to push through challenges and complexity to deliver better outcomes.

Please summarise your local proposition for joining the Well North Programme, describing

- Scope of proposition in terms of population and geography. Are there any specific demographic challenges with the proposed community you propose to focus on? E.g. ageing, ethnicity
- The fit between the Well North methodology and your local ways of working – for example which elements of the methodology are familiar and which elements would be different for you.
- What differences in outcomes would you be seeking?
- What are you seeking to learn ?
- Any connections and alignments to other local projects or workstreams that are relevant?

In February 2015, NHS Halton CCG engaged with local statutory and non-statutory partners to launch the One Halton concept. One Halton emerged following the production of a General Practice Strategy for Halton. Within it, a new care model was described, the ethos, principles and structure of which the Five Year Forward View labelled as a Multispecialty Community Provider (MCP) model, or an integrated health and social care delivery model with a focus on out of hospital community provision.

This care model would also see local services and health and social care teams wrapping around a series of 'community hubs', embracing the vibrant voluntary and community sector in Halton.

Well North presents an incredibly well timed opportunity to rapidly implement part of the overall One Halton vision, where we want to develop a new innovative model, placing services and clinical expertise in the community changing our Childrens Centres to Intergenerational Family Centres that reach into the community and are part of the community as a family network and older peoples support, somewhere easily accessible and local. This would see a range of existing local services working in a more connected way, joining up around older people and families with the possible introduction of care navigators. This would include the local Well Being services, Social Care in Practice (SCIP) services, the Health Improvement Teams, GPs, Paediatricians, social workers, youth workers, health visitors, voluntary sector organisations and a range of other providers working as a Multidisciplinary Team, offering joint services in the Centres themselves but also providing out-reach services, going out into the communities, finding and working with families and individuals most at need and enable them to improve their own and their communities health. Supporting the development and evolution of community networks will better enable the sustainability of the programme.

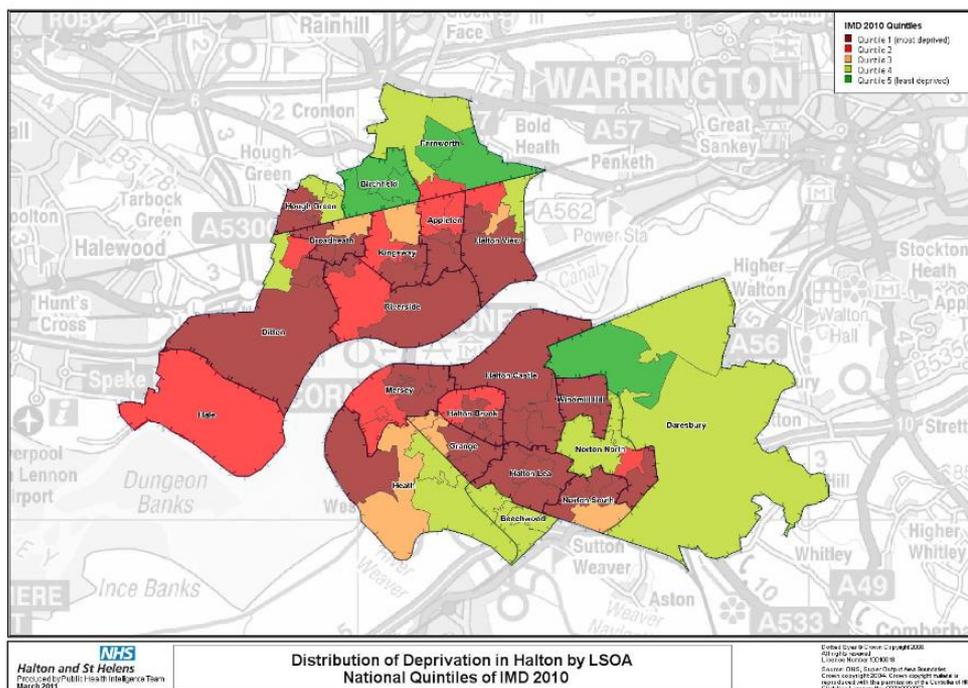
Halton recently invited Dr Hilary Cass, OBE, who has just finished a term as President of the RSPCH and is now Paediatric Clinical Lead for Health Education England, to present the advantages of this approach at an Integrating Child Health for Improved Outcomes Workshop and it was well received by the acute trusts, including Alderhey as well as GPs, the Council, local children’s providers and the public. We now have a commitment to this model including working to develop hybrid Paediatrician/GP roles.

All of this approach will be underpinned by our real focus on early detection and prevention across all aspects of the health and social care system, making every contact count, offering value with every intervention.

We know from analysis of the Halton population with Professor Chris Bentley, a national Health Inequalities lead, that to make a difference we need to target a cohort of 40% of the population that he identified as situated in our poorest areas and not currently accessing available services.

We will therefore focus on our poorest areas (those who are in the 10% most deprived communities nationally) and those not currently accessing available services. These population groups are across Halton and if we look at the spread of the 40% we will really target Central Widnes and Central Runcorn. These include the wards of Ditton, Riverside, Appleton, part of Hough Green & Kingsway in Widnes and Windmill Hill, Halton Castle, Halton Lea, Halton Brook, Mersey, Norton South and Grange in Runcorn. This covers a population of 53,300 (42.3% of the Halton population)

A lot of these people are likely to already have underlying and existing long term conditions. We want to find these people and work in partnership with them to provide the best possible services and care, in localities that are suitable and convenient for them and their families and carers.



We are highly confident that the programme of work will deliver a range of positive outcomes including:

- Enabling local people to look after themselves;
- Connects all involved professionals, to encourage shared learning, a 'whole person' approach to care;
- Creates better outcomes for children families and older people, through coordinated care management, multi-disciplinary teams, and assessment and treatment in the right setting;
- Train staff to work in completely different ways in different settings;
- Development of new roles that are hybrid between hospital consultants and GPs;
- Work in areas of greatest deprivation and improve outcomes for the poorest members of society;
- Reduce mortality;
- Creating sustainable and positive change;
- Work with children and adults with complex needs and or disabilities;
- Demedicalise conditions;
- Utilising community assets;
- Work with local people to evaluate the success and impact;
- Enhances paediatric skills, confidence and competence across the system;
- Reduces unscheduled care, inpatient admissions and outpatient referrals through improved out of hospital care, so families can be seen in a familiar setting with professionals they know and trust;
- Enables effective and easier access to specialist paediatric skills for patients, families and GP surgeries alike;
- Develops specialist pilots (such as respiratory), into a general approach;
- Creates financial savings across the system; and
- Development of an intermediate post combining GP and Paediatrician skills.

Finally, the approach we have adopted to date fully aligns with the evidence-based Well North Methodology. Starting with detailed analytics, coupled with strong engagement, the programme of work has emerged and is underpinned by robust system-wide governance with all local system leaders already acting as champions for the changes needed. Working in partnership with Well North and the benefits they bring, including evaluation, economic analysis and access to leadership programmes for the clinical and emerging future leaders in Halton, we believe this proposition can and will be highly effective and make a real and sustainable difference for people in Halton living in the most challenging circumstances.

2. Commitment to the Well North Philosophy

Please describe how your proposition aligns with the Well North principles and methodology and how you and your collaborators will demonstrate that you are committed to the philosophical approach.

We believe our proposition completely aligns with the Well North principles and methodology. We started this process by commissioning Professor Chris Bentley to undertake a detailed analysis on the health inequality challenges across Halton. Using this evidence base and incredibly powerful case for change (including known demographic and work force changes), we undertook wide engagement with professionals, partners and the public to co-design what the key principles of the future services in Halton should look like:

- Commissioning and delivering consistent high quality care for every local resident;
- Care continuity for patients with Long Term Conditions;
- Reducing unwarranted variation;
- Strong local clinical leadership;
- Embracing the opportunity to offer services at scale, delivered locally to individual people;
- High levels of population and patient engagement;
- Commissioning and contracting for outcomes and improved experience, not inputs or processes;
- Services working in greater collaboration in the community as multi-disciplinary teams of care professionals working together;
- Improving access to all services and better coordination of care pathways;
- Focus on prevention;
- Supporting the aspirations of parity of esteem and the crisis care concordat.

From this, the integrated health and social care in the community model emerged (or MCP).

Developing this shared purpose across all stakeholders in Halton is the foundation of the entire One Halton programme. Professionals, partners and the public have collectively constructed and designed this through comprehensive engagement. We have listened to the public and patients to gain insights and not make assumptions about what is important to them through wide ranging engagement including Halton CCGs Radio Phone In Programmes, Halton People's Health Forum, Local Area Forums and workshops. They have enthusiastically contributed and showed real desire and commitment to be part of this programme moving forward. The public asked to be involved from the very outset in co-designing and co-producing new services, and they have been.

Using these principles, the care model emerged that focussed on increasing resilience of services and people in their own homes and in their local communities. We have commissioned additional services from a number of local voluntary sector organisations to support engagement and communication with the public.

It is a collective approach that has brought us to this point. All local organisations and leaders working in partnership, building on the existing integrated approach and energy already in place in Halton that brings the commitment and desire to make the improvements for the people of Halton as we pioneer a new approach to make a real difference.

3. System leadership and collaboration

System leadership - meaning working across different organisations and leading change with influence - will be a key part of Well North and crucial to that will be the meaningful engagement of communities. In this context can you tell us who your system leaders will be at different levels and how you will encourage them to work together?

Note _ there will be an opportunity for the system leaders from applying sites to participate in a one day confidential, joint system leadership think tank and development session. This would be used as an opportunity to identify challenges for your propositions and to explore your system leadership role within these. Please indicate if you would be willing to commit to this programme.

Please describe your approach to system leadership for your proposition, including visible leadership, political support and active collaboration.

To underpin the delivery of the One Halton transformational programme, a governance structure has been established with a Programme Board overseeing and leading the process. This group provides visible leadership, collaboration and political support. The principles and concept of One Halton are supported and endorsed by the Health & Well Being Board. The Chair of the HWBB, the leader of the council, is a member of the Programme Board. The Programme Board is made up of CEOs, Chief Officers and Clinical Leaders from across the acute, community, mental health and out of hours providers, from the CCG, Local Authority and Public Health, from the voluntary sector, Healthwatch and housing association as well as representatives from the local community.

We see the Programme Board as the ideal governance base for the Well North programme of work given its inextricable alignment to the wider One Halton programme.

We would be very interested in accessing the joint system leadership think tank and development sessions to support the One Halton programme.

Willingness to attend a System Leadership session with other sites? What would you most want to achieve from such an event? What would you contribute?

We would absolutely want to be part of System Leadership session and the inclusivity opportunities to learn and share from and with others. We believe such events present an ideal opportunity to talk about how things have worked well and how things have been challenging. It also presents the opportunity to understand how different health economies, each with their own individual attributes, are approaching the transformational challenge and we will use these to try and identify ways in which we can be more efficient and effective.

We will bring candour, challenge and willingness to contribute and will ensure we provide and present a full cross-section of the system leaders involved, including those from statutory organisations but also clinical leaders and those from the voluntary sector too, as we believe strong local collaboration between statutory and non-statutory organisations,

working in partnership across our communities presents a massive opportunity to do things differently for our population.

Are there any known risks to the continuity and consistency of system leaders within the first 12 months of the programme?

There are no known risks to continuity at the time of writing this. In fact, the CCG and Local Authority have both made investments in the local Voluntary Sector to ensure sustainability of leadership and input.

4. Local Commitments and resources.

The Well North methodology will involve co-production between yourselves and the Well North team. Well North will make a £1M worth of investment comprising circa 50% Hub Capacity, including the costs of evaluation and 50% cash. You will need to commit roughly 50% in kind and 50% in cash match. There will need to be access to people and information across your system and you will need to agree capacity in teams and individuals to work on the project. Please describe the commitments and resources that you will be committing and the enablers that you already have, for example information sharing protocols.

Like elsewhere across the NHS, organisations across the borough of Halton have financial challenges and pressures both in the current year and in their outlook. This has been one of the factors that has led to the integration of the CCG and Local Authorities and the innovative approaches and programmes of work that have been jointly developed to date. As such, we would look to commit resources across four fronts:

- System leadership – both in Halton and across the system (if required)
- Staff resources – staff in Halton to work with the Well North team to work with the local communities and implement the new services and systems
- Utilisation of existing finances in a new and innovative way – we will work with the Well North team to identify where services or resources require investment and we will use existing or allocated resources, in a flexible and accessible way to make these investments. This will come from a variety of sources, across a range of organisations but the flexibility and accessibility of this will be managed by the One Halton Programme Board, ensuring any changes are focussing on the benefit to local people and families.
- New/additional finances – we will look to create a ‘pot’ of finances that can be used to pump prime initiatives, where the Well North investments and contributions cannot meet the needs. We will look to work innovatively and creatively to identify the funding to support this, given the challenges outlined above. That said, we will commit to identifying an amount, in agreement with the Well North team.

The staffing commitments we will make include:

- The One Halton PMO will support this scheme and ensure it aligns fully with other

programmes of work being undertaken;

- Our clinical champions will be heavily involved in supporting, leading and contributing to the successful delivery of this scheme;
- Our analytical teams will work with the Well North analytical teams to ensure we have the very best data and information available to inform decision making
- The expertise in our Public Health team will be available to support the analysis and interpretation of data, working with the Well North team to forecast and predict where maximum impact and return on investment will be realised.
- We are developing robust and effective links with local sporting organisations (including Widnes Vikings rugby league team and Liverpool and Everton ladies football teams) as partners to support innovation and creative solutions. We would be happy to share the learning and opportunities this presents elsewhere.

We have also laid a number of strong foundations with a number of key enablers, including:

- The on-going development of a system-wide shared IT platform to enable the sharing of patient information across all parts of the system
- The development of data sharing systems and documentation to support and underpin this
- The establishment of the Halton Strategic Asset Management Group, designed to coordinate the transformation of local estates across the whole borough.

5. Horizon scanning –external and local opportunities and risks.

Please could you indicate anything known or anticipated that may impact upon your Well North proposition. These could be events that could provide leverage, justification or added value for your proposition. For example, infrastructure developments; inward investment. Equally, there could be events that could potentially distract or provide significant challenge. For example major restructuring, changes to local employment market. For any significant examples please summarise the intended approach to maintain resilience and support for the Well North Project.

<u>Political, Social, Economic, Technological, Environmental or Legal Events that potentially impact upon your proposition</u>	<u>Anticipated nature of impact and proposed action</u>
Technological – development of shared IT platform	Huge opportunity to improve communication and coordination across team and to significantly improve the information flow and awareness of patients across the system
Environmental – the construction of a 2nd	The new Mersey Gateway Bridge presents

<p>bridge across the river Mersey to connect Halton further</p>	<p>opportunities and challenges. In the medium term it will provide better access for the people of Halton. In the short term it means delays to crossing the river Mersey. We will counteract this by ensuring we mirror services across both sides of the bridge. We already do this with all services we offer. We also tailor services to meet the needs of the different communities that live on either side of the bridge</p>
<p>Social/Economic – more rapid implementation of One Halton programmes</p>	<p>Positive impact if successful with Well North bid as the public have been engaged in helping to shape this programme. Securing additional funding will enable more rapid implementation of elements of the work programme and demonstrate commitment and desire to the local people.</p>
<p>Economic - local organisations financial challenge</p>	<p>These challenges will not stop the partners and system leaders across implementing the One Halton programme and Well North programme of work. We will be creative, innovative and integrated in our approach to managing these challenges, ensuring we continue to focus on improvements for the local people of Halton</p>
<p>Political - Devo-Manchester</p>	<p>Following the devolution announcement for Manchester, discussions are now taking place across the NHS system and it is possible this could affect Halton in the future. The nature of the impact of this is unknown but would likely be significant.</p>
<p>Social –change the model of Halton’s Children’s Centres and improve outcomes.</p>	<p>A change in the model of Children’s Centres to Intergenerational Family & Older People’s Centres offers local people a local centre where they can go to meet others, find information and advice on self help, organise local activities, engage in activities.</p> <p>It also allows service providers to meet local families and older people in a non medical setting offering a real opportunity for staff, including hospital consultants, to work as an</p>

	MDT realising a whole person approach to care.
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6. Transformation Case Study Example

To provide a sense of your transformation and collaborative experience and lessons please summarise below ONE relevant case study of a whole systems transformation.

Name of transformation and timescale	Inspiring Families / Troubled Families 2012 - 2015
Rationale for the transformation? What were the drivers?	In 2012, Halton started the process on how to redesign the way that services in Halton work with families facing multiple problems (troubled families) through in the first instance the creation of a multi-agency family support Service. The approach was transformational and developed new ways of working that would contribute to reducing demand for public services thereby delivering a sustainable reduction in costs in the future. This included setting up and delivering new evidence-based models of service and training the workforce to deliver on achievable outcomes.
Who were the leaders? Are they involved in Well North? How is tacit knowledge and organisational memory going to be used for the Well North Project?	The leaders were from across our Local Strategic Partnership. These strategic leads are linked into the Well North project. Well North will benefit from the existing partnership structures and the links that have already been made with the community. The data and performance systems that have been built will be available to support the analysis and interpretation of multi-agency data streams and this can be used to further enhance the Well North Project. Some of this intelligence includes local and national findings based on the use of a national cost calculator tool that evidences where maximum impact and return on investment will be realised.
How were staff involved?	Through the set up and development of the programme

<p>Extent and nature of community engagement?</p> <p>E.g. systematic part of service design/ through elected members etc.</p>	<p>The programme looked to focus on families that required high Intensive Support with a whole family approach. This involved working with individuals and families in their own home and in their community.</p> <p>With Partners we worked to ensure the delivery of family plan objectives, as well as engaging with them to source and commission services where gaps were identified.</p> <p>Partners were involved in supporting structural changes around the developmental of information sharing protocols, core workforce training packages, developmental of family assessments.</p>
<p>What were your results?</p>	<p>We now have:</p> <ul style="list-style-type: none"> • children benefiting from schooling • families and communities benefiting from less crime and ASB • people and the public purse benefiting from family members getting into work • all the wider improvements in family functioning, health and wellbeing <p>By the end of the programme Halton has achieved 100% payment by results (PBR) for the full 375 families. Of the 375 families worked with:</p> <ul style="list-style-type: none"> • 338 families have achieved the ASB, Youth offending and or Education Governmental targets. • 313 families were claiming benefits at the start of intervention (80%). A total of 122 families (40%) have, during intervention, come off benefits and moved into continuous employment.
<p>What went well?</p> <p>What were your strengths?</p>	<p>The service transformation objectives of the programme has helped support our local drive to redesign services to further develop our early intervention and integrated family focused working.</p> <p>Inspiring Families helped to develop and implement a performance management system that could identify, track and monitor outcomes of individuals and families against given criteria.</p>
<p>What didn't go well?</p> <p>What were your</p>	<p>The national criteria to give more flexibility to give the Council and its partners a better opportunity to identify and work collaboratively to identify those families who will most benefit from an integrated, whole family approach.</p> <p>Organisational barriers with regard to process and paperwork with regard to the recording of activity and outcomes as we sometimes</p>

barriers?	missed the opportunity to address the critical issues facing individuals and families by looking only at one person at a time rather than considering the needs of the whole household.
Did the transformation result in any scale or replication? Has it been sustained?	Halton has further develop its Early Intervention Model to include co-ordinated, evidence based interventions leading to good outcomes for children and families such as Strengths and Difficulties Questionnaire (SDQ) and Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) a nationally recognised tool for measuring well-being. The model focused on a common outcome based approach that included a key worker or case management approach to improve integration, co-ordination, prioritisation of interventions Developing the partnership workforce is a continued feature with a standard set of core competencies around the skills of the workforce to identify underlying causes and problems, rather than simply the presenting nature of demand
What reflections and lessons would you bring forwards into the Well North Project?	Being able to show change with families by comparing actual outcomes with families 'before' and 'after' you have worked with them. Being smarter about making the case for investment by showing local commissioners how services are benefiting them and saving them money.
Is there a documented Evaluation or Lessons Learned Document that you could share?	There is a National Impact Study in place and through our performance management system we had collected local information and case studies that evidence real change.

7. Governance

Describe how you will meet the requirements for Governance of the Project. Please outline who will be the lead and how they will exert leadership across the system; how you will engender engagement of partners sat/not sat at the table?

The lead for the Well North Programme will be Leigh Thompson, Director of Service Delivery at NHS Halton CCG and the One Halton Programme Director.

Leigh has developed the One Halton governance approach to ensure engagement and

communication is at the heart of everything we do.

There are three main committees – a Programme Board, a Steering Group and an Advisory Group.

The Programme Board is set up to secure, via partnership working, the provision of system leadership and meaningful engagement in the development of the One Halton Programme. This aims to secure sustainable, high quality services which meet patient needs and optimise the health of the borough, delivering organisational sustainability.

The Steering Group is set up to oversee, on behalf of the One Halton Programme Board, that appropriate and timely decisions are taken to ensure the successful delivery of the One Halton Programme. It will ensure that the programme successfully engages the right people and organisations, and that the best evidence and facts are always used for decision making, so that solutions will be reached which can be effectively implemented.

Finally, the Advisory Group will be crucial to the Programmes success. It will add value, scrutiny and insight. It will influence the programme, working groups and phasing of delivery.

It will ensure that the programme and working groups are inclusive of the patient's voice and ensure that relevant individuals and or organisations are included in the relevant working groups.

The membership of the Advisory Group is made up of representation from Healthwatch, the voluntary sector, housing, AHSN, estates providers including NHS PS, Health Education North West and our IT provider.

We believe this approach will bring focus, leadership and structure but also challenge, openness and wide engagement.

We would propose that the Well North scheme dovetails into this existing governance approach.

8. Learning

What contribution are you willing to make to optimise the learning for the Well North Programme, within your project and with other projects? How do you feel honest and open sharing across projects can be facilitated effectively?

We would be both willing and keen to establish a learning network with other localities involved in the Well North programme. For this to be a success, we would all need to commit to investing in the approach and ensuring the right staff are available. For example, we may want to establish a clinical leaders learning network and we would therefore ensure our clinical leaders are encouraged and able to attend.

We would also be happy for the independent evaluation of our programme to be shared

fully with other localities, and in return, we would want to see evaluation of their schemes, considering things like approach, structure, success, engagement, impact and sustainability.

We would be happy to agree to attend and present at a number of regional and/or national events to talk about both the programme itself but also the work we will have undertaken locally. This would be something we would look to support both during and after the completion of the programme.

Finally, we would be happy to host a 'learning conference' in Halton, inviting other localities involved or thinking about getting involved, system thinkers and political leaders to consider what's been successful and to help shape further thinking and potentially even policy.