

REPORT TO: Health Policy & Performance Board

DATE: 25th February 2020

REPORTING OFFICER: Dave Sweeney – Director of Partnerships, C&M HCP

PORTFOLIO: Children, Education and Social Care

SUBJECT: Cheshire & Merseyside Health & Care Partnership Update

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 This report has been prepared at the Board's request, to provide an update on the Cheshire & Merseyside Health & Care Partnership.

2.0 RECOMMENDATION: That:

- i) Members are asked to note the report and continue to promote and support the Partnership and delivery of the Five Year Strategy for Cheshire and Merseyside.

3.0 NHS LONG TERM PLAN

3.1 Cheshire & Merseyside Health & Care Partnership successfully submitted its first Five Year Health & Care Strategy into NHS England / Improvement (NHSE/I) on 15 November. The strategy was developed from the ground up, taking its feed from the nine Place Plans. It will become our rolling five year strategy, updated annually. This submission comprised a strategic narrative and two technical templates – a strategic planning tool (SPT), covering finance, activity and workforce figures and an LTP metrics collection template, which set out trajectories to show how we intend to ensure delivery of key commitments within the Long Term Plan. All Partnership members received copies of the strategic narrative at each stage of the submission process and comments received were reflected in the final submission.

3.2 Going forward we are keen to identify ways to involve Place more in leading the aggregation of each local system's plans to help join up granular organisational annual planning with partnership working efforts.

3.3 The submission has been a beneficial process for the Partnership and we have taken learning from this process. The strategy provides clarity regarding how we will tackle systemic health and

care issues and work better together with key partners to achieve shared goals. Next steps are to publish the strategy as an easy read summary, which is currently in development. The strategy will be socialised over the coming weeks so its message is well understood and communicated to ensure that the opportunity is not missed to truly evolve how services are delivered and improve how the system supports people to live longer, healthier lives.

3.4 **COMMUNICATION AND ENGAGEMENT**

3.5 The communications and engagement team have been out meeting with all Place communication leads to discuss ways of working and an improved approach to health and care communications across the Partnership. Current key activities include the Change Together public awareness raising campaign, a review and refresh of the Health and Care Partnership identity and stakeholder engagement, Voluntary Sector engagement on the Five Year Strategy and support to a variety of collaborative programmes, including GovRoam.

3.6 **OUR JOURNEY TO BECOMING AN INTEGRATED CARE SYSTEM (ICS) AND DEVELOPING OUR INTEGRATED CARE PARTNERSHIPS (ICPs)**

3.7 The NHS Long Term Plan set out plans for all Partnerships nationally to become an ICS. In addition to our strategy, a key evidence of our growing maturity will be a Partnership Memorandum of Understanding (MOU). The Partnership's System Management Board has tasked the ICS Governance Steering Group to produce a Partnership MOU. The MOU will be used to capture the commitment of our partners to system working and will need to be signed up to by all partnership member organisations to take effect. Achieving this will evidence how Cheshire & Merseyside is ready to take the next steps in our journey to become more responsible and more accountable for the health and care of our population.

3.8 Comments on the first draft are being worked through and addressed to be clearer on the following areas:

- The purpose of the Partnership.
- How decisions are made (which were Place, which were Programmes and which were Partnership).
- The composition of the Partnership Board - recognising the primacy of Place.

3.9 Discussions are progressing regarding the continued development of Integrated Care Partnerships across Cheshire & Merseyside and how we support these Place based partnerships to successfully deliver on their ambitious Place Plans. We have engaged with the Place and Programme Forum to consider key success factors for an Integrated Care Partnership and what the critical steps are in

developing mature Integrated Care Partnerships.

3.10 **SYSTEM LEADERSHIP DEVELOPMENT PROGRAMME**

3.11 A system leadership programme titled 'Doing things Differently' has been developed to support leaders from across the Partnership to work effectively in a changing landscape that demands new ways of working and much greater collaboration and cross organisational working.

3.12 In line with our ambition to become a 'Marmot Community' the purpose of the 'Doing Things Differently' programme is to:

- Improve health and reduce health inequalities - Improve people's experience of using our services
- Engage existing and emerging leaders from across the system in a programme that produces real actions
- Provide leaders with the tools to effect change
- Develop and deepen the relationships between networks of leaders – creating sustainable communities of practice

3.13 The programme is based around themes relating to the strategic priorities for Cheshire and Merseyside (agreed at the previously held Marmot session). The first cohort will have a focus on CVD. Places will choose their own participants with the aim of having approx. 10 participants per place. Participants should be chosen from cross sectors/organisations/roles including community group leaders, Police, Housing Fire & Rescue etc. to encourage the development of cross sector talent pipelines. The aim will be to identify people who are personally and professionally motivated by the priority areas and have a day job that impacts and enables transformation on these priority areas. All partners are encouraged to consider who best to put forward and ensure they take their opportunity for places on the cohort.

3.14 **COLLABORATION AT SCALE PROGRAMMES**

3.15 The Partnership supports front line staff delivering quality patient care by enabling organisational collaboration 'at scale' across Cheshire & Merseyside. These collaborations deliver standardisation in corporate and clinical support functions that improve clinical and financial sustainability of the system. We continue to identify and deliver improvements through the following portfolio of programmes:

- Corporate Services
- Medicines Optimisation
- Diagnostics
- Clinical / Clinical Support service collaborations

3.16 The Corporate Services programme scope is aligned to the following functional services:

- Payroll - Single automated Payroll
- Procurement
- Finance – single ledger
- Human Resources – Optimised Agency spend
- Complaints & Legal services
- Information Management & Technology (IM&T)

3.17 Last year the corporate collaboration at sale projects received £1.25m of investment with an expectation of delivering £6.7m of benefit in year. The latest reported view shows a year end expectation of £24.16m. Work is underway to validate, mobilise and progress the relevant projects and programmes in readiness for 20/21 delivery.

3.18 **CHAIR APPOINTMENT**

3.19 The Partnership welcomes Alan Yates, appointed as the new Chair for Cheshire & Merseyside Health & Care Partnership. Alan started in November 2019 and has been busy getting out and speaking with leaders from across the Partnership. Alan will oversee recruitment of a substantive Lead following the departure of Mel Pickup.

4.0 **POLICY IMPLICATIONS**

4.1 None.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**
N/A

6.2 **Employment, Learning & Skills in Halton**
N/A

6.3 **A Healthy Halton**
This report is associated with this priority.

6.4 **A Safer Halton**
N/A

6.5 **Halton's Urban Renewal**
N/A

7.0 **RISK ANALYSIS**

7.1 None associated with this report.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

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

9.1 None identified.