

AGENDA

Healthier Wigan Partnership Board Part A (Public)

Date: 26th May 2026
Time: 1.00 pm – 1.45 pm
Venue: Room 17, Floor 3, Wigan Life Centre

Agenda Item		Time	Presenter	Pages/ Verbal	Action Required
1	Welcome, Apologies, and Requests for Additional Items of Business	1.00 pm	Chair	Verbal	Note
2	Terms of Reference on a Page	1.01 pm	Chair	Report	Note
				3	
3	Confirmation of Quoracy	1.02 pm	Chair	Verbal	Note
	A meeting will be deemed as being quorate when there is a minimum of two thirds of the membership present and all six parties are represented. Section 75 Agreement / arrangements will be reserved to the NHS Greater Manchester and Council representative(s)				
4	Declarations of Interest	1.03 pm	Chair	Report	Note
	The Board members are reminded that any changes in the declarations on the register must be notified to the ICB as soon as practicable and no later than 28 days after the interest arises. Any outstanding forms must be submitted immediately.			4-14	
5	Minutes and Action Tracker from the Previous Meeting	1.04 pm			
5.1	Minutes of the Previous Meeting (Part A&B 31 st March)		Chair	15-21	Decision
5.2	Actions from the Previous Meeting		Chair	22	Decision
6	Leadership Updates	1.05 pm			
6.1	Place Update		J Kerry	Verbal	Information
7	Governance Updates	1.15 pm			
7.1	Strategic Risk Register Q4 2025/26		J Kerry	Report	Assurance

8	System Updates	1.25 pm			
8.1	BetterLives Steering Group		J Kerry	Report 23-29	Assurance
8.2	Pathway Redesign Programme		R Mundon / J Kerry	Report 30-33	Assurance
8.3	Neighbourhood Approach		J Kerry	Present ation	Assurance
9	Business Pertaining to the Section 75 (S75) Committee	1.40 pm			
9.1	Better Care Fund Submission Q4 2025/26		L Bergman / J Kerry	Report 34-52	Approval
9.2	Better Care Fund 2026/27		L Bergman / J Kerry	Report	Approval
10	Questions from the Public	1.45 pm	Chair	Verbal	Information
11	Any Other Business	1.45 pm	Chair	Verbal	Information
12	Date and Time of Next Meeting	1.45 pm	Chair	Verbal	Information
	The next HWP Board will be held on 30 th June 2026, 1.00pm, Room 17, Floor 3, Wigan Life Centre				

Terms of Reference on a page Helps provide focus and clarity around roles

Purpose

The purpose of the Healthier Wigan Partnership (HWP) Board is to bring together senior leaders from all sectors of the Locality.

Its role as a committee of the ICB is to enable and oversee the locality to use its collective assets, resources and powers to deliver the Locality Plan.

Focus on the shared priorities agreed with Partners and those articulated through NHS Greater Manchester.

By working together, the Board will endeavour to improve health, wellbeing, and care for the population of Wigan Borough

The Board is also a joint committee of the ICB and the Local authority regarding the Section 75 agreement and will make decisions and obtain assurance in relation to that agreement.

Key duties performed as a committee of NHS GM ICB

- **Strategy:**
 - Approve the Locality Plan (including allocation of resources) and the Locality Strategic Risk Register.
- **Oversight:**
 - Obtain assurance regarding operation of locality oversight arrangements for delegated functions, including financial performance and the continuous improvement of service
- **Section 75 agreement:**
 - Approve allocation of resources.
 - Obtain assurance that the s75 agreement is operating effectively
 - Approve BCF Quarterly Submissions

Key duties performed as a Locality Board

- **Strategy:**
 - Approve supporting locality strategies (e.g. population health, quality, finance, people).
 - Oversee the review of the locality plan (including operating model, leadership, culture and ways of working).
- **Locality Commissioning:**
 - Approve proposals to commission and transform services to deliver outcomes and monitor their implementation.
 - Approve proposals to decommission services and to ensure there is no adverse effect on the population of Wigan Borough.
- **Oversight:**
 - Delivery of the Locality Plan - provision and outcomes.
 - Maintain oversight of performance issues which impact on the local population and agree locality responses.
- **Governance:**
 - Approve the locality governance arrangements and evaluate their effectiveness.
 - Obtain assurance that strategic risks are being effectively managed.

Membership

Voting membership - two named representatives from each of the following partners:

- NHS Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust
- Greater Manchester Mental Health NHS Foundation Trust
- General Practice / Primary Care Networks
- Wigan Council (one to be the Co-chair or their named deputy)*
- VCFSE Sector
- NHS Greater Manchester (one to be the Place-based Lead or HWP Delivery Director and the other to be the NHS Greater Manchester Executive representative)*

Quoracy = two thirds of members present

In attendance and without voting rights:

- Independent adviser to the HWP System Board
- Locality Finance Lead
- Co-chairs of the Integrated Delivery Board
- Healthwatch

* Voting members for Section 75 Committee

Healthier Wigan Partnership System Board

Register of Interests

Produced: March 2026

The Register of Interests includes members of the Board and those who are regular participants as non-voting members.

Last Name	First Name	Role	Declared Interest	Organisation	Interest Type	Effective From	Action Taken to Mitigate Conflict	End Date
McKenzie-Folan	Alison	Chief Executive and Place-based Lead for Health and Care Integration	No interests to declare	Wigan Council	-	-	-	-
Cunliffe	Keith	Deputy Leader and Co-Chair of the HWP System Board	No interests to declare	Wigan Council	-	-	-	-
Clarkson	Ann	Assistant Director Children's Services	No interests to declare	Wigan Council	-	-	-	-
Musgrave	Rachael	Director of Public Health	No interests to declare	Wigan Council	-	-	-	-
Wharton	Laura	Assistant Director of Public Health	No interests to declare	Wigan Council	-	-	-	-
Bergman	Leon	Assistant Director	No interests to declare	Wigan Council	-	-	-	-

Last Name	First Name	Role	Declared Interest	Organisation	Interest Type	Effective From	Action Taken to Mitigate Conflict	End Date
Cowley	Stuart	Director of Adult Social Care and Health	No interests to declare	Wigan Council	-	-	-	-
Dutton	Colette	Director of Children's Services	No interests to declare	Wigan Council	-	-	-	-
Mundon	Richard	Director of Strategy and Planning	No interests to declare	WWL	-	-	-	-
Fleming	Mary	Chief Executive	No interests to declare	WWL	-	-	-	-
Tabitha	Gardner	Chief Finance Officer	Spouse is Director of Strategy at Manchester University NHS FT	WWL	Indirect Interest	02 / 03 / 23	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy	-
Arya	Dr Sanjay	Consultant Cardiologist / Medical Director	Cardiology Clinical Private Practice - Beaumont Hospital, Bolton	WWL	Financial Interest	27.10.19	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy	-
			Honorary Director Role for Residents Association - all		Non-financial Personal Interest	27.10.19	Interest to be declared at all meetings. The Chair will	-

Last Name	First Name	Role	Declared Interest	Organisation	Interest Type	Effective From	Action Taken to Mitigate Conflict	End Date
			house owners are directors				manage in line with the NHS GM policy	
			Undergraduate Clinical Lead in Cardiology. Outside Employment – Edge Hill University		Financial Interest	17.11.22	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy	-
Bailey	Ella	Associate Director Finance	No interests to declare	NHS GM Integrated Care (Wigan Locality)	-	-	-	-
Dalton	Dr Tim	Associate Medical Director and Clinical Co-Chair of the HWP System Board	GP Principal, GP Trainer, GP Appraiser, Shareholder and Director, South Wigan Medical Practice. South Wigan Medical Practice is a GMS provider of NHS primary care and I also provide the above other activities for NHS England and Health Education England.	NHS GM Integrated Care (Wigan Locality)	Financial Interest	01/08/00	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	-

Last Name	First Name	Role	Declared Interest	Organisation	Interest Type	Effective From	Action Taken to Mitigate Conflict	End Date
			Practice is a member of Health First CIC – no active role in organisation.		Non-Financial Personal Interest	Jan 2011	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	-
			Seconded attendee Wigan LMC non-paid role but travel expenses reimbursed.		Non-Financial Professional Interest	June 2012	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	-
			Chair of GM GP Provider Board - reimbursed role to represent General Practice as providers in GM governance		Non-Financial Professional Interest	06/04/23	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	-
			Vice-chair of Greater Manchester Primary Care Provider Board		Non-Financial Professional Interest	09/08/23	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	-

Last Name	First Name	Role	Declared Interest	Organisation	Interest Type	Effective From	Action Taken to Mitigate Conflict	End Date
Davies	Dr Jayne	Clinical Director, Wigan Central PCN	Clinical Executive, HWP Clinical Lead for Wigan Central	NHS GM Integrated Care (Wigan Locality)	Financial Professional Interest	01/04/22	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	-
			GP Principal Partner of Dicconson Group Practice				Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	-
			Clinical Director for Wigan Central PCN				Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	-
			HWP Clinical System Lead for Children and Young People				Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	-
Wahie	Dr Sanjay	Clinical Director, Hindley PCN	Cardium Federation Shareholder		Financial Interest	More than 5 years	Interest to be declared at all meetings. The	-

Last Name	First Name	Role	Declared Interest	Organisation	Interest Type	Effective From	Action Taken to Mitigate Conflict	End Date
							Chair will manage in line with the NHS GM policy.	
			Clinical Director, Hindley PCN	NHS GM Integrated Care (Wigan Locality)	Financial Interest	June 2019	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	-
			GP Partner at Pennygate Medical Centre		Financial Interest	Sept 2019	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	-
			Wife is a Consultant Histopathologist at Royal Preston Hospital		Indirect Interest	2013	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	-
			Brother is a Consultant Dermatologist at Durham Hospital		Indirect Interest	2010	Interest to be declared at all meetings. The Chair will manage in line	-

Last Name	First Name	Role	Declared Interest	Organisation	Interest Type	Effective From	Action Taken to Mitigate Conflict	End Date
							with the NHS GM policy.	
			Shareholder in Histopathology Service		Financial Interest	2023	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	-
			Director in Buy to Let Ltd Company		Financial Interest	2024	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	
			Wahie Medical Group Ltd Company		Financial Interest	March 2024	Chair will manage in line with the NHS GM policy	
Whitelaw	Stephanie	Associate Director of Quality	No interests to declare	NHS GM Integrated Care (Wigan Locality)	-	-	-	-
Kerry	Jonathan	Interim Deputy Place Lead	Chief Technical Officer of Subsidium Group Ltd	NHS GM (Wigan Locality)	Financial interest	14.02.22	Declare interest during discussions where this may impact or influence decisions	-

Last Name	First Name	Role	Declared Interest	Organisation	Interest Type	Effective From	Action Taken to Mitigate Conflict	End Date
			Local Public Sector Director (Wigan Locality) for One Partnership	NHS GM (Wigan Locality)	Non-financial professional interest	4.04.23	Declare interest during discussions where this may impact or influence decisions	-
			WWL Governor Role as Deputy Place Lead for Wigan Locality	NHS GM (Wigan Locality)	Non-financial professional interest (Loyalty Interest)	1.09.24	Declare interest during discussions where this may impact or influence decisions	
Fillingham	David	Independent Advisor	Trust Chair	Lancashire and South Cumbria NHS Foundation Trust	Professional Non-Financial Interest	01.11.22	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	-
			Chair	NHS National Improvement Board	Professional Non-Financial Interest	26.09.23	Interest to be declared at all meetings. The Chair will manage in line with the NHS GM policy.	
Drury	Kathryn	Chair	Awaiting Declaration	Healthwatch				

Last Name	First Name	Role	Declared Interest	Organisation	Interest Type	Effective From	Action Taken to Mitigate Conflict	End Date
Parker	Karen	Chief Officer	No interests to declare	Wigan Community First	-	-	-	-
Greenhalgh	Colin	Programme Director	Groundwork is a local charity and apply for Statutory sector funding to deliver services or support other VCFSE organisations to apply for statutory funds.	Groundwork	financial interest		Declare interest if specific VCFSE delivery funding is discussed	
Carby	Jo	Chief Executive	The hospice receives funding from NHS GM for the Borough Palliative and End of Life Care Learning Hub, Nurse Specialist Team, Hospice in Your Home Team, the WHISPAR Single Point of Access Service, the Pharmacy Service, and four inpatient beds.	Wigan and Leigh Hospice	Financial Interest	27.11.23	Declare interest during discussions where this may impact or influence decisions	-
			The hospice receives funding from Wrightington Wigan and Leigh NHS Foundation Trust for	Wigan and Leigh Hospice	Financial Interest	27.11.23	Declare interest during discussions where this may impact or	-

Last Name	First Name	Role	Declared Interest	Organisation	Interest Type	Effective From	Action Taken to Mitigate Conflict	End Date
			two Community Nurses.				influence decisions	
Wong	Dr Gen	Wigan General Practice Lead	GP Partner at Old Henry Street Medical Centre, Leigh	NHS GM Integrated Care (Wigan Locality)	Financial Interest	2000	To declare conflict at relevant agenda items	-
			Leigh PCN Clinical Director		Financial Interest	2019	To declare conflict at relevant agenda items	-
			GP practice is a member of a local GP federation (Health First CIC)		Financial Interest	2000	To declare conflict at relevant agenda items	-
			Board member of Leigh Town Centre Board, overseeing the regeneration of Leigh town centre		Non-Financial Interest	March 2004	To declare conflict at relevant agenda items	July 2024
			Wife is a consultant at Salford Royal Foundation Trust		Indirect Interest	2000	To declare conflict at relevant agenda items	-
Roe	Kathy	Chief Finance Officer NHS Greater Manchester	No Interests to declare	NHS GM Integrated Care	-	-	-	-

Last Name	First Name	Role	Declared Interest	Organisation	Interest Type	Effective From	Action Taken to Mitigate Conflict	End Date
McCann	Lesley	Head of Planning, Governance and Strategy	No interests to declare	NHS GM (Wigan Locality)	-	-	-	-
Anderton	Dane	Councillor - Portfolio Holder for Children and Families	Awaiting Declaration	Wigan Council				
Greenwood	Lewis	Assistant Director Policy and Strategy	No interests to declare	Wigan Council	-	-	-	-
Calder	Liz	Director of Performance and Strategic Development	Link to GMMH Register provided January board papers	GMMH				
Brennan	Sarah	Chief Operating Officer	Awaiting Declaration	WWL				

Minutes (Unratified)

HWP System Board – Part A

Date: Tuesday, 27 January 2026
Time: 1:00 pm – 2:00 pm
Venue: Meeting Room 17 Wigan Life Centre (South Site)

Present
<p>NHS Greater Manchester (NHS GM) Dr Tim Dalton, Associate Medical Director and Clinical Co-Chair of the System Board (TD) Alison McKenzie-Folan, Chief Executive (Wigan Council) and Place-based Lead for Health and Care Integration (AMF) Jonathan Kerry, Interim Deputy Place Based Lead (Wigan) (JK)</p> <p>General Practice/Primary Care Networks (PCNs) Dr Gen Wong, Wigan General Practice Lead (GW)</p> <p>NHS Wrightington, Wigan, and Leigh Teaching Hospitals NHS Foundation Trust (WWL) Richard Mundon, Director of Strategy and Planning, WWL (RMu)</p> <p>Wigan Council Councillor Keith Cunliffe, Deputy Leader and Co-Chair of the HWP System Board, Wigan Council (KC) Stuart Cowley, Director of Adult Services, Wigan Council (SC)</p> <p>VCFSE Sector Jo Carby, Chief Executive, Wigan and Leigh Hospice (JC) Karen Parker, Chief Officer, Wigan Community First (KP)</p>
Section 75 Committee
Present
<p>NHS Greater Manchester Alison McKenzie-Folan, Chief Executive (Wigan Council) and Place-based Lead for Health and Care Integration (AMF)</p> <p>Wigan Council Councillor Keith Cunliffe, Deputy Leader and Co-Chair of the HWP System Board, Wigan Council (KC)</p>
In Attendance
<p>NHS GM Ella Bailey, Locality Finance Lead (Wigan)/Associate Director of Finance (EB) Stephanie Whitelaw, Associate Director Quality, NHS GM (Wigan) (SWH) Lesley McCann, Head of Planning, Governance and Strategy (LM) Ashley Whyte, Project Management Officer (Wigan) - Minutes (AW)</p> <p>Wigan Council Rachael Musgrave, Director of Public Health, Wigan Council (RM) Laura Wharton, Assistant Director of Public Health, Wigan Council (LW) Collette Dutton, Director of Children Services, Wigan Council (CD) Leon Bergman, Assistant Director Finance - Adults</p>
Apologies
Kathy Roe, Chief Finance Officer, NHS GM (KR)

<p>Mary Fleming, Chief Executive (MF) Dr Sanjay Wahie, System Clinical Lead (SWa) Liz Calder, Director of Performance and Strategic Development (LC) Tabitha Gardner, Chief Finance Officer (TG) Sarah Brennan, Chief Operating Officer, WWL (SB) Colin Greenhalgh, Programme Director, Groundworks and GM VCFSE Lead (CG) Councillor Dane Anderton, Wigan Council (DA)</p>		
Item No.	Topic	Action
1	Welcome, Apologies and Requests for Additional Items of Business	
	<p>The Chair, TD welcomed members to the 27th January 2026 meeting of the Healthier Wigan Partnership (HWP) Board (Part A). The meeting was being held in public to support the transparency of decision-making. Members of the public had been invited to attend this meeting and submit questions. No members of the public had indicated that they wished to attend today's meeting.</p> <p>Apologies for absence were noted as above.</p> <p>The Board were advised that Co-Chairperson Cllr K Cunliffe would be arriving late.</p> <p>There were no additional items of business.</p>	
2	Terms of Reference on a Page	
	The Terms of Reference were received and noted.	
3	Confirmation of Quoracy	
	Discussion regarding quoracy of the meeting took place. Not all members were present and in view of this, the meeting was regarded not to be quorate. Any items requiring agreement from all members would be sought through email following the meeting.	
4	Declarations of Interest	
	<p>HWP System Board Register of Interests is included within today's meeting papers.</p> <p>Should there be any changes to the declared interests, the Chair requested that members and attendees make a verbal declaration, and the corporate team would follow up with them outside of the meeting.</p> <p>There were no additional interests declared.</p>	
5	Minutes and Actions from the Previous Meeting	
5.1	Minutes from the Previous Meeting	
	<p>The minutes were reviewed.</p> <p>The HWP Board approved the minutes of the meeting held on 16th December 2025.</p>	
5.2	Actions from the Previous Meeting	
	<p>The action log was reviewed.</p> <p>Two actions remained open: Agenda item 7.4 16/12/2025</p> <ul style="list-style-type: none"> • SW advised that Named GP in post until end of March, comms routinely shared with practices through Designated Nurses • Never events are closely monitored by locality and central GM quality teams. WWL have historically had a period of higher never events than usual. Themes around wrong site surgery identified and improvements 	

	put in place.	
6	Leadership Projects	
6.1	<p>Place Update</p> <p>JK informed that the past few weeks have been some of the most challenging. With sustained pressure across services, periods of escalation, and several incidents which have tested the system’s resilience. Demand has continued to rise, and the cumulative impact has been felt across the partnership. During this, what has stood out the most is the unwavering commitment of the workforce. Colleagues across the partnership have shown extraordinary professionalism, compassion, and adaptability. Their determination to keep people safe, supported, and cared for — often in very difficult circumstances — deserves our deepest respect.</p> <p>JK acknowledged not just the visible effort, but the emotional and personal toll that sustained pressure can bring and the importance to continue to recognise this and support one another.</p> <p>JK added that despite the intensity of recent weeks, it has shown the strength of the Healthier Wigan Partnership at its best. Teams have come together quickly, shared information openly, and problem solved collaboratively. The relationships built over time have enabled all to respond with pace and purpose, which is one of our greatest assets.</p> <p>JK continued, alongside the operational pressures, reform work continues. The opportunities of the place partnership are significant, but honesty is required regarding the current journey. Change of this scale is affecting people, their roles, their sense of certainty, and their connection to the work they do. Moving forward, all staff and colleagues will keep listening, keep communicating, and keep grounding the decisions in the lived experience of staff and residents. Reform is not just structural; it is cultural, relational, and human.</p> <p>JK noted his confidence on the quality of the conversations we are having about the future. Even in busy moments, there is a shared ambition to strengthen our approach, to innovate, and to build a more integrated, equitable system for our communities. The commitment to Wigan’s residents remains the thread that connects us all.</p> <p>JK concluded, looking ahead, the focus must remain steady: supporting the workforce, strengthening partnerships, and ensuring that the people of Wigan continue to receive the care, support, and opportunities they deserve. The last few weeks have reminded everyone of the challenges the system faces — but they have also shown the depth of our collective strength.</p> <p>The HWP Board received the verbal update.</p>	
7	Assurance Updates	
7.1	<p>Finance Update: Month 7 2025/26</p> <p>EB provided an update on the headlines within the report. It was noted that the update regarding GMMH will be provided within Part B of Healthier Wigan Partnership Board.</p> <p>WWL</p> <p>For month 7, WWL reporting break even forecast to the end of the year with a surplus of £0.2m in month, which includes one-off benefits of £1.0m. The year-to-date (YTD) position is an actual deficit of £1.4m, which is £1.2m</p>	

	<p>adverse to plan. Achievement of the in-year plan is dependent on delivery of internal recovery plan.</p> <p>NHS GM Wigan Locality For month 7, Wigan locality reporting a year-to-date deficit of £1.3m but a forecast outturn position of breakeven. The locality is working on mitigations to improve this position by the end of the financial year. The underlying forecast risk totals £2.3m linked to CHC, Mental Health and ADHD. The net risks have been offset by £2.3m of assumed future recovery plan savings.</p> <p>Wigan Council Report showing September Position which was reported in previous meeting.</p> <p>CIP WWL record £3.5m achievement which is slightly above plan. £3m of recurrent plan has slipped due to scheme starts with a plan to mitigate with Non recurrently to ensure the full target is achieved.</p> <p>NHS GM Wigan Locality record £3.4m achieved (71%) of target, still ahead for the year. Wigan System Finance Group continues to work on transformation focus areas.</p> <p>NHSGM in totality (ICS) are reporting a year-to-date £82.2m deficit which is a £10.4m behind plan, however, is an improvement from previous month of £8.7m.</p> <p>EB highlighted the pressure across GM with recovery plans in place to look to mitigate the pressures. EB added that deficit support funding has been received up to and including Month 7 and GM has been notified that it will receive Month 8 and 9 following the mid-year review process.</p> <p>The HWP Board received and the Finance update.</p>	
<p>7.2</p>	<p>Strategic Risk Register Q3 2025/26</p> <p>JK updated on the risk register. Colleagues have been working with transformation board chairs in regard to reviewing and making any adjustments. JK noted a new risk that has been added to the register for quarter 3, SRiii which was identified by Chief Finance Officer for WWL at the HWP Board in October 2025, regarding the cash balance within WWL. This risk is currently rated 10 and is being managed by the WWL Internal cash management group.</p> <p>Risk SR8 has been amended to reflect the current position within Operational Performance with the current risk score being reduced from 15 to 12 to align with WWL December 2025 BAF.</p> <p>TD opened the meeting for comments.</p> <p>CD requested a risk to be added regarding the SEND inspection. LMcC will liaise with relevant locality colleagues to ensure this is added to the risk register.</p>	

	<p>A discussion was held regarding risks within the voluntary sector, including who is responsible for determining the level of risk and scoring. KP outlined her current understanding that the risks are viewed primarily from an NHS contract perspective; however, it was acknowledged that the scope of risk extends beyond this and should be reflected accordingly. It was also noted that providers should be given the opportunity to highlight any emerging or future risks.</p> <p>JC added that the voluntary sector is not stable, and therefore the scoring of likelihood should be reconsidered along with an increase of scoring around impact. LMCC clarified that the risk referred to was added specifically regarding an issue identified by a provider regarding the uplift to funding in 2025/26. This particular risk has been managed, and the scoring is appropriate at this time, the risk register will be amended to take account of the discussion.</p> <p>It was agreed further discussions are required ensure a true reflection of the voluntary sector is contained with the risk register.</p> <p>RM provided an update on current risks related to vaccination and screening programmes. It was noted that the Health Protection Board has recently discussed these risks, including the World Health Organization’s confirmation that the UK no longer meets the criteria for measles elimination.</p> <p>An update was also shared regarding flu vaccination uptake and associated risks.</p> <p>Additional risks were highlighted around infection prevention and control within primary care and dental settings. These concerns reflect a reduction in capacity at the Greater Manchester level, which may have implications for the Wigan locality.</p> <p>Reassurance was provided to colleagues that the majority of risks originate from system-level meetings and boards, and therefore this is not the first time these risks have been identified or acknowledged. It was also noted that the risk register is normally circulated in advance of the HWP Board meeting; however, due to the size of the attachments included in today’s agenda, this was not possible on this occasion.</p> <p>The HWP Board noted the risk register and recognised that we need to use this to drive some of the challenges in the future.</p> <p>Action:</p> <ul style="list-style-type: none"> • LM to email CD for colleague representative for SEND Inspection risk • Discussion to take place outside of HWPB around Voluntary Sector Risks. 	<p>LM</p> <p>LM, JC, KP, CG.</p>
8	System Updates	
8.1	<p>Councillor Keith Cunliffe joined the meeting</p> <p>Public Health Annual Report 2024-25</p> <p>RM advised this year’s Annual Report focused on Children and Young People’s health outcomes. This also co-insides with the Children and Young Peoples Joint Strategic Needs Assessment. During last summer, there was an extensive piece of work carried out, which consisted of working with Children and Young People of the borough to capture their voices around how they feel growing up in Wigan, the support they receive, how they feel connected, what they struggle with, what they would change, how they feel safe, what they feel</p>	

	<p>proud about and what home means to them.</p> <p>A powerful video was shown within meeting capturing the children's voices.</p> <p>The HWP Board received the report and video.</p>	
8.2	<p>Joint Strategic Needs Assessment (JSNA)</p> <p>RM informed that the JSNA has been sighted at the Health and Well Being Board. Within the JSNA there is a huge amount of information which details a mixture of progress and improvements, but the information should also be helpful to all partners in terms of developing their commissioning decisions and their service redesign.</p> <p>TD opened the meeting for comments and questions.</p> <p>KC commented positively on the JSNA and how this sets out a direction of travel and objectives for the partnership.</p> <p>AMF gave thanks to RM and LW. AMF recognised the importance of this assessment and how this can drive work in the missions set out in Progress with Unity by using the data collected.</p> <p>The board received and endorsed the JSNA.</p>	
8.3	<p>Pharmaceutical Needs Assessment (PNA)</p> <p>RM advised that the PNA is here for assurance and sight only. Colleagues across the council and ICB worked together on the assessment that was published on 01st October 2025. The assessment has been endorsed at the Health and Well Being Board.</p> <p>TD opened the meeting for questions and comments.</p> <p>JK acknowledged the significant amount of work that has gone into developing the PNA and noted that teams have learned a lot about how it could continue to evolve. JK highlighted that while the plan is structured around a three-year timescale, real development and growth naturally occurs over a longer period. The work provides a strong foundation that will better support the population.</p>	
8.4	<p>WWL Green Plan</p> <p>RMu informed colleagues this item is for information only. The plan is to the year 2030 with actions listed for WWL to improve on within the green agenda.</p> <p>TD thanked RMu and informed how the plan shows such breadth and scale to the response.</p> <p>JC noted that the plan was an interesting read and how good it was to see the specifics. The hospice sometimes struggles knowing where to start with a plan like this however WWL plan has given a good starting point.</p>	
9	Sub-Committee Reports	
9.1	<p>Locality GP Board</p> <p>The HWP Board received and noted the Chairperson's Report.</p>	
10	Business Pertaining to the Section 75 Committee	

	<p>Better Care Fund Submission Q3 2025/26</p> <p>LB updated in regard to spending position. There are no significant issues or challenges to report.</p> <p>Due to not being quorate the chair advised that the submission was approved in principle pending virtual sign off by Section 75 committee members.</p> <p>Action: circulate BCF submission via email to Section 75 committee for agreement</p>	LM
11	Questions from the Public	
	There were no questions from the public.	
12	Any Other Business	
	Board members passed on thanks and praise to Angela Clare who will be leaving NHS GM Wigan Locality at the end of the week. Angela produced all the HWPB meeting minutes and her hard work has never gone unnoticed. All members wished Angela the best in her retirement	
13	Date and Time of Next Meeting	
	The next formal HWP Board will be held on 31st March 2026, 1.00pm, Room 17, Floor 3, Wigan Life Centre.	

HWP System Board Open Action Log: 31st March 2026

Agenda Item	Meeting Date	Meeting Forum	Title/Heading	Action Agreed	Lead	Deadline	Update/Progress	Status
7.2	27/01/2026	HWP Part A	Strategic Risk Register Q3 2025/26	contact CD for name of colleague representative for SEND Inspection risk	LM	Feb-26	Email sent to Cath Pealing 27/02/2026 Email sent to Colette Dutton advising no response received	Complete
7.2	27/01/2026	HWP Part A	Strategic Risk Register Q3 2025/26	Discussion to take place outside of HWPB around Voluntary Sector Risks	LM, JC, KP, CG.	31/03/2026	Email sent 27/02/2026 Risk added to Risk register agreed with CEO of Wigan Community First Karen Parker	Complete
10.1	27/01/2026	HWP Part A	BCF	circulate BCF submission via email to Section 75 committee for agreement	LM	31/03/2026	LM Update - Email sent to committee members on 27/02/2026 Decision ratified by Kathy Roe and Alison Mckensie Folan	Complete

Agenda Item:	8.1	Date:	26th May 2026		
Report Title:	Better Lives Steering Group				
Report Author(s):	Jonathan Kerry (Interim Deputy Place Lead)		Email Address: jonathan.kerry@nhs.net		
Presented by:	Jonathan Kerry (Interim Deputy Place Lead)				
Purpose:	Assurance X	Discussion	Approval	Decision	To Note
Recommendation	Support programme direction				
EXECUTIVE SUMMARY					
<p>The BetterLives programme is reshaping how we work together across Wigan to transform care and promote independence at every stage of the UEC pathway.</p> <p>By bringing performance, patient feedback and system visibility into the start of each Steering Group, we are ensuring that our collective focus stays on what improves journeys and outcomes for residents.</p> <p>The programme now provides a single, coherent space for driving admission avoidance, strengthening home-based and bed-based intermediate care, improving in-hospital flow and enabling more people to return home safely and sooner.</p> <p>Impact continues to show reductions in admissions, shorter lengths of stay and more residents benefitting from home-based support.</p> <p>This evolved approach gives us the clarity, accountability and shared leadership needed to keep improving the experience and independence of the people we serve.</p>					
Confidentiality If this is to go to the Part B (Closed) meeting, please provide the rationale.	N/A				
Outcome of Equality and Quality Impact Assessments (EQIAs) and any associated risks.	Embedded within the structure of the programme				
Confirm that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.					

If funding for the item is required from NHS GM ICB, please confirm it has been through the required financial Scheme of Delegation.

For responsible budget areas assigned to Locality:

Up to £100,000 - Place Lead or Place Delivery Lead

Up to £500,000 - Place Lead and Place Delivery Lead and Locality Finance Lead

Up to £5 Million – Locality Committee

Programme Steering Group

May 2026 Update



Healthier Wigan Partnership : Governance Evolution



We need a simpler, more focused way of working, with clear roles, responsibilities and accountability to deliver the three strategic shifts of the 10 Year Health Plan.

Healthier Wigan Partnership gives us a strong foundation, a shared space built on trust, collaboration, and Progress with Unity, but we now have the opportunity to evolve the way our teams work together every day.

As we evolve into a Place Partnership, our governance needs to do two things at once..

- protect organisational statutory responsibilities
- enable our teams to work as One Team across Wigan

Having recently stepped down the “Wigan UEC Improvement and Transformation Board” to allow us to bring singular focus through the BetterLives Steering Group, we now need to ensure that we utilise this space not just for transformation but on the key elements that drive transformation, performance and patient outcomes.

Going forward we will bring that review/consideration to the start of each Steering Group, utilising our System Visibility Tool and sharing Patient Feedback to ensure that our transformation focus remains on what will make a difference to our staff and population.... transforming care and promoting independence.

BetterLives Programme Workstreams



Admissions Avoidance



Improving access to and capacity of community services, with Home First decision making at the front door and on wards

System Visibility & Active Leadership



Implementing an end-to-end reporting suite and governance structures to enable data-driven decision-making to improve resident outcomes and system flow

WWL Transformation (Previously discharge and flow)



Workstreams capturing activity across in-hospital flow and wider UEC transformation

Home-based Intermediate Care



Ensuring our home-based intermediate care services are supporting as many residents as possible and achieving the highest level of independence

Bed-based Intermediate Care



Designing the right bed-based offer to meet the needs of our residents and ensure when a patient is in a bedded setting, we achieve the best outcome in the right amount of time

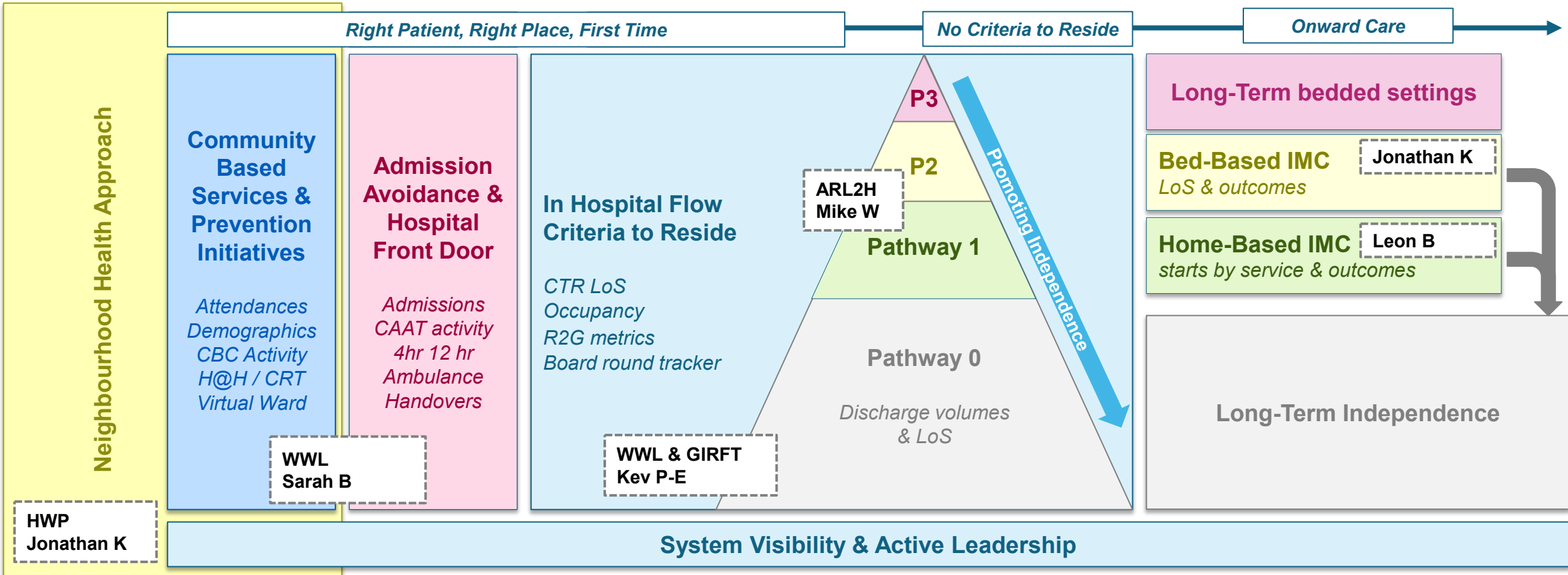
All Roads Lead to Home



Improving our hospital discharge pathways and processes to promote independence and reduce delays to discharge

BetterLives Programme

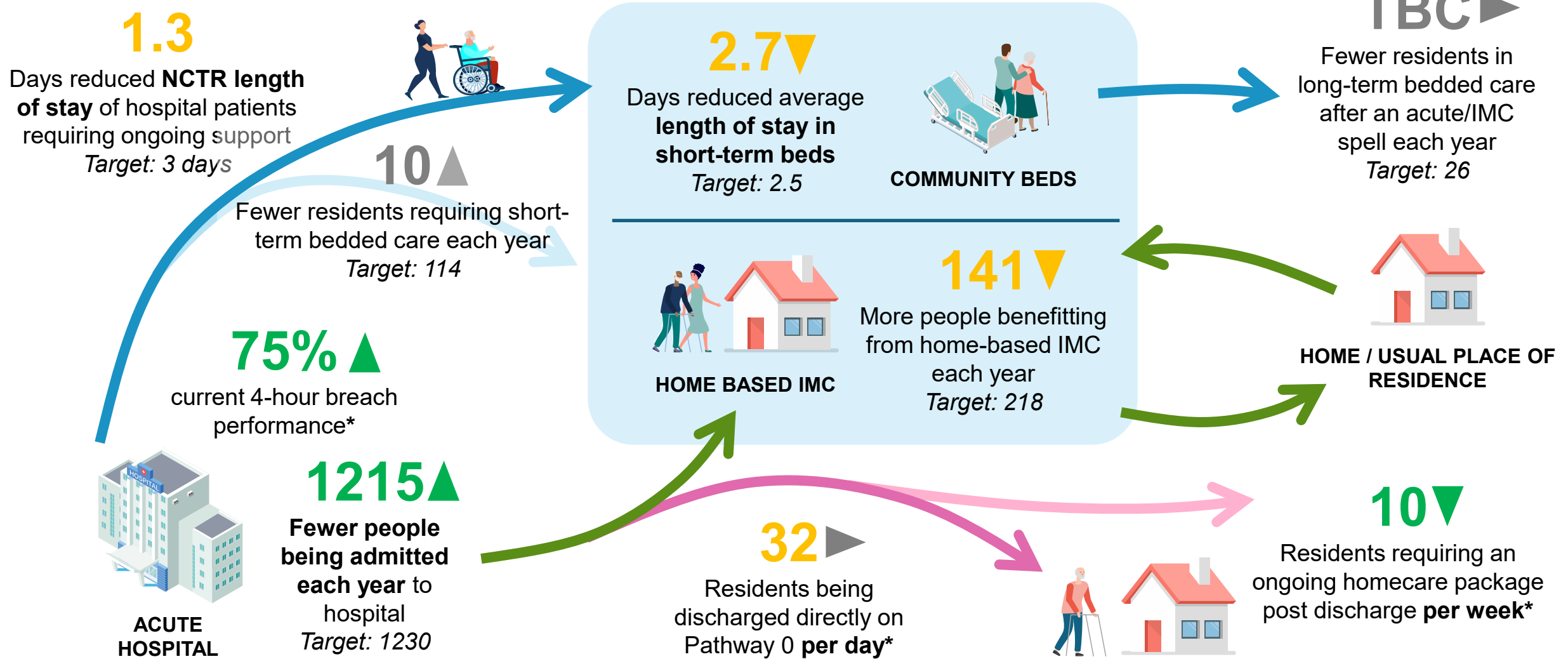
Our BetterLives programme has evolved over the past 12 months and will continue to develop to have full transformation activity across the entire UEC pathway



How are we currently improving outcomes & journeys for Wigan residents?



Assuming we maintained March performance the annual impact of the BetterLives programme would be:



*Change in NCTR reporting has caused temporary disruption to the accuracy of NCTR Length of Stay

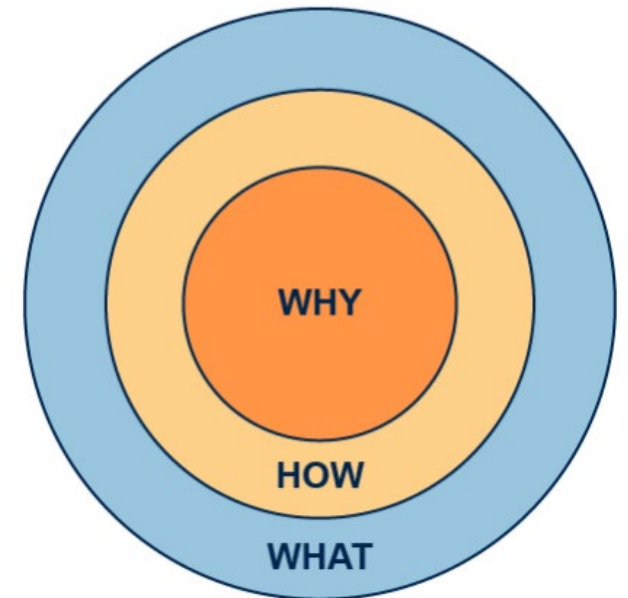
Agenda Item:	8.2	Date:	26th May 2026		
Report Title:	OutPatient Transformation - Pathway Redesign Programme				
Report Author(s):	Chris Clark	Email Address: Chris.clark@wwl.nhs.uk			
Presented by:	Richard Mundon (Deputy CEO – WWL) / Jonathan Kerry (Interim Deputy Place Lead)				
Purpose:	Assurance X	Discussion	Approval	Decision	To Note
Recommendation					
EXECUTIVE SUMMARY					
<p>WWL and Wigan Place partners are preparing for a joint workshop to progress outpatient transformation, with a specific focus on implementing elective Single Points of Access (SPOA).</p> <p>The programme, supported by Aqua, aims to bring together primary, community and acute colleagues to explore how national outpatient priorities can be delivered collaboratively, improve access and shared decision-making, and strengthen inter-professional working.</p> <p>Pre-engagement conversations with stakeholders will take place in June to shape the workshop design, followed by a facilitated session on 24 June. Aqua will analyse insights, lead the workshop, and produce outputs and recommended next steps to inform the next phase of SPOA and elective transformation.</p> <p>The partnership is asked to note the planned approach and support participation to ensure the workshop generates the system-wide insight needed for effective implementation.</p>					
Confidentiality If this is to go to the Part B (Closed) meeting, please provide the rationale.	N/A				
Outcome of Equality and Quality Impact Assessments (EQIAs) and any associated risks.	N/A				
Confirm that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.					
<p>If funding for the item is required from NHS GM ICB, please confirm it has been through the required financial Scheme of Delegation.</p> <p>For responsible budget areas assigned to Locality: Up to £100,000 - Place Lead or Place Delivery Lead Up to £500,000 - Place Lead and Place Delivery Lead and Locality Finance Lead Up to £5 Million – Locality Committee</p>					

Healthier Wigan Partnership

Outpatient transformation with a focus on single points of access
(SPOA) implementation

- WWL and Place colleagues see a clear opportunity to collaborate as system partners across primary, community and acute services to design and deliver our outpatient transformation programme.
- Together, we aim to improve access, shared decision-making, patient outcomes, strengthen inter-professional relationships and modernise elective care.
- WWL has commissioned Aqua to support a workshop on **24th June**, bringing together primary and secondary care colleagues alongside Wigan Place leads. The session will focus on how partners can jointly deliver national outpatient transformation priorities, with particular emphasis on rapid implementation of elective access SPOAs.
- Aqua will co-design the programme, lead pre-engagement, and facilitate the Q1 workshop. Framed around Sinek's Golden Circle (Why, How, What), it will focus on:
 - benefits for the people of Wigan and our shared workforce
 - equity of access
 - shared purpose
 - best practice
 - key enablers
 - collective action to overcome system barriers.
- Aqua will also lead evaluation and outputs, informing the next phase of SPOA implementation and elective transformation.

What's our Why



WHY

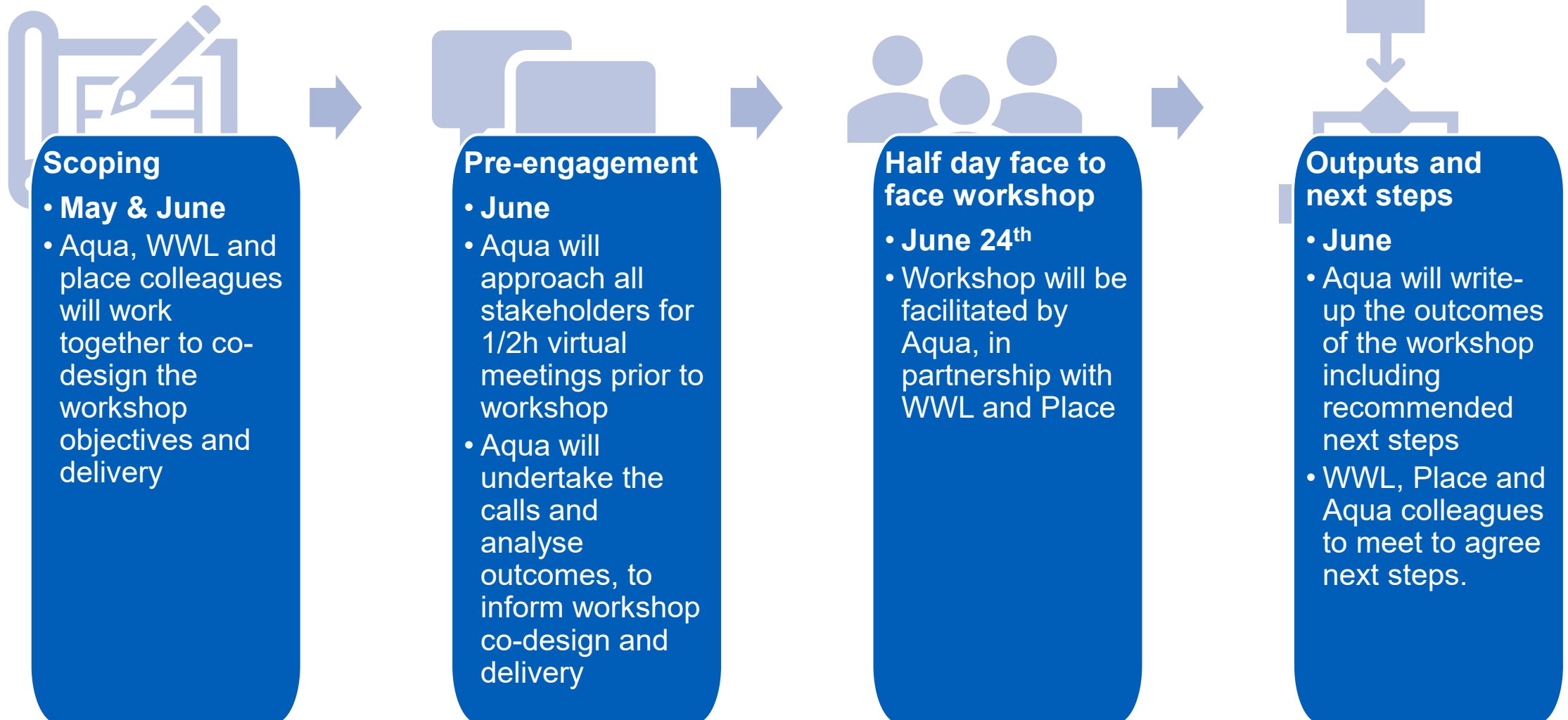
Your purpose, why do you do what you do

HOW

You do what you do

WHAT

You do and your results



Healthier Wigan Partnership – Locality Board

Agenda Item:	9.1	Date:	26th May 2026		
Report Title:	Better Care Fund (BCF) Outturn and Plan for 2026/27				
Report Author(s):	Leon Bergman and Jonathan Kerry		Email Address: l.bergman@wigan.gov.uk Jonathan.kerry@nhs.net		
Presented by:	Leon Bergman and Jonathan Kerry				
Purpose:	Assurance	Discussion	<u>Approval</u>	Decision	To Note
Recommendation	The Wigan Section 75 Committee is asked to note the content of the 2026/27 BCF Plan and approve it for submission alongside the 2025/26 BCF Quarter 4 return.				
EXECUTIVE SUMMARY					
<p>The Better Care Fund (BCF) is a recurrent, ringfenced fund established in 2014. The fund has helped to lay the foundations for an integrated approach to commissioning and investment across Health and Care in Wigan. Alongside wider investment and plans, the BCF continues to support local priorities and be an enabler to helping people maintain their independence as a connected part of their community, underpinned by our missions through Progress with Unity.</p> <p>This report sets out the quarter 4 return and plan for 2026/27 for approval by the Section 75 committee ahead of submission into the regional assurance process in line with national grant conditions.</p> <p>As set out in the report, Wigan’s submission for 2025/26 and plan for 2026/27 continue to comply with the national conditions of:</p> <ol style="list-style-type: none"> 1. Plans effectively support integrated and preventative care, including the strategic priorities of neighbourhood health and care. 2. Comply with all expenditure and grant conditions, including maintaining the minimum NHS contribution to adult social care in line with published BCF allocations. 3. Governance, reporting and engagement – ICB’s and local authorities must comply and engage with BCF planning, governance and reporting requirements. 					
Confidentiality If this is to go to the Part B (Closed) meeting, please provide the rationale.					
Outcome of Equality and Quality Impact Assessments (EQIAs) and any associated risks.					

Confirm that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.

**If funding for the item is required from NHS GM ICB, please confirm it has been through the required financial Scheme of Delegation.
For responsible budget areas assigned to Locality:
Up to £100,000 - Place Lead or Place Delivery Lead
Up to £500,000 - Place Lead and Place Delivery Lead and Locality Finance Lead
Up to £5 Million – Locality Committee**

Further Information

How will this benefit the health and wellbeing of Wigan residents, or the ICS?	
How does this paper address health inequalities and promote inclusion?	
What risks may arise as a result of this paper and how will they be mitigated?	
Does this address any existing high risks facing the organisation and how does it reduce them?	
Are there any possible conflicts of interest associated with this paper?	
Will any current services or roles be affected by issues within this paper? If so please give full details.	

Note: Where appropriate, please ensure detail is provided.

Document Development

Has there been any Public Engagement?	
Has there been any Clinical Engagement?	
Has the impact on Wigan socially, economically, and environmentally been considered?	
Has legal advice been obtained?	

Has the report been to any groups or committees for engagement, comments, or approval?	
--	--

Note: Where relevant, please provide detail and ensure that it is clear how and when particular stakeholders were involved in this work, that there is clarity of what the key message/decision was, and whether amendments were requested about any part of the work.

Introduction

This report sets out Wigan's Better Care Fund (BCF) outturn position for 2025/26 and plan for 2026/27 for approval. The Better Care Fund forms part of a pooled section 75 budget between Wigan Council and NHS Greater Manchester Integrated Commissioning Board (ICB). The Fund is governed through a national policy framework and conditions.

First established in 2014, the fund has helped lay the foundations for an integrated approach to commissioning and service delivery across health and care in Wigan. The Better Care Fund compliments wider investment and initiatives to support Wigan's Health and Wellbeing (Creating Health) Strategy and Locality Plan, underpinned by our Place Missions and commitment to delivering neighbourhood health in line with NHS 10-year Plan.

The plan for 2026/27 continues to prioritise investment in services and initiatives that support Wigan's neighbourhood model of health and care and commitment to integrated and preventative support, including sustained and strengthened investment in community capacity, intermediate care, adult social care provision, equipment and assistive technology.

BCF 2025/26 Year-End Position

The table below is an extract from the return and provides a summary of the overall financial year-end position:

Source of Funding	2025-26		DFG EOY Actual Expenditure
	Planned Income	Updated Total Income for 25-26	
DFG (including top-up)	£6,048,653	£6,435,255	£4,727,410
Minimum NHS Contribution	£35,917,248	£35,917,248	
Local Authority Better Care Grant	£20,680,053	£20,680,053	
Additional LA Contribution	£0	£0	
Additional NHS Contribution	£0	£0	
Total	£62,645,954	£63,032,556	

		% of Planned Income
End of Year Actual Expenditure	£61,324,711	97%

Expenditure in 2025/26 largely aligns with plan. The final spend represents 97% of the total plan with the underspend attributable to the capital component of the fund (Disabled Facilities Grant) focused on adaptations to privately owned properties. This underspend will be carried forward into 2026/27 for future, additional investment in equipment and adaptations and largely relates to an increased in-year allocation announced by Government in February.

In addition to investment through the Better Care Fund, the local authority also invests significantly in adapting properties for people living in council owned housing. Funded through the Housing Revenue Account (HRA), the Council invested £3.3m in 2025/26 supporting people to live independently and safely at home.

Overall targeted performance in 2025/26 aligned to national metrics through the Better Care Fund, were largely achieved. Metrics in relation to discharge delays and residential admissions are on track and achieved. However, emergency admissions is slightly below target but is continuing to be supported through local transformation work including the Better Lives Programme.

Wigan's completed return for 2025/26 will be submitted in line with the deadline of the 05/06/2026.

BCF 2026/27 plan

As set out in the 10-year NHS Plan, there is a commitment to review the Better Care Fund (BCF) nationally and its alignment to neighbourhood health delivery. This review will be undertaken ahead of 2027/28 with few changes to national conditions and direction for 2026/27.

For 2026/27, the value of the Better Care Fund has been increased by 2.3% which reflects a real term equivalent reduction in funding year to year. Included within this allocation is a 4.4% increase in the nationally set minimum NHS contribution to adult social care.

Existing initiatives and their impact and alignment with local priorities, plans and our missions through Progress with Unity have been reviewed in informing the plan for 2026/27. NHS Greater Manchester Integrated Care Board (ICB) have also undertaken a review of plans across Greater Manchester to identify learning, opportunities for consistency and alignment with neighbourhood health.

The table below summarises planned expenditure for 2026/27 aligned with national definitions and categories of allowed investment:

National BCF Categorisation	2026-27 (£m)
Assistive technologies and equipment	£2.60
Bed-based intermediate care	£4.38
Discharge support	£6.41
End of life care	£0.47
Home-based intermediate care	£3.85
Housing with Care	£7.42
Long-term home-based social care services	£12.43
Long-term residential/nursing home care	£9.10
Personalised budgeting and commissioning	£1.03
Home-based intermediate care	£2.20
Support to carers	£1.52
Wider local support to promote prevention and independence	£6.45
Grand Total	£57.88

The narrative plan which sets out more detail on Wigan's plan, development and associated governance is included in Appendix 1. Targeted metric performance and detailed expenditure is included at Appendix 2.

Investment and impact will continue to be reported through the Healthier Wigan Partnership System Board. Alongside wider resource in the locality supported through our aligned budget work, planned expenditure will continue to be reviewed.

Alongside the Better Care Fund, there are plans to develop a place fund within the ICB aligned with the strategic financial framework aimed at empowering localities to deliver neighbourhood health and care priorities. There is thus potential to expand the value of the Section 75 pooled through additional contributions as a vehicle for supporting this work were agreed through the Healthier Wigan Partnership and Health and Wellbeing Board.

Conclusions:

The Healthy Wigan Partnership is asked to note the 2025/26 BCF year-end submission and to formally sign off the 2026/27 BCF Plan. The plan has been shaped and developed through a review of the existing plan and its alignment with national policy objectives and local priorities.

Appendix 1

Choose an item.



Better Care Fund 2026-27 Narrative return

Submission details

	HWB area 1
HWB	Wigan
ICB	NHS Greater Manchester

Introduction

The Better Care Fund forms part of a pooled section 75 budget between Wigan

Council and NHS Greater Manchester Integrated Commissioning Board (ICB).

The Fund is governed through a national policy framework and conditions.

First established in 2014, the fund has helped lay the foundations for an integrated approach to commissioning and service delivery across health and care in Wigan. The Better Care Fund compliments wider investment and initiatives to support Wigan's Health and Wellbeing (Creating Health) Strategy and Locality Plan, underpinned by our Place Missions and commitment to delivering neighbourhood health in line with NHS 10-year Plan.

This document provides an overview of Wigan's 2026/27 Better Care Fund Plan, its development and governance. This narrative submission should be read in conjunction with the 'Numerical Template' which details the local expenditure plan and related performance targets.

The 2026/27 plan has been developed in line with all national conditions.

A New Era for Healthier Wigan

Wigan has a strong history of collaboration and integrated working across health and social care. This has been enabled through our Healthier Wigan Partnership, which brings together local NHS, Council, Primary Care and VCSE partners to improve population health and wellbeing.

Supported through the Better Care Fund, we have been able to improve local health and care services, experience and outcomes over a number of years. However, the pandemic coupled with the cost of living crisis and our ageing population has brought about new challenges for our communities and deepened inequalities in health and wealth across our borough.

In response, we have committed to a new era of partnership and movement for change through Progress with Unity, which builds on the learning and successes of the last 10 years. We are recommitting at scale to our asset-based principles for the way we work in Wigan, working alongside our communities to deliver against a single set of missions focused on prevention, reducing inequalities and building community wealth.

Our Missions for a Healthier Wigan:



Mission 1

Create fair opportunities for all children, families, residents & businesses.

"Together, we will break down the barriers that create financial, health, education and environmental inequalities in our borough."

Mission 2

Make all our towns and neighbourhoods flourish for those who live and work in them.

"Together, in genuine partnership with our residents and business, who know our communities best, we will help each town and neighbourhood in the borough to celebrate and maintain their identity whilst understanding and helping to achieve what is need to thrive."

As residents, businesses, public services and community organisations of this borough we will come together to deliver these two key missions.

Neighbourhood health is a local priority central to the delivery of our place missions, with a focus on community empowerment and joined up health and care services. We are committed to continuing to reform our community services and the way that we provide proactive, preventative and accessible support in neighbourhoods to reduce hospital admissions and support people to live happy, healthy and independent lives as a connected part of their

community. Building on our strong foundations, we want to go further through an integrated service delivery model in neighbourhoods working across primary care, community and mental health, adult social care, children's services, public health and our local VCFSE sector.

Our Healthier Wigan Reform Priorities

Progress with Unity: Place Missions			
Health and Wellbeing Strategy: Creating Health			
Healthier Wigan Reform Priorities			
<p>Addressing Inequalities with Communities</p> <p>Addressing inequalities is at the heart of our commitment to prevention and population health. It requires a multifaceted, whole system approach focused on community engagement and empowerment, building on our learning through experimental work in neighbourhoods.</p>	<p>Neighbourhood Health</p> <p>With a focus on community empowerment and joined up health and care services delivered in neighbourhoods, we are committed to reforming community services and the way that we provide proactive, preventative and accessible support.</p>	<p>Better Lives</p> <p>Innovative programme of collaborative transformation to reduce pressures on urgent and emergency services through a focus on admission avoidance, improved hospital flow, discharge outcomes and intermediate care.</p>	<p>Workforce Planning Together</p> <p>Ensuring a sustainable local health and care workforce with the skills and capacity required to meet the needs of our communities now and in the future. We will achieve this through our unique Civic University Agreement and placing health and social care at the heart of our local economic strategy.</p>

The Enabling Role of the Better Care Fund

There is strong alignment across our place missions, plans and priorities and the ambitions set out in the NHS 10 year plan. Including a focus on neighbourhood health, prevention and digital. The Better Care Fund forms part of our overall health and care investment jigsaw and has been pro-actively reviewed against our missions and local reform priorities to ensure its continued alignment and support. The plan for 2026/27 includes sustained and strengthened investment in community capacity, intermediate care, adult social care provision, equipment and assistive technology as key components of effective neighbourhood health and prevention.

The rationale for using BCF funding to maximise delivery of integrated and preventative care linked to the relevant areas of neighbourhood health and social care services

The 2026/27 Better Care Fund Plan continues to prioritise investment in services and initiatives that support Wigan's neighbourhood model of health and care and commitment to integrated and preventative support. As above, the plan compliments wider locality investment and builds on previous plans approved across a number of forums in continuing to support local missions, priorities and the Health and Wellbeing (Creating Health) Strategy.

The plan for 2026/27 follows a pro-active review between NHS Greater Manchester ICB, Wigan Council and the wider partnership. This has included a review of current performance and any learning from across the wider Greater Manchester area. All 2025/26 BCF targets are on track to be met.

Key areas for 2026/27 include:

- **Community capacity** – sustained investment in VCFSE capacity as a local priority and essential component of effective neighbourhood health and prevention, helping to reduce pressure on acute hospital and long-term care services. This includes a focus on wellbeing, mental health and community connectedness - focused in communities who can benefit most.
- **Intermediate Care** – the 2026/27 Better Care Fund plan includes an increased allocation for both home and bed-based intermediate care. This aligns with local and national priorities in recognition of the importance of effective intermediate care in helping support people out of hospital as quickly as possible and in a way that maximises their long-term independence underpinned by a home first approach. Particularly in view of Wigan's ageing population and increase in frailty as an identified priority.
- **Investment in adult social care capacity and market sustainability** – the plan continues to recognise high quality, sustainable adult social care as a pre-requisite to effective urgent and emergency care performance, helping reduce hospital admissions and delayed discharges. The value of contribution to adult social care included in expenditure plans has been increased in line with the prescribed national minimum amount. The increase has been prioritised to support investment in local care capacity, including increased home care provision and initiatives to sustain Wigan's comparatively strong performance in respect of workforce recruitment and retention.
- **Increased allocation for equipment and assistive technology** - to support independence, safety and proactive care at home in line with a focus on digital and falls prevention.
- **Support for unpaid carers** – continued investment in enhanced support to unpaid carers as an identified priority and enabler to prevention aligned to our refreshed carers strategy coproduced with local carers networks and people with lived experience.
- **Palliative care and local hospice provision** – supporting both discharge and admission avoidance priorities. This includes our unique Hospice in your Care Home initiative, which provides in-reach support to local care home providers to enhance end of life care in the community.
- **Housing with care and extra care provision** - supporting alternatives to residential care as part of our strategic response to the challenge of an ageing population and frailty.

The Section 75 and Better Care Fund is viewed as an important vehicle for our local neighbourhood health ambitions. NHS Greater Manchester ICB and the local authority will

therefore continue to review opportunities for extending the value of the pooled budget through additional contributions where this will support the accelerated delivery of neighbourhood health and care.

Rationale for how you have set out goals for the metrics of non-elective admissions (for those 65 years old and over) and delayed discharges. Including how you will monitor and drive progress in preventing avoidable long-term care home admissions and improving outcomes from reablement, including through any locally agreed goals for long term admissions to residential care and nursing homes.

In setting our goals for non-elective admissions, delayed discharges and care home starts for 2026/27, we have drawn on the shared understanding developed through our Better Lives programme and the System Visibility Tool. This gives us a single view of how the system is performing across the front door, reablement, community beds and long-term care, and allows us to understand the underlying drivers rather than focusing solely on headline movement.

Our discussions over the past year have shown that non-elective admissions are influenced by a combination of high front-door activity, variation in neighbourhood support and the availability of community alternatives. Some neighbourhoods have seen improvements linked to stronger MDT working and proactive care coordination, while others have experienced more pressure. These insights have shaped our goals for 2026/27, which focus on stabilising variation, strengthening preventative and step-up support, and ensuring that the improvements seen in specific areas are replicated more consistently across the borough.

Our joint transformation work through Better Lives also focuses on increasing the proportion of older people supported to return home from hospital and in a way that maximises their ongoing independence as a connected part of their community. Investment through the Better Care Fund in areas such as intermediate care, reablement, home care, VCFSE capacity, housing and assistive technology will help us reduce proportionate use of care homes as part of our response to Wigan's ageing population and increasing frailty. This ambition has been reflected in our performance metrics which targets a 5% reduction in care home admissions against previous trends.

Wigan's reablement service continues to perform strongly in enabling people's long-term independence at home as part of our intermediate care at home menu. Over 80% of people supported through our 'Outstanding' reablement service do not require long-term care. For 2026/27, our focus will be on increasing the volume and complexity of people benefiting from the service across both hospital and step-up pathways to support our targeted reduction in care home admissions. We will regularly monitor achievement this through our Better Lives System Visibility service dashboard.

Overall, our goals have been shaped by a combination of performance trends, operational intelligence, peer comparison and the modelling work undertaken across intermediate care. They are realistic, jointly agreed and aligned with the commissioning decisions we have made to improve flow, reduce avoidable admissions and promote independence.

Explanation of the planned impact of BCF funding on achievement of goals

In submitting our Better Care Fund plan for 2026/27, we have focused on interventions that we know from our own local evidence will have a direct and measurable impact on the headline metrics. Over the past year we have reviewed the performance of all BCF-funded schemes, alongside the intermediate care demand and capacity modelling completed in 2025. This has given us a clear understanding of what is working well in Wigan, where we need to strengthen capacity, and where we have redesigned or reduced activity because it has not delivered the outcomes we expected.

Our data shows that Urgent Community Response, Neighbourhood MDTs and Care Coordination will continue to play a significant role in preventing avoidable admissions for frailty, falls and complex conditions. These services consistently resolve a high proportion of cases at home and have reduced repeat attendances in several neighbourhoods. Reablement performance has also been pivotal, with more people regaining independence and fewer converting to long-term care.

For 2026/27, we expect to see a reduction in avoidable non-elective admissions for older people through the delivery of the outcomes through our Better Lives programme. We also expect to see fewer delayed discharges as a result of increased therapy input, improved throughput in intermediate care and promoting home-based services. Our investment in community, reablement and VCSE-led preventative support will help more people remain at home for longer and reduce crisis-driven long-term care placements. These changes are supported by workforce plans across the Council and WWL, including expansion of trusted assessor functions.

We are also strengthening our approach to evaluation and intelligence. During 2026/27 we will introduce neighbourhood-level dashboards, routine intervention-level reviews and clearer productivity metrics for reablement, UCR and intermediate care. This will allow us to monitor the impact of BCF-funded activity more consistently and take corrective action where needed.

Overall, our 2026/27 Better Care Fund plan provides a clear line of sight from investment to impact. The schemes we are prioritising have already demonstrated their value in Wigan and the changes we are making are based on local evidence, modelling and operational experience. We are confident that this plan will support continued improvement across all headline metrics and strengthen our neighbourhood-based, home-first approach.

Confidence that the services funded through the BCF represent value for money, and how they will seek to raise the productivity of services.

Wigan Council and NHS Greater Manchester ICB have strong confidence that services funded through the Better Care Fund represent value for money. Value is maximised across broad five areas as set out below, underpinned by our shared commitment to enabling better lives at less cost. These five ways to maximise value have also informed the review and development of Wigan's Better Care Fund plan for 2026/27.

Better Care Fund: Driving Value and Impact



Five areas of review to maximise value from the Better Care Fund.

Strategic Alignment:

Investment through the Better Care Fund in 2026/27 aligns with our place missions and priorities as well as the NHS 10 year plan. This includes prioritisation of investment in VCFSE prevention capacity, intermediate care, social care and assistive technology helping to reduce pressures on more costly acute hospital and care home services.

We have also undertaken a mapping exercise of our collective health and care investment across the borough to provide a single view of spend inclusive of that funded through the Better Care Fund. This holistic view through our aligned budget work enables us to ensure that all investment works cohesively aligned to strategic priorities and is directed to the most effective interventions.

Productivity and Capacity Maximisation:

Our innovative Better Lives transformation programme which brings together the ICB, Wigan Council, Wrightington, Wigan and Leigh Teaching Hospital (WWL) and Newton Europe to

improve performance across admission avoidance, discharge and the number of people supported to return home – is helping us improve pathway efficiency and effectiveness thus driving further value from related Better Care Fund investment.

We are drawing on our System Visibility tool developed through the programme to review and maximise capacity in key services such as reablement and our bed based intermediate care provision. We have established a range of weekly service reviews which draw on the data and insight to review and continuously improve referral patterns and activity, occupancy, length of stay and outcomes in support of our performance targets.

We are also maximising digital capability to drive efficiency. This includes the local codevelopment of AI solutions such as 'conversation to assessment' which is supporting our social care workforce to spend less time undertaking administration, and more time providing support and building relationships.

Performance and Governance:

We have robust governance alongside a clear view of performance across non-elective admissions, discharge delays and care home use which provides confidence in the effectiveness of investment alongside opportunities for improvement. This also includes the use of regional benchmarking in areas such as adult social care which continues to highlight Wigan's local market as high in quality and affordability.

Workforce:

Enabled through our unique Wigan Education and Skills Partnership, we have an established approach to joint workforce planning in Wigan which helps ensure we have a health and care workforce of the right size, values and skills required to meet local need now and in the future. This includes a co-ordinated approach to service delivery in a way that helps maximise shared resources simultaneous to improving resident outcomes and experience. Community health and care teams are co-located in neighbourhoods. Enabled through the Better Care Fund, we have also invested in our multi-disciplinary transfer of care hub supporting effective and efficient hospital discharge.

Strategic Commissioning:

Our integrated and strategic commissioning approach in Wigan is helping to drive value for money, including in areas supported through the Better Care Fund. Our ethical home care framework is one example helping to deliver high quality, sustainable and affordable care in support of our 'home first' commitment. We have utilised long-term contract awards and developed an ethical framework of like-minded, locally invested care partners delivering support around a neighbourhood model which has helped boost workforce capacity, simultaneous to reducing travel costs and improving care outcomes.

Governance for managing the expenditure of BCF funding, including assessing impact of funding, value for money and continuous improvement

We have established a robust governance which supports oversight of the Better Care Fund in relation to planned expenditure and metric delivery. The effectiveness of this governance is evidenced through previous spend and performance. This also forms part of a wider Healthier Wigan Partnership governance infrastructure which looks across health and care investment impact and transformation delivery, helping to maximise the contribution of the Better Care Fund to our place missions and priorities, including neighbourhood health.

Local governance includes:

- **Health and Wellbeing Board** – provides strategic oversight of the Better Care Fund ensuring alignment with our Progress with Unity Missions, Creating Health Strategy and commitment to neighbourhood health and prevention.
- **Healthier Wigan Partnership System (Locality) Board** – oversees strategic development and risk across health and social care. The Board receives monthly Better Care Fund expenditure monitoring and quarterly performance reporting.
- **Integrated Delivery Board** – oversees delivery of reform priorities, including the contribution of investment through the Better Care Fund and wider locality spend. Performance against the three national metrics and any required corrective action is monitored through this Board.
- **Neighbourhood Health Reform Board** - oversees neighbourhood delivery and the impact of BCF-funded investment at place and neighbourhood level.
- **Better Lives Steering Group and Urgent and Emergency Care Transformation Board** – brings together partners from across the ICB, local authority and WWL to oversee integrated transformation delivery focused on admission avoidance, discharge and intermediate care. This is supported through use of a whole system visibility tool which is reviewed in partnership fortnightly to look at performance and opportunities for improvement inclusive of admission avoidance, discharge delays and care home admissions.
- **Weekly reablement service reviews** – recognised for its importance in reducing pressures on hospital services and care home admissions, the Better Care Fund has supported scaled up investment in reablement. Inclusive of our wider intermediate care at home menu of

services, the weekly service reviews consider referral activity, capacity, flow and independence outcomes as part of our continuous improvement approach.

- **Market Oversight Groups** have been established to oversee the availability of adult social care capacity to meet demand, including through hospital discharge.
- **Host partner oversight and accountability** – in line with clear expectations set out in the local section 75 agreement, host organisations pro-actively monitor spend and performance at an individual initiative level.
- **Wigan System Finance Leads** – brings together senior finance leads across anchor health and care partners in helping to oversee collective financial performance and the strategic alignment of investment, inclusive of the Better Care Fund.

Together, these arrangements provide strong assurance on impact, value for money and alignment with local and national priorities, including our commitment to neighbourhood health and prevention.

Health and Wellbeing Board

Healthier Wigan Partnership System Board

Healthier Wigan
Integrated Delivery
Board

Oversees strategic delivery
against joint priorities for
reform

Better Lives Steering
Group: Urgent and
Emergency Care (UEC)

Oversees UEC performance
and the
impact of investment and
interventions, including
those supported through
BCF expenditure plans

Neighbourhood Health
Reform Board

Strategic oversight and
direction for our reformed
approach to
neighbourhood health
and community services

Appendix 2

The three metrics are shown below:

5.1 Non-Elective admissions

		Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
Non elective admissions to hospital for people aged 65 and over per 100,000 population	Rate	1,587	1,692	1,504	1,602	1,632	1,624	1,647					
	Number of admissions 65+	1055	1,125	1,000	1,065	1,085	1,080	1,095					
	Population of 65+*	66,487	66,487	66,487	66,487	66,487	66,487	66,487					
	Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan	
	Rate	1,570	1,623	1,576	1,566	1,581	1,587	1,600	1,566	1,682	1,594	1,420	1,584
	Number of admissions 65+	1044	1079	1048	1041	1051	1055	1064	1041	1118	1060	944	1055
Population of 65+	66,487	66,487	66,487	66,487	66,487	66,487	66,487	66,487	66,487	66,487	66,487	66,487	

5.2 Discharge delays

		Apr 25 Actual	May 25 Actual	Jun 25 Actual	Jul 25 Actual	Aug 25 Actual	Sep 25 Actual	Oct 25 Actual	Nov 25 Actual	Dec 25 Actual	Jan 26 Actual	Feb 26 Actual	Mar 26 Actual
*Dec Actual onwards are not available at time of publication													
Average length of discharge delay for all acute adult patients (this calculates the % of patients discharged after their DRD, multiplied by the average number of days)		0.42	0.70	0.28	0.60	0.40	0.55	0.49	0.64				
Proportion of adult patients discharged from acute hospitals on their discharge ready date		93.8%	92.8%	94.8%	91.6%	93.8%	93.0%	92.3%	90.4%				
For those adult patients not discharged on DRD, average number of days from DRD to discharge		6.9	9.7	5.4	7.1	6.5	7.8	6.3	6.7				
		Apr 26 Plan	May 26 Plan	Jun 26 Plan	Jul 26 Plan	Aug 26 Plan	Sep 26 Plan	Oct 26 Plan	Nov 26 Plan	Dec 26 Plan	Jan 27 Plan	Feb 27 Plan	Mar 27 Plan
Average length of discharge delay for all acute adult patients		0.51	0.62	0.64	0.64	0.46	0.63	0.49	0.60	0.69	0.62	0.50	0.59
Proportion of adult patients discharged from acute hospitals on their discharge ready date		93.0%	92.0%	93.0%	92.0%	94.0%	93.0%	94.0%	93.0%	93.0%	93.0%	94.0%	94.0%
For those adult patients not discharged on DRD, average number of days from DRD to discharge		7.30	7.80	9.10	8.00	7.60	9.00	8.10	8.60	9.80	8.80	8.40	9.80

5.3 Admissions to residential and nursing care homes

		Rolling 12 month total until end of quarter date indicated							
		Actual Ending 31-12-2024	Actual Ending 31-03-2025	Actual Ending 30-06-2025	Actual Ending 30-09-2025	2026-27 Plan Ending 30-06-2026	2026-27 Plan Ending 30-09-2026	2026-27 Plan Ending 31-12-2026	2026-27 Plan Ending 31-03-2027
Long-term admissions to residential and nursing care homes for people aged 65 and over per 100,000 population	Rate	597.1	604.6	597.1	603.1	174.5	154.9	165.4	154.9
	Number of admissions	397	402	397	401	116	103	110	103
	Population of 65+*	66,487	66,487	66,487	66,487	66,487	66,487	66,487	66,487

Planned expenditure summary 2026/27:

Description of Scheme	Source of funding	Expenditure for 2026-27 (£)
Reablement	NHS Minimum Contribution	£4,304,294
Care Co-ordinators	NHS Minimum Contribution	£116,100
Advice and information services	NHS Minimum Contribution	£577,035
Integrated Neighbourhood teams	NHS Minimum Contribution	£265,085
Hospice - End of Life	NHS Minimum Contribution	£472,712
Mental Health	NHS Minimum Contribution	£4,028,949
Rapid Assessment Interface Discharge team	NHS Minimum Contribution	£1,291,700
Advocacy Support	NHS Minimum Contribution	£238,570
Community Wheelchair Service	NHS Minimum Contribution	£773,865
Intermediate Care at Home Service	NHS Minimum Contribution	£968,582
Commissioned Bed Based Intermediate Care and Step Down Capacity	NHS Minimum Contribution	£2,700,029
Specialist Bed Based Intermediate Care Provision: Jean Heyes Rehabilitation Unit (JHRU)	NHS Minimum Contribution	£1,363,011
Improving Neighbourhood Health	NHS Minimum Contribution	£303,180
Neighbourhood prevention	NHS Minimum Contribution	£374,298
Investment in community based care capacity and market sustainability	NHS Minimum Contribution	£4,370,276
Investment in care capacity and market sustainability - Residential and Nursing	NHS Minimum Contribution	£1,407,078
Investment in care capacity and market sustainability - Housing Related	NHS Minimum Contribution	£1,410,506
Investment in care capacity and market sustainability - Direct Payments and Personal Assistant Support	NHS Minimum Contribution	£1,032,475
Assistive Technology	NHS Minimum Contribution	£977,876
Integrated Community Equipment store providing low level adaptations and equipment,	NHS Minimum Contribution	£784,833
Investment in occupational therapy and early intervention capacity to strengthen the local approach to prevention	NHS Minimum Contribution	£1,654,073
Transfer of Care Hub: social work team integrated into hospital discharge	NHS Minimum Contribution	£2,010,371
Investment in Support to Carers: VCFSE provision, advice & information and enhanced respite	NHS Minimum Contribution	£1,132,726
Short term care capacity to support discharge	NHS Minimum Contribution	£783,349
Bed based intermediate care - adult social care	NHS Minimum Contribution	£321,414
Community assessment and support capacity	NHS Minimum Contribution	£1,420,295
Community Based Support and Prevention	NHS Minimum Contribution	£136,561
Housing with Care	NHS Minimum Contribution	£1,982,016
		£37,201,259
local care home market to help reduce pressures on hospital services recruitment and retention.	Local Authority Better Care Grant	£7,561,099
local care market to help reduce pressures on hospital services - Housing with Care	Local Authority Better Care Grant	£3,804,046
local care market to help reduce pressures on hospital services - Home based care	Local Authority Better Care Grant	£3,266,625
local care market to help reduce pressures on hospital services - Direct Payments	Local Authority Better Care Grant	£984,581
Technology Enabled Care - Infrastructure to upscale emerging technology within care setting and individual's own homes	Local Authority Better Care Grant	£66,022
Capacity building in the community and voluntary sector for health and social care benefit	Local Authority Better Care Grant	£160,154
Investment in community capacity and specialist support to enable independence and timely discharge the home safe service	Local Authority Better Care Grant	£2,592,364
Investment to promote and support increased access to immunisation	Local Authority Better Care Grant	£30,000
Sustaining and upscaling of health support to care homes alongside strengthened quality oversight.	Local Authority Better Care Grant	£132,000
Investment in Community Social Work and Safeguarding capacity	Local Authority Better Care Grant	£917,592
Enhanced Support to help prevent unpaid carer breakdown	Local Authority Better Care Grant	£388,919
Enhancing independence and self reliance - learning disability and mental health	Local Authority Better Care Grant	£257,000
Investment in Mental Health Support to Help Delayed Discharges and Enable People to be Supported Within the Community	Local Authority Better Care Grant	£519,651
		£20,680,053
Investment in adaptations to support independent living	DFG	£5,651,238
		£5,651,238
Total		£63,532,550