

REPORT TO: Executive Board

DATE: 14 December 2017

REPORTING OFFICER: Chief Executive

PORTFOLIO: Health and Wellbeing

SUBJECT: One Halton and the development of an Accountable Care System

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

This report seeks to provide an update on One Halton and the development of an Accountable Care System (ACS) and seeks endorsement of the revised One Halton strategic vision and approval for the proposed governance structure.

2.0 RECOMMENDATION: That the Board

- 1) endorses the One Halton (ACS) Vision;**
- 2) agrees the memorandum of understanding for the One Halton Accountable Care System Board; and**
- 3) agrees the Terms of Reference for the One Halton Accountable Care System Board.**

3.0 SUPPORTING INFORMATION

- 3.1 An accountable care system (ACS) is one in which several social and health care organisations agree to provide all health and social care for a given population. There are three core elements to this system. The first involves an alliance of providers collaborating to meet the needs of a defined population. Secondly, these providers take responsibility for a budget allocated by a commissioner, or alliance of commissioners, to deliver a range of services to that population. Finally, an accountable care organisation will work under a contract that specifies the outcomes and other objectives they are required to achieve within the given budget, often extending over a number of years. Significantly, the ACS will centre on the involvement of general practitioners in the network of providers delivering care along with local authorities as providers and commissioners of services.
- 3.2 NHS England has, through sustainable transformation plans (STPs), committed to the development of accountable care systems.

- 3.3. In 2014/15, Halton as a borough committed to the development of an integrated model of health and social care. The Council with all its health partners developed the concept of One Halton, and agreed a shared vision:

"To improve the general health and wellbeing of the people of Halton, working together to provide the right level of treatment close to home, so that everyone in the borough can live longer, healthier and happier lives."

- 3.4 The Executive Board has previously agreed that the development of an Accountable Care System (ACS) fits the original One Halton concept. Recent work with partners has focused on the vision for One Halton and the principles and values by which the partnership would operate and agree that any ACS that is developed is place based, i.e., delivering across the Halton Local Authority footprint.
- 3.5 The revised One Halton Accountable Care Strategic Vision (Appendix 1) builds on the initial commitment of partners to improve the delivery of health and social care by ensuring:
- Services enable people to take more responsibility for their own health and wellbeing;
 - People stay well in their own homes and communities as far as possible; and
 - When complex care is required it should be timely and appropriate.
- 3.6 To achieve the ACS, and achieve the goals set out in the strategy, partners have established the "One Halton Accountable Care System Board" with a memorandum of understanding (Appendix 2) and Terms of Reference (Appendix 3) which underpin the commitment to move towards a more integrated community based system reducing the demand on acute services and providing care closer to home.
- 3.7 The *One Halton* Accountable Care Programme Board is not a decision making body. Through the MoU it provides the forum by which the partners provide system leadership and meaningful engagement in the development of the *One Halton* Accountable Care System. The Board will provide oversight of any necessary work streams and be the reporting body to the Halton Health and Well Being Board.
- 3.8 The Board will have an independent chair, Dr David Colin-Thome. Membership of the Board is set out in the terms of reference for the Council the lead officer is the Strategic Director for People, and the Chief Executive is the senior responsible officer for the development of the ACS.

4.0 FINANCIAL IMPLICATIONS

- 4.1 The ACS will necessarily be funded through existing resources. There will be project development costs but these are yet to be determined.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children & Young People in Halton

An ACS will provide integrated, multi-disciplinary health and social care services for all families, and improve services specifically for children with learning difficulties and disabilities.

5.2 Employment, Learning & Skills in Halton

None.

5.3 A Healthy Halton

An ACS priorities and operation will be driven by the Health and Wellbeing Strategy and outcomes monitored by the Health and Wellbeing Board.

5.4 A Safer Halton

None.

5.5 Halton's Urban Renewal

None.

6.0 RISK ANALYSIS

- 6.1 NHS England through the Sustainability Transformation Programme are committed to the development of accountable care organisations. These do not necessarily require the inclusion of local authorities nor do they need to be confined to local authority boundaries.
- 6.2 The final version of what an accountable care system, and any associated new organisational structures, look like are unclear but the potential impact on Council services and staff will be closely monitored and reported back to the Council.

7.0 EQUALITY AND DIVERSITY ISSUES

- 7.1 The ACS will operate fairly and transparently.

8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

Document	Place of Inspection	Contact Officer
NHS Five Year Forward View	https://www.england.nhs.uk/five-year-forward-view/	Mil Vasic Strategic Director

The King's Fund (2016). Accountable care organisations (ACOs) explained	www.kingsfund.org.uk/ACOs	Mil Vasic Strategic Director
---	--	---------------------------------

Appendix 1. One Halton Accountable Care Strategic Decision

One Halton Accountable Care Strategic Vision



Welcome to OneHalton



One System, One Plan, One Halton





Contents

Background and introduction	page 2
Transformation	page 6
Design principles and objectives	page 9
Scope	page 10
Goals	page 12
Prioritisation	page 13
Our commitments	page 14
Governance	page 18
Project planning and control	page 20
Benefits and outcomes	page 22

Background and Introduction

The Health and Social Care Act 2012 placed a statutory duty on the NHS and local authorities to promote and enable integrated care, further reinforced by the Care Act 2014. A raft of policy initiatives and incentives have been implemented to support greater integration and partnerships including the Better Care Fund, a national pioneer programme and, most recently, actions to support the vision for the NHS in England described in the Five Year Forward View. The new care models proposed in the Five Year Forward View are particularly aimed at overcoming barriers between hospital and community services. They are aligned with the wider policy direction of organising care in the community around the needs of service users, shifting the focus from episodic and acute care to whole life care, expanding preventative support that encourages “self-care”, independence and wellbeing.

In 2014/15 Halton as a borough started its journey towards an integrated model of care with a shared vision across health and social care.

Our Strategic Vision

To improve the general health and wellbeing of the people of Halton, working together to provide the right level of treatment close to home, so that everyone in the borough can live longer, healthier and happier lives.

We are building from the strong legacy and foundation of **One System, One Plan, One Halton.**

Our **values** are based on strong partnerships; Collaboration (engagement & participation), System leadership (values based approach) Strong relationships, shared goals and an agreed set of outcomes.

Ultimate responsibility for the implementation of One Halton lies with the Halton Health & Wellbeing Board, however, in order to deliver our vision and priorities we need everyone who lives and works in Halton to take an active role. We are passionate about improving the health and wellbeing of people living in Halton. Local

residents, statutory, voluntary, community and commercial organisations all have an important role to play in achieving this goal.



The One Halton Health and Wellbeing Strategy sets the framework for the commissioning of health and wellbeing services in Halton with a particular emphasis on “self-care” prevention and early intervention. It does not replace existing strategies, commissioning plans and programmes, but influences them.

Integration is key to our strategic approach with all partners working together to deliver:

joint commissioning, culture change through community development, training for all staff in how to deliver health messages so every contact

counts, development of multi-disciplinary teams and joint advocacy and policy work.

A governance structure for One Halton will oversee the development and delivery of our priorities. Specific groups will be responsible for the development of an action plan setting out what all stakeholders will do to deliver the outcomes we want. They will use a life course approach and ensure each action plan includes action to maximise “self-care” prevention and early intervention, provide high quality treatment and care based on need close to home where this is possible and supports people in both the short and long term.





Transformation

Partners across Halton are developing new models of integrated working, based around the two towns of Runcorn & Widnes . These two towns will for this document be referred to as ***Service Delivery Footprints (SDFs)***.

The SDFs are effectively a “functional geography” that can help us better plan and deliver our local services. SDF footprints are natural communities that are big enough to base services on but small enough to be sensitive to the populations needs. This work builds on the successful early implementation of hubs either side of the river, with integrated community services such as community nursing, social care in practice, wellbeing practitioners and the development of a single operating model.

Our ambition is for these SDFs to connect a number of services including community health services, GP surgeries, adult social care, housing, schools, children’s services and others. This is about creating integrated working that takes joint responsibility, working with residents, using new conversations, scaling our early intervention work to prevent reactive and unplanned cost, and knowing the assets of the community. services will work together in multi-disciplinary teams to offer early intervention and, if necessary, intensive support to families and individuals who are dealing with issues including mental health; debt; drug and alcohol misuse; domestic abuse; worklessness and long term health conditions.

Some of the
wider
could
(but not



potential
integration
incorporate
exclusively):

- Integrated Community Services (including Community Nursing, Therapies and Adult Social Care)
- Primary care out of hospital services (Extended access/Out of hours)
- Mental Health
- Public Health Based Interventions
- Wellbeing
- Health Improvement teams
- Start Well, Live Well, Age Well
- Primary School Alignment
- Housing
- CCG Primary Care Commissioning and Improvement Capacity
- Consultant Outpatient Transitions (Tiers 3 & 4)
- Early Intervention and Prevention Services
- Improving Healthy Lifestyles
- National Probation Service
- Cheshire Fire and Rescue Services
- Alcohol and Drug Treatment Services
- Community Link Workers
- Children's centres
- Nursing and Residential Care
- Admiral (Dementia) nurses





PHARMACY

Design principles and objectives

We will;

- Manage demand for services by promoting self-care independence and prevention;
- Enable health and social care service integration wherever possible and appropriate;
- Design services around users and not organisations;
- Incentivise providers to work together to meet the needs of the whole person;
- Treat people in the home and community for as long as it is appropriate and possible;
- Reduce dependence on oversubscribed and expensive specialist resources such as emergency services, non-elective admissions and care homes;
- Manage length of stay in hospitals, avoid delays to discharge and prevent readmissions where possible;
- Allow system efficiencies to be realised – duplication and over supply is eliminated while “cost shift” from one service line or organisation to another is avoided;
- Create the climate for staff from different professional backgrounds to work together in a positive, open and trusting multi-disciplinary climate;
- Allow every member of staff to be trained in having new conversations with residents that focus on assets rather than need; and
- Make full use of digital technology, including development of a joined-up electronic record

An asset based approach is at the heart of One Halton, enabling staff to have a different conversation with patients and residents to promote self-care and independence and improved links to positive opportunities within the community to improve health and wellbeing.

Scope

NHS Halton Clinical Commissioning Group (HCCG), Halton Borough Council, Bridgewater Community Healthcare NHS Foundation Trust, North West Boroughs Healthcare NHS Foundation Trust, St Helens and Knowsley Teaching Hospitals NHS Trust, Warrington & Halton Hospital NHS Foundation Trust (WHHFT) and local GP federations have come together to develop a One Halton Accountable Care System model for Halton.

In the **first instance** the model will be formed around 2 GP service delivery footprints (SDFs) across Runcorn and Widnes and the integration of health and social care services.

In the **medium to long term** there is an ambition to extend this to integrate with public health and a wider set of public, voluntary and community services, such as leisure, housing and others.

In the **long term** there will be a badgeless provision of services with integration across organisational boundaries, increased investment in community based services and a sustainable primary care.

The approach is place based, based on SDFs using registered GP lists and a whole population budget to deliver a range of services against an agreed set of outcomes.

The scope of the One Halton Programme is to develop the vehicle to support both commissioner and provider integration to deliver a set of improvement outcomes delivering health and social care services across a whole population.



Goals

Through this process we will deliver a set of key goals for the health and wellbeing system in Halton;

Goal 1

Services should enable people to take more responsibility for their own health and wellbeing

Goal 2

People should stay well in their own homes and communities as far as possible

Goal 3

When complex care is required it should be timely and appropriate



Prioritisation

It is our desire to change or ‘transform’ health and social care to make sure the people of Halton get the right care and support, the right way, when and where they need it.

To help us achieve this, we've identified the six themes prioritised within our One Halton Health & Wellbeing Strategy:

Our priorities for 2017-2022:

1. **Children and Young People**: improved levels of early child development
2. **Generally Well**: increased levels of physical activity, healthy eating and reduction in harm from alcohol
3. **Long-term Conditions**: reduction in levels of heart disease and stroke
4. **Mental Health**: improved prevention, early detection and treatment
5. **Cancer**: reduced level of premature death
6. **Older People**: improved quality of life

Our priorities contribute to our shared outcomes:

- More Halton children do well at school by reaching a good level of development educationally, socially and emotionally
- Healthy fit workforce to drive economic prosperity with fewer people suffering long term conditions from the age of 50
- More people will be supported to stay well and live independently for as long as possible
- People lead full, active lives using a wide range of facilities within local communities including good quality housing, parks, arts and cultural facilities, leisure services and safe cycling routes
- Reduced demand on services, improved quality and access
- More efficient use of financial resources

Our Commitments

Through signing up to deliver this One Halton Accountable Care Vision we are jointly:

- Taking ownership of where we are now. We all recognise progress has been made but that there is more work to do

- Being responsible for delivering on the agreed priorities and actions set out within our plans
- Making a commitment to make things better. For us to be successful all partners in Halton need to play their part including our local people
- Being accountable for developing systems that deliver more joined up approaches to delivering services



Strong leadership

Leadership is critical in the context of developing integrated systems and services. Stakeholders have different agendas and levels of understanding. A locally tailored leadership programme, supported by management is an essential component of One Halton.

Through our leadership we will talk to staff, ensure they understand the change and are motivated to change at both a strategic level and operational level. We are

committed to work across all agencies with all staff and our population to collaboratively transform services for the future.

Integrated Strategic Commissioning

There is recognition that there are constraints that apply nationally and limit the flexibility in relation to local commissioning arrangements. Commissioning arrangements sit within NHS Halton CCG and Halton Borough Council. We will embrace learning from areas that have progressed in this area and take the opportunities that have arisen.

We will commit to and where permitted to, develop an integrated strategic commissioning function that will develop an alliance contracting model in line with our vision of “one system, one budget, one plan”.

Provider Partnerships (Alliance)

Providers are often constrained by contractual, legal and statutory constraints.

Providers will need to work together to identify and agree who is best placed to deliver the best treatment and care for our population. They will need to agree a set of working principles that align with the national and local agendas.



Financial Resilience

Development and implementation of the detailed proposals will need to be completed from within existing expertise within partner organisations supported by the One Halton Programme Board.

In order to commission integrated services NHS Halton CCG and Halton Borough Council will be responsible for the commissioning budget allocation and the alignment of this to any decisions on pooling financial budgets. Proposals for pooled budgets will need to take into account that “health population” is funded by GP registered lists and LA funding by geographical population.

Partners will need to ensure any future integrated arrangements have robust financial accountability and governance. Estimates of the financial benefits of integration are constrained by the limited nature of the current evidence base.



Co-Located Service Provision (where appropriate)

Providers and commissioners will need to work together to build a community based service provision that supports patients, clinicians and multi-disciplinary workforce. Co-location of service provision should be the ultimate goal in the medium to long term. In the short term consideration of the constraints of existing building stock will need to be considered.

Governance

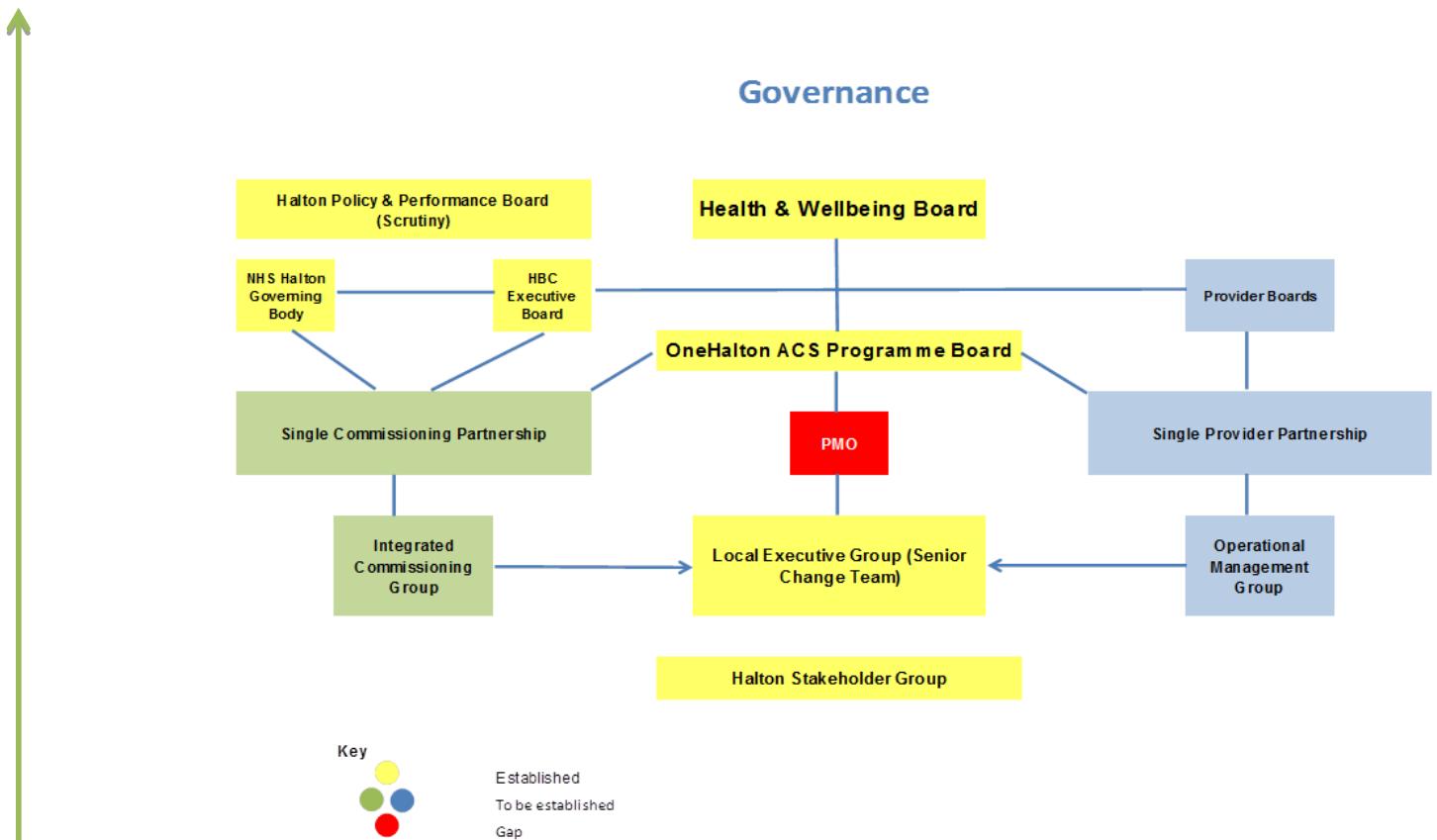
The integration of Health and Social Care in Halton will require the involvement of different commissioning and provider organisations, from both the statutory and non-statutory sector, working together in new ways.

Poor governance arrangements are one of the most frequently cited organisational barriers to successful integration so it will be vitally important to the success of this programme that robust governance arrangements are in place to oversee the delivery and evaluation of this complex work programme.

The following strategic groups and Boards will ensure effective governance of the programme:

- Halton Health and Wellbeing Board
- Halton Policy & Performance Board (Scrutiny)
- NHS Halton Governing Body
- Halton Borough Council Executive Board
- One Halton Accountable Care System Programme Board
- One Halton Single Commissioning Partnership
- One Halton Single Providers Partnership
- Local Executive group
- Halton Stakeholders group
- Engagement & Involvement of Population

Each agreed work stream will have a separate project group that will report into the One Halton Programme Management Office (PMO) reporting to the One Halton ACS Programme Board. Terms of reference and memorandum of understanding for the One Halton ACS Programme Board is attached in appendix 1. Each group will develop its own work plan to achieve the stated outcomes. Part of this work will involve engaging service users and residents in the co-production of new approaches. Project leads will also ensure alignment of activity with existing enabling programmes/groups.



Project implementation plans will be created which will form the basis of the monitoring process. This will be updated by the One Halton PMO as the project progresses, and referenced by the highlight reports. Regular reporting will be via a monthly highlight report, and will be produced by the programme/scheme lead to show actual and projected progress against plan.

The report will be submitted to the One Halton ACS Programme Board on a bi-monthly basis.

Project planning and control

The overall control of the project will be in line with Prince 2 methodology and adopts the “manage by exception” approach.

The Senior Responsible Officer (SRO) will have oversight of the whole programme and will be held to account by the Chief Executive Officer of Halton Borough Council and the Interim Chief Officer of NHS Halton CCG. The programme manager (when appointed) will carry out day-to-day management of the project within the delegations of authority.

Members of the project Team will raise or review project issues/changes/risks at the monthly project meetings. Project issues and risks will be reviewed and assessed for impact against the project timescales, cost and quality.



Programme approach

- Current services have been reviewed and evaluated against a number of criteria to establish which services should be in scope for the first phase of implementation.
- Phase 1 identifies the core services within the initial scope.
- Work is already progressing on these programs to redesign care pathways and integrate services from the bottom up.





Benefits & Outcomes

People will be supported to live longer healthier lives.

People with health and/ or social care needs will know how to navigate the health and social care system;

People with health and/or social care needs will be able to access the right information at the right time and will be able to access the support they need;

People will have an increased understanding of the benefits of wellbeing and will utilise local community resources to put this into practice;

People in local communities will have a range of locally grown support mechanisms such as carer led support groups, patient led self-management groups for long term conditions;

Through social prescribing GPs will support people to get to the right support and avoid more expensive and often unnecessary interventions;

Integrated teams will work closely with GP practices and will envelop individuals and work closely with provider services including local community and voluntary sector services;

People with long term conditions will have the ability to hold their own personalised care records and use Personal Budgets and Personal Health Budgets to manage their own care;

People with long term conditions and those defined at risk will have the ability to see and share their health and social care records;

People will be able to have repairs, adaptations and improvements made to their homes quickly and within timescales acceptable to them;

Carers will be supported to have a life outside of caring and will be supported in their caring role;

There will be improved access to services (parity of esteem) for all patients/clients, including children and young people, with mental health issues. Mental health conditions will be treated and assessed on a par with physical conditions;

Over time we will create a flexible workforce that can deliver more than one service for the benefit of patients and carers and the health and social care

system;

We will manage demand for unplanned, emergency and urgent care services across the Borough where people choose the right place first time every time.

We will have greater control of our local pound and annual spend.

There will be Improved Value for Money through identifying cross-organisational efficiencies and economies of scale

Maintain financial resilience & sustainability of the Halton Health and Social Care System



Welcome to OneHalton



Appendix 2: Memorandum of Understanding

One Halton Accountable Care System Board

Draft Memorandum of Understanding

The signatories to this MoU have come together to improve health and wellbeing services for local people and to encourage self-health.

In doing so we are committed to:

- Improving health and wellbeing outcomes for local people
- Collaboration between health and social care services, providing accessible high quality services to local people
- Developing new ways to prevent and better detect illness
- Reducing the levels of demand on hospital, acute care and healthcare services generally
- Delivering service closer to home and within local communities

Our Commitment

We agree to the following principles in the development of an integrated health and social care eco system in Halton Borough:

1. We agree that an integrated system of health and social care is the best way to ensure optimum health, wellbeing and care outcomes for our population and to ensure collective financial sustainability.
2. We agree that the Halton Health & Wellbeing Strategy provides the focus for our work together and sets out our vision to work together to reform health and social care services to improve the health outcomes of our residents and reduce health inequalities, as quickly as possible.,



3. We agree the One Halton ACS Board will provide a focal point for prevention and early intervention, proactively identifying potential future demand and shifting the focus from unplanned and reactive services to planned and targeted interventions.
4. We agree to put patients and residents at the heart of what we do.
5. We agree to put General Practice and other community practitioners at the centre of our care model.
6. We agree to design and plan services around functional geographical footprints with populations of 30,000 to 50,000 based on registered patient lists.
7. We agree to design services for users and not our organisational needs.
8. The Commissioners agree to deliver a single approach to commissioning health, wellbeing and care services in order to transform services and improve outcomes. This will enable collaboration integrated working and include the development of pooled budgets.
9. We agree that we will consider the options available to us, and select the best delivery model for the integrated care system in Halton, but notwithstanding this, we will continue to integrate our services on the ground, at pace, using the existing options available to us to do so.
10. We acknowledge that creating a Locality Care Partnership will not resolve the significant budget challenges facing all organisations but it will go some way to reducing it and it will be necessary to continue to work closely together with all stakeholders to manage the deficit around health and social care

Asset Based Approach

11. We agree in an asset based approach to the design and delivery of our integrated services including:
 - a) A commitment that staff delivering services in Halton will be trained and updated in having new conversations with residents that focus on assets rather than need.
 - b) Managerial arrangements within our organisations create the climate for staff from different professional backgrounds to work together in a positive, open and trusting climate
 - c) That people are supported to be in control of their own lives
 - d) That services are co-ordinated in a place, in a way, that is informed by a deep understanding of the community assets and capability in that place to support residents to be connected to their community and each other.
 - e) That service administration is organised in agreed functional geographical footprints, allowing alignment with key service providers organised on the same footprint.
 - f) That the partnership encourages its workforce to be positive, courageous and accountable in the way they deliver their services to the public.



- g) That our partnership embraces positive risk taking and permission based working, with the workforce liberated to demonstrate innovation and creativity on a daily basis.

Governance

12. We agree to working together to reform health and social care services to improve health outcomes for residents, as quickly as possible, and enable system wide change to develop transparent, robust and inclusive governance structures.

13. The key principles of our governance arrangements will be:

- a) The objective of providing governance arrangements which aim to provide streamlined decision making; excellent co-ordination of services for the residents of Halton; mutual co-operation; partnering arrangements, and added value to the way we deliver our services.
- b) An acknowledgement that the arrangement does not affect the sovereignty of any party and the exercise and accountability of their statutory functions.
- c) A commitment to open and transparent working and proper scrutiny and challenge of the work of the One Halton Accountable Care Services Board and any party to the joint working arrangements.
- d) A commitment to ensure that any decisions, proposals, actions whether agreed or considered at the One Halton ACS Board carry with them an obligation for the representative at the One Halton ACS board to report these to their own constituent bodies, and seek agreement if required through the appropriate governance route.

14. We agree that the governance arrangements will be kept under regular review and be revised from time to time to reflect the changing status of the integrated care delivery vehicle.

15. We agree that any decision affecting the statutory duties of an organisation will be referred through that organisation's governing processes.

16. We agree to provide mutual assurance to the constituent bodies and that the minutes of the One Halton ACS board will be circulated to the Boards of the constituent bodies.

Resources

17. We agree to the formation of the One Halton ACS PMO to manage the implementation of our work programme, with a commitment to seek resources and expertise from partner organisations, as appropriate, to support our integration journey.

18. We agree to use the assets and resources available to us within our organisations, such as buildings, IM&T and other infrastructure to support the adoption and enablement of integrated working arrangements.

19. We agree to work together to transform our collective workforce to ensure we have the right skills, capabilities and resources to deliver sustainable integrated working arrangements across health and social care now and in the future.



Appendix 3: Terms of Reference

One Halton Accountable Care Programme Board

Terms of Reference

The *One Halton* Accountable Care Programme Board (One Halton ACPB) is a forum for development and partnership working. It is not a decision making body but will seek delegated decision-making responsibilities from Joint Committee status at a later stage. For any strategic and/or significant decision-making, Programme Board members will be expected to make recommendations to appropriate bodies and committees.

Overall Objective

To secure, via partnership working, the provision of system leadership and meaningful engagement in the development of the *One Halton* Accountable Care System. This aims to secure sustainable, high quality services which meet patient needs and optimise the health of the borough, delivering organisational sustainability.

Membership (to be confirmed)

Chief Executives / Chairs / Clinical Executive Officers from the following organisations:-

- Independent Chair
- NHS Halton Clinical Commissioning Group
- Halton Borough Council
- GP Health Connect
- Widnes Highfield Health Ltd
- St Helens & Knowsley Teaching Hospitals
- Warrington & Halton Hospital NHS Foundation Trust
- Bridgewater Community Healthcare NHS Foundation Trust
- North West Boroughs Partnership NHS Foundation Trust
- Halton & St Helens Voluntary and Community Action
- Halton Housing Trust
- Halton 3rd sector consortium (rota basis)

Key Tasks

- To ensure effective leadership in the *One Halton* AC Programme, ensuring SMART plans for future service models and that are ambitious, sustainable and achievable;
- To make recommendations for actions as appropriate to Halton Health & Wellbeing board but not to take decisions which are binding on other organisations;
- To ensure alignment between the *One Halton* AC Programme and the plans for each organisation, highlighting any tensions or interdependencies, and agreeing with all how these should be resolved;
- To ensure key staff from each constituent organisation are enabled to participate in the Programme work streams;
- To review the results of the programme at the end of Phase 1, and to advise on how these are taken forward;



- Develop and deliver a strategic vision for Halton with an agreed set of co produced outcomes;
- Support the development of a shadow integrated commissioner and local delivery partnership by 2018.

Reporting Arrangements

The *One Halton* AC Programme Board will meet on a bi-monthly basis. Standard progress reports will be produced for presentation to all relevant committees to ensure consistency of message.

It will be accountable to the Halton Health and Well Being Board

Administrative Support

NHS Halton CCG

Review Date

November 2017