



Warrington, Halton, St Helens and Knowsley Sub-Regional Group

## Working Together for a Sustainable Future

Halton Borough Council 4<sup>th</sup> November 2010

### What we are going to cover:



1. Background to WHSHK
2. The scale of the challenge
3. Our Vision
4. Halton Health Campus
5. The potential savings/efficiencies that can be made
6. Governance to manage WHSHK
7. Workstreams and progress

### 1. Background

#### The Context for the NHS



- The NHS in Mid-Mersey (WHSK) has been through a period of unprecedented growth
- Almost 7% per year compared to inflation at 2.5%
- The positive results of this is evident:
  - Increased numbers of front line staff
    - New Hospitals and LIFT Buildings
    - New models of care
    - Record low waiting times - 18 week referral to treatment
    - New medical equipment
- Now we have to face the challenge ahead – the environment has changed

#### The Challenge Ahead

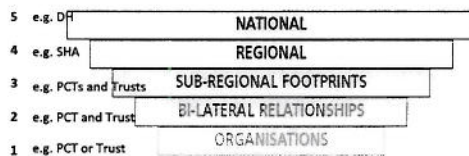


- Stabilising the economy will result in the lowest financial growth the NHS has ever seen
  - £20bn in efficiency savings are required over a 3 year period
    - But the NHS must still deliver the desired quality of services to patients
  - Four things are apparent
    1. This is about making **radical changes**
    2. This will require an unprecedented level of **trust and collaboration**
    3. It is better to **prepare and learn now**
    4. We need a **realistic dialogue** with the public
- The process to move towards a resolution?
- 'QIPP' – more quality, innovation prevention and productivity

#### Five Levels of Action for QIPP



FIGURE TWO: THE FIVE LEVELS OF ACTION



#### North West Sub-Regional Footprint



We are here

FIGURE THREE: NHS NORTH WEST FOOTPRINTS

- Cumbria
- Lancashire
- Greater Manchester
- North Mersey
- Western Cheshire and Wirral
- Central and Eastern Cheshire
- WHSHK

Note Knowsley PCT is in both North Mersey and North Cheshire footprints

## 2. Scale of Challenge

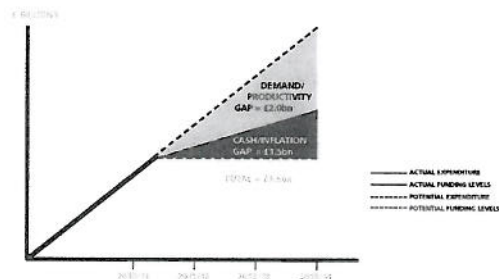
### QIPP Gap at Sub-Regional Economy Level

TABLE ONE: INDICATIVE ESTIMATES FOR NW FOOTPRINTS

FOOTPRINT	WEIGHTED SHARE DEC 2009	NWSDA MAY 2010
GREATER MANCHESTER	£950	£1,314.3
LANCASHIRE	£500	£710
NORTH MERSEY	£225	£464.4
HALTON, ST HELENS & PRESTON	£210	£374.1
WIRRAL/WESTERN CHESHIRE	£200	£312.2
CUMBRIA	£165	£152.6
CENTRAL AND EASTERN CHESHIRE	£135	£217.4
TOTAL	£2,495	£3,545

SHA forecasts  
£259m@  
November

### The Size of the Gap in North West SHA



## 3. Our Vision

### Our Vision

- Much greater emphasis on prevention and helping people to self care
- Stronger out of hospital services, able to manage more of the demand
- Less reliance on hospitals with fewer beds than at present - smaller hospitals
- Core portfolio of services in each community that local people can be proud of
- Much greater integration along pathways of care with increased specialist outreach into the community [integrated care organisations]
- Acute hospitals working together as part of a system of care
- Less duplication of hospital services - clinical specialities
- Less duplication between hospital and out of hospital services (rationalisation of primary and community care services and estate)
- Repatriate services where possible to the mid-Mersey footprint
- Increased commissioning co-operation – increasingly between GP consortia

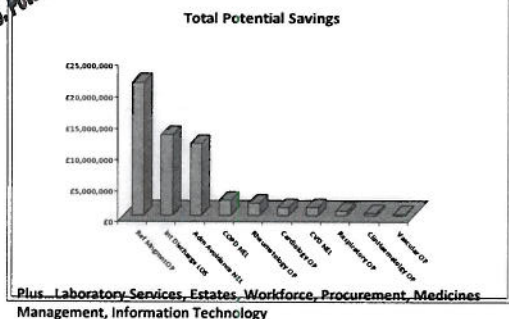
## 4. Halton Health Campus

### Where Does the Halton Health Campus fit?

- Commitment to the Stage IV document for Halton Hospital
- Clinical service re-design will drive the QIPP programme in WSHK
- Full engagement of partners, patients and public in workstreams

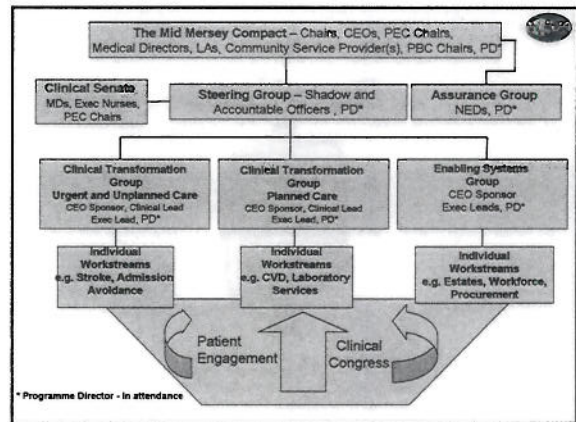
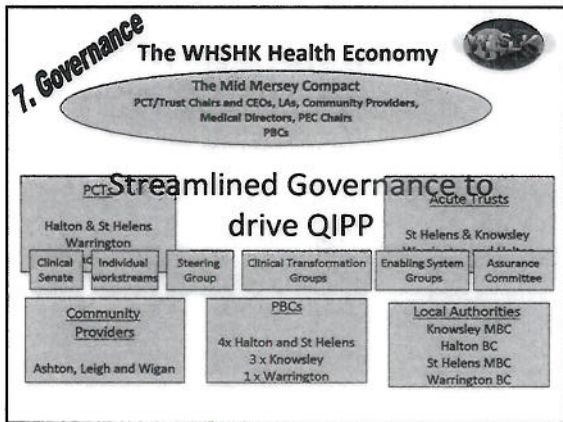
## 5. Potential Savings

### £54m Potential Savings



### But.....Need to balance the system

- Savings are based on Payment By Results Tariff – a saving to PCTS *only*
- By itself, does not reduce costs in the system
- Workstreams need to reduce costs and increase productivity for the **whole** system
- This ensures a sustainable local health and social care service



- ### Key Principles
- Strong clinical leadership – ownership of demand management across whole clinical workforce
  - Trust and Collaboration
  - Services should be focused on individual needs and choices
  - Services should be **localised where possible and centralised where necessary**

- ### 8. Workstreams
- ## Progress to Date
- Two Clinical Congress Meetings (Primary/Secondary Care) March/September
  - Trust to Trust Consultants meeting – July - 70 consultants attended
  - Initial Work Programme:
- 14 Clinical Workstreams**
- 6 Enabling Workstreams**

WSHK - Workstreams		
<b>Clinical Transformation Group Urgent and Unplanned Care</b> CEO Sponsor: Ann Marr Clinical Lead: Steve Cost Exec Lead: Simon Wright Programme Director: Eugene Lavan Points of Access to Urgent Care: Clinical Lead: Ben Choudhury COPD Project Lead: Tracy Walters Alcohol: Clinical Lead: Jane Knight Step Up/Step Down: Project Lead: Janet Dunn Frail Elderly in the Community: Project Lead: Janet Dunn Stroke: Project Lead: Janet Dunn	<b>Clinical Transformation Group Planned Care</b> CEO Sponsor: Catherine Beardshaw Clinical Lead: Andy Davies Exec Lead: Ian Stewardson Programme Director: Eusebio Lirio CVD: Clinical Lead: Justy Rie Vin Project Lead: Sarah Johnson Sponsor: Simon Banks Clinical Haematology: Clinical Lead: John Tappin Project Lead: Jenny Dent Sponsor: Simon Banks Rheumatology: Clin. Lead: PBO Aberdeen Project Lead: TSC Sponsor: Simon Banks Laboratory Services: Clinical Lead: M. R. Al-Jalal Project Lead: Tony Cornell Sponsor: Chris Wright Referral Management: Clin Lead: Phillip Baker Project Lead: Simon Banks Vascular: Clinical Lead: G. Massey Project Lead: Tanya Hibbert Sponsor: Chris Wright Health Improving Hospitals: Clinical Lead: TSC Project Lead: Tony Cornell Sponsor: Dymira Edward	<b>Enabling Systems Group</b> CEO Sponsor: Andrew Burgess All Project Leads Attend the Enabling Systems Group Estates: Project Lead: Ian Davies Workforce: Project Lead: Anna-Marie Swish Medicines Management: Sponsor: C. Beardshaw Project Lead: M. Scoghagan Procurement: Project Lead: David Pinn Finance: Project Lead: Mike Ties Communications & Patient Engagement: Project Lead: Mike Austin

Version 7 - 10th Dec 10

- ### What we have covered this evening
1. Background to WSHK ✓
  2. The scale of the challenge ✓
  3. Our Vision ✓
  4. Halton Health Campus ✓
  5. The potential savings/efficiencies that can be made ✓
  6. Proposed governance to manage WSHK ✓
  7. Workstreams and progress ✓

**Questions**

