



Final Paper

Working Together For Health

Working Together for Health 2008/09 and Beyond (Updated 29th May 2008)

1.0 Introduction

At the Working Together for Health (WTfH) Sponsor Group on the 5th February 2008, Chief Executives from Birmingham East and North Primary Care Trust (BENPCT), Solihull Care Trust and Heart of England Foundation Trust agreed that the WTfH Programme which has been in place across the Local Health Economy since 2003 (revised in 2005 to include North Birmingham PCT and Good Hope Hospital), still had the support of organisations as a vehicle for delivering clinical service development and change.

The Sponsor Group asked the Director – Redesign and Commissioning, BENPCT, on behalf of the Sponsor Group to produce a short briefing paper on the way forward for the WTfH Programme 2008/09 and onwards. This paper was produced and sent to Chief Executives and others for comment.

This final paper has been produced based on comments received sets out proposals on the principles, governance, work programme and financing of WTfH which enables the programme to move from the present model for delivery of clinical service redesign to become a core strategy which is formally signed up to by the partner organisations which supports delivery of joint work programmes which support vertical integration and improved whole system working whilst avoiding organisational and service destabilisation.

2.0 Background

2.1 In February 2003, six clinicians from Eastern Birmingham Primary Care Trust (PCT), Solihull PCT and what is now Heart of England NHS Foundation Trust took part in a Department of Health study tour to Kaiser Permanente, a not-for-profit healthcare organisation in Northern California, USA. On their return, the six clinicians shared their learning from the visit with the Trust Boards of the three organisations, who adopted a set of principles that would underpin service developments within the health economy:

- An emphasis on integration of care
- Priority given to keeping people out of hospital
- Active management of people to prevent illness and improve quality of life

- Promotion of self-care and partnership in care between clinicians and patients
- Clinical leadership to drive change
- Use of information technology to support integrated patient care and change management

A Project Initiation Document was agreed by the three Boards, setting out the way the change management programme called “Working Together for Health” would be organised. The Principles were set in a context of agreed values and behaviours, led by the Chief Executives. The values relating to patient services were encapsulated in the three phrases: ‘Patients as Partners’; ‘Promoting Self-Care’; ‘Care in the Right Place’.

The agreed behaviours related to the way clinicians and managers within and between partner organisations would interact: ‘Respectful communication’; ‘Your success is my success’; (and vice versa); ‘A long-term commitment to partnership working’.

The WTfH philosophy and its principles have proved to be a solid foundation for developing staff and services. Clinical management across the health economy has been strengthened, clinical service strategies have been developed in partnership and new patient-centred services that transcend organisational barriers have been implemented.

The work to date gives the organisations a firm base with which to take WTfH to the next level and use it as a key strategy for delivery of large scale change.

What has the programme achieved?

Over the period since 2003 the WTfH programme has sponsored some significant Changes in the economy in the following areas:-

- Joint Clinical Leadership development
- The introduction of the Partners in Health Centre
- The delivery of an Orthopaedic Triage service
- The development of the Community Diabetes Service
- Heart Failure education for patients
- Community based COPD service
- Implementation of Prior Approval schemes
- Community Pain Management Service
- Community based Continence Service
- Joint work on information management to drive clinical change
- Significant improvement in how people in the system work together

All the above are underpinned by a set of relationships formed through the work with Kaiser Permanente and the use of the principles set out above.

Many of the clinical system changes would have been difficult to achieve without the learning gained by Clinicians and Managers from the exposure to the Kaiser Permanente organisation. The challenge is to take these principles to the next level and create large scale Clinical Systems improvement and change using the expertise and learning from the last five years.

The following sets out proposals for the development of WTfH from 2008/09 onwards.

3.0 Proposals

The principles outlined above are important in moving forward, however, there is a need to articulate and formalise the purpose and goals of the WTfH Programme in simple terms to give the people (predominantly clinicians) who will be responsible for delivering this programme of work a frame of reference. The clinicians need to be clear on how this work fits with the goals and key strategies of individual organisations who are signed up to WTfH and its next stage of development. An initial piece of work is required to produce a new Project Initiation Document (PID) which articulates the purpose, goals and reviews the current principles to ensure they sit comfortably with the new arrangements for delivery. The Ownership of this PID will be important in moving forward as it needs to reflect both the individual and joint aspirations of all the partners. There is no doubt that there is potential for conflict over the objectives of the programme and there is a need to agree objectives which the organisations jointly sign up to, even if sometimes organisations will need to pursue mutually exclusive objectives for the benefit of their own organisations.

The present WTfH Programme Board members recently met to discuss the next steps. During their discussions there was agreement that the time was right to review WTfH and its working arrangements to ensure it is seen as part of mainstream activity and powered up the arrangements rather than being seen just as an effective Community of Practice. To support this powering up the present members of the Programme Board created a revised set of principles for working together these were that the programme should:-

- create a paradigm shift in thinking
- “light new fires”
- Have high level authority and responsibility for key mainstream programmes
- Be driven by a Patient Centred metrics which drive change
- Foster the development of more support and expertise locally
- Provide support to the new Partners in Health development
- Become a guiding coalition for service development and redesign

The Programme Board were supportive of the proposals to reconstitute the WTfH Programme to ensure it becomes part of the Local Health Economies core strategies and have suggested that the new Board becomes the vehicle by which work on the “Darzi” pathways is continued.

3.1 Governance

In achieving the above, revision of the governance arrangements will be important. At present the WTfH Programme has a Sponsor Group which is Chief Executive led with support from lead Officers (both Managers and Clinicians) from within the organisations involved. The Programme of work is then delivered through a Programme Board. This Programme Board has largely become a clinical leadership forum over the past twelve months and needs to be reviewed to create a clear work programme and the group need to be given formal power to act.

It is therefore proposed that the WTfH Sponsor Group becomes the WTfH Board and is chaired by a Non-Executive Director from one of the representative organisations. This chairmanship would rotate bi-annually across the organisations to ensure that all organisations continue to own the programme. The proposed Board membership is detailed at Appendix A. The Board would be tasked with ensuring that the new WTfH plan signed-off by the Partner organisations is delivered. The Board would report to the Partner organisations on progress twice yearly. The Board would be supported by an Operational Clinician/Management Group, which would replace the present Programme Board and be responsible for ensuring that the work programme agreed by the Partner organisations and monitored through the WTfH Board is being delivered on the ground and to agreed timescales.

The Operational Group would have the power to bring together project teams from within the Partner organisations to undertake delivery of the key work programmes which ensures ownership from all Partner organisations. It is proposed that the Operational Group is built around a lead Clinician from each Partner organisations with a “Managerial Buddy” (in the case of the Local Authority this will be a lead Commissioner) for the organisations concerned and will be responsible for ensuring each individual organisation plays its part in developments. Patient and Public engagement will be important and a decision needs to be taken at what level Patients / Public will be represented. The proposed membership of the Operational Management will be determined by the WTfH Board based on the agreed work programme.

It is proposed that on agreeing the work programme, the Operational Group will develop a work stream approach to the delivery of the key tasks and each clinical member of the Operational group would take the lead for a particular work stream. The Chair of the Operational group will be in attendance at the WTfH Board

3.2 Work Programme

Initial discussions have taken place with Chief Executives of Partner organisations and present WTfH programme Board members on the potential work programme for WTfH which sets the framework for the programme at a strategic level. Discussions about the work programme have identified a set of criteria which would be applied before agreeing work in a particular area is delivered. On agreement this work then would be identified as part of the WTfH work programme:-

Criteria

- Area which needs significant focus by all Partner organisations
- An intractable problem which spans the whole Pathway of Care
- An area of work where Partners and / or the Public are concerned about the level and quality of Patient Services
- Is of size and scope to warrant the level, time and input of the WTfH Programme
- Supports the principle of vertical integration and lean system redesign within the NHS and / or of integration with other parts of the system such as social / housing
- Creates a local evidence base of effectiveness which can be used to develop other work
- Has a clearly defined baseline (or one can be created easily) so that we can measure progress and outcomes

Clearly the above criteria are a “starter for Ten” and may change in the light of discussions, but it is important to move away from the present small areas of interest which are important but could be delivered through normal processes.

Key to success of the programme will be a shared knowledge and understanding of how the whole health and social care system operates. This will require all parties to be conversant with methodologies and measurement techniques for whole systems and for initial effort to be focussed on the appropriate performance and outcome measures that will be adopted by the Board.

The initial areas of services which have been briefly discussed by Chief Executives and present Programme Board members include:

- Hospital and Community acquired infections / Patient Safety
- Capacity Management
- Maternity Services
- End of Life Care
- Planned Care
- Long term-conditions (Cancer, Stroke and COPD)
- IT and Clinical Communication
- Metrics and Information

This list is neither formalised nor exclusive and would be subject to the newly constituted Boards sign off. Importantly the subject areas need to meet the criteria and meet Partner organisation interests.

3.3 **Financing the Programme**

Financing the previous WTfH Programme was problematic, initial agreements were reached in 2004 on the financing of a project team to work on behalf of Eastern Birmingham PCT, Solihull PCT and Heath of England FT. In practice, although it helped development, organisations were concerned that the benefit of this team was only seen by two of the three organisations and the work programme reflected the interests of the host rather than all Partners. It is therefore proposed that each organisation formally commit to provide a manager who as part of their portfolio will have responsibility for coordinating work on behalf of their own organisation with the Operational Group. The role of this Manager will be defined through the development of a WTfH Partnership Agreement and that as part of this agreement; each organisation also identifies an agreed level of non-pay funding which can be held by the individual organisations, or by one organisation on behalf of others. This non-pay would allow the operational group the ability to set up and run key events to enable work to move forward within the defined work programme.

4.0 Next Steps and Timescales

We are now two months into 2008/09 and there is a need to move from agreements in principle to formalising the new WTfH Programme.

The following actions and timescales are suggested to move to the formalisation of the WTfH Board and WTfH Operational Group.

Final paper sent to Partner Organisations for Board approval 30th May 2008

Project Initiation Document produced	30 th June 2008 (Subject to Board Approval)
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WTfH Board	First meeting early July 2008 (Sign-off PID, agree work programme)
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Operational Group	First meeting end of July 2008
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First Quarterly Report to WTfH Board	End of September 2008
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First Report to individual Organisation Boards	October / November 2008
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5.0 Conclusion

This revised paper sets out a number of proposals for the next stage of development of WTfH. Agreements have been reached in principle between Chief Executives on the use of WTfH as a key strategy for service development and change. This agreement in principle now needs to be formalised with appropriate governance structures being put in place to enable Partner organisations to move forward and use WTfH to enable joint work programmes to be developed to deliver large scale benefits to the populations served. This will be alongside organisations own development programmes.

Andrew Donald
Chief Operating Officer
Birmingham East and North Primary Care Trust

Date: 30th May 2008

Appendix A

Proposed Membership Working Together for Health Board

Non-Executive Director (Chair)

4 x Chief Executives or nominated representative

1x Director of Adult and Communities or nominated representative

4 x Medical Director or PEC Chair

Secretariat