

REPORT TO: Health and Wellbeing Board

MEETING DATE: 7 October 2020

REPORTING OFFICER: David Parr
Senior Responsible Officer, One Halton
Chief Executive, Halton Borough Council

PORTFOLIO: Health and Wellbeing

SUBJECT: One Halton - Update Report (October 2020)

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to provide the Health and Wellbeing Board with an update on matters relating to the development of One Halton, including the work of the One Halton Forum, the Integrated Commissioning Group and the Provider Alliance.

2.0 RECOMMENDATION: That the contents of the report are noted.

3.0 SUPPORTING INFORMATION

Background

- 3.1 The last formal meeting to take place was the One Halton Forum on 4th March 2020 and the next meeting is scheduled to take place on 14th October 2020.
- 3.2 An update report was shared at the last Health and Wellbeing Board in July 2020. This report will highlight any key activities that have taken place since then.

NHS Phase Three

- 3.3 On 31st July 2020 NHS England/Improvement issued a letter, [Third phase of NHS response to Covid-19](#); outlining the NHS priorities for the rest of 2020/21.
This included:
- A. Accelerating the return to near normal levels of non-Covid health services.
 - B. Preparation for Winter, alongside vigilance for any local or national Covid spikes.
 - C. Taking into account lessons learnt, lock in beneficial changes, supporting the workforce and taking action on inequalities and prevention.

- 3.4 Each system (Cheshire and Merseyside) was asked to provide a summary plan, draft was due 1st September and final due 21st September 2020.
- 3.5 To ensure the system plan was a whole partnership response, One Halton was asked to prepare a narrative to outline its plans for the next six months that would help shape the final Cheshire and Merseyside submission.
- 3.6 The One Halton narrative is available as Appendix 1.

Cheshire and Merseyside Health and Care Partnership

- 3.7 On the 17th September 2020 the first Cheshire and Merseyside Partnership Assembly took place. It was designed to concentrate on the purpose of the Cheshire and Merseyside Partnership, the meaning of Place and the benefits for organisations in adopting a Place-based approach, as well as reflecting on the challenges facing Cheshire and Merseyside.
- 3.8 The outcomes were:
 - Place is Primacy
 - The Partnership will review its governance and membership with a focus on “Place” rather than “Organisation”. They also wish to include democratic leadership.
 - Partnership to attend Health and Wellbeing Boards
 - A review of the Programmes will be undertaken.
 - Work should only be undertaken at a Partnership level where it is beneficial to do so.

CCGs

- 3.9 NHS Halton CCG and NHS Warrington CCG remain as two separate Clinical Commissioning Groups. They have an integrated Management Team, some staff cover both geographies but much of the work is done at Place (Halton).
- 3.10 There were discussions taking place for a Mid-Mersey (Halton, St Helens and Warrington) solution to commissioning at scale, but nothing formal was been agreed. The deadline for CCGs to submit a merger application to NHSE/I is end of September 2020 (to start from 1st April 2021). A merger application will not be submitted.
- 3.11 The direction of travel, at the moment is for a single CCG across Cheshire & Merseyside. Whilst there is no concrete decision, it is important to remember that whatever the outcome Place will be paramount and there will be a Cheshire and Merseyside Integrated Care System (ICS).

Mid Mersey Thought Session

3.12 On 16th September 2020, executive leaders across Halton, St Helens and Warrington met to reset the thinking as a result of Covid, discuss the changes that may occur with CCGs on a larger footprint and how to adapt to a new normal.

3.13 An informal discussion was held and concluded:

- Place is paramount, but consideration is needed for how and when it is appropriate to work at scale.
- The bulk of commissioning should be done at place and consider greater integration between the CCG and the Council.
- Each Place should revisit their priorities with a view to what should be done at Place. Where capacity is limited and the same priorities exist across Mid Mersey there may be an opportunity for collaboration. Similarly there may be priorities that should be undertaken as Cheshire and Merseyside. But only when this still brings about benefits and improved outcomes to our local population .
- Review our own Governance and Structures, learn from other areas.
- Outcomes from the first meeting will be developed further.

One Halton Priorities

3.14 One Halton has outlined its priorities in the One Halton Plan 2019-2024 with a commitment to focus specifically on Cardiovascular disease and Cancer prevention during 2020. However the pandemic has resulted in these specific programmes of work not progressing as quickly as anticipated. They do however remain a priority and the next One Halton Forum will discuss how to support these programmes further.

3.15 There are a number of emerging priorities (these are included in the One Halton Plan 2019-2024) that will also be discussed at the next One Halton Forum to ensure there is a collaborative partnership response where needed. These include:

- Winter Planning
- Flu
- Alcohol
- Obesity
- Mental Health
- Learning Disabilities
- Older People
- Children and Young People
- Health Inequalities

One Halton Finance

3.16 At the Health and Wellbeing Board in July 2019, the Board agreed to delegate authority and management of the budget to the Chief

Executive/One Halton Senior Responsible Officer in consultation with the Chair of the Health and Wellbeing Board and the Health and Wellbeing Portfolio Holder.

- 3.17 Since the last Health and Wellbeing Board there have been no requests for funding from the One Halton budget.
- 3.18 One Halton has received an additional £425,000 for 2020/21 from Cheshire and Merseyside Health and Care Partnership which is top sliced from CCG budgets.
- 3.19 For 2020/21 the total One Halton budget is £776,123. This includes money carried over from 2019/20 some of which is already allocated to existing projects.
- 3.20 For 2020/21, there is a balance of £436,561 not yet allocated and available for investment to support the delivery of the One Halton Plan.
- 3.21 A One Halton Budget Statement is available as Appendix 2.

4.0 POLICY IMPLICATIONS

n/a

5.0 FINANCIAL IMPLICATIONS

- 5.1 One Halton funding is used to provide resource and capacity as well as investing into new schemes. Funding from the Cheshire & Merseyside Health Care Partnership is received with guidance/caveats for how it should be spent. One Halton will ensure any funding received is used for its intended purpose and reported back through the appropriate channels.
- 5.2 The Health and Wellbeing Board has oversight over all One Halton spend.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

One Halton supports the Council priorities for a Healthy Halton and the Health and Wellbeing Board Priorities.

6.1 Children and Young People in Halton

One Halton supports the Council priorities for Children and Young People.

6.2 Employment, Learning and Skills in Halton

One Halton supports the Council priorities for Employment, Learning and Skills in Halton.

6.3 A Healthy Halton

One Halton supports the Council priorities for a Healthy Halton.

6.4 A Safer Halton

One Halton supports the Council priorities for a Safer Halton.

6.5 Halton's Urban Renewal

None in this report.

7.0 RISK ANALYSIS

No risk analysis is required for the recommendations in this report.

8.0 EQUALITY AND DIVERSITY ISSUES

One Halton supports the Council priorities to deliver equality and diversity in Halton.

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

None under the meaning of the Act.

Appendix 1 – Phase 3 Submission

One Halton Narrative Phase 3 Response to Covid-19

Background

On 31st July 2020 NHS England/Improvement issued a letter, [Third phase of NHS response to Covid-19](#); outlining the NHS priorities for the rest of 2020/21.

This included:

- D. Accelerating the return to near normal levels of non-Covid health services.
- E. Preparation for Winter, alongside vigilance for any local or national Covid spikes.
- F. Taking into account lessons learnt, lock in beneficial changes, supporting the workforce and taking action on inequalities and prevention.

Each system is required to provide assurances in response to the actions within the letter by submitting a draft summary plan by 1st September 2020, with final plans due by the 21st September 2020.

Locally our system is Cheshire and Merseyside.

One Halton is one of nine “Places” that is recognised across Cheshire and Merseyside.

The Ask:

Cheshire and Merseyside Health and Care Partnership are taking the lead in providing the narrative response to the Phase 3 letter. To ensure the system plan is a whole partnership response, the narrative response will be developed “from the ground up” based on plans sourced from each of the nine local places.

They have asked that each Place prepares a short concise narrative covering the next six months; specifically the ask is:

1. What are your local plans for each section listed in the Planning Letter?
2. What are the key assumptions underpinning your plans?
3. What are the main constraints (e.g. IPC / PPE / staff availability/ finance)
4. What additional actions are planned to sustain the recovery through the winter period?
5. What are the key risks and issues and what mitigations are / need to be in place?
6. What data are available to support monitoring? What are the key data constraints?
7. What are your requirements / plans for mutual aid (where appropriate)? Which areas of delivery would benefit from a collective Cheshire & Merseyside-wide response?

One Halton Response:

1. What are your local plans for each section listed in the Planning Letter as set out in the table below?

	Phase 3 National Letter Ask	Halton Plans
Accelerating return to near normal non covid health services. (making use of window before Christmas)	<p>A1 Restore full operation of all cancer services</p> <p>Systems should commission Cancer Alliance to rapidly draw up deliver plans for September 20 to March 21.</p> <ul style="list-style-type: none"> • Reduce unmet need and tackle inequalities • Manage growth in people requiring cancer diagnosis. (specifics in letter) • Reducing number of patients waiting. 	<p>Reducing the level of premature death from Cancer is one of the six priority areas of One Halton.</p> <p>Across health and social care we work with Cheshire & Merseyside Cancer Alliance who are producing the overarching “Restoration of Cancer Services” plan. We will continue to work with C&M Cancer Alliance to implement locally.</p> <p>In addition to this, we plan to run a collaborative Cancer Prevention communication campaign in Halton.</p>
	<p>A2 Recover maximum elective activity between now and winter</p> <ul style="list-style-type: none"> • Specific activity target • maintaining block payments • waiting lists managed at system level as well as trust level to ensure equal patient access and effective use of facilities. 	<p>Response from Place not required. Separate submission.</p>
	<p>A3 Restore primary care and community services</p> <ul style="list-style-type: none"> • Restart Primary Care (restore services, reach out to vulnerable people, address backlog of childhood imms and cervical screening, prevention support and LTC management) 	<p>In line with the standard operating procedure for General Practices, all practices in Halton are restoring services, where it is clinically appropriate, to pre-COVID levels. Practices are open for delivery of face to face services, triaging patients remotely in advance.</p> <p>Patients with Covid symptoms continue to be seen in two town-based services allowing each general practice to focus on restoration including childhood immunisations, cervical screening, prevention support and LTC management.</p> <p>Proactive patient management for ensuring patients who are extremely vulnerable to COVID-19 are maintained in case of any future lockdown.</p> <p>There is continuation of hot and cold sites.</p> <p>All disease registers, including those for long-term conditions, have been maintained throughout the pandemic. Patients who require review and/or follow up will automatically be contacted by practices.</p> <p>Between March 2020 to July 2020 all practices continued to offer childhood immunisations and cervical screening.</p> <p>We have clean sites for vaccinations and immunisations across each PCN in Runcorn and Widnes.</p> <p>The CCG has a “delivery dashboard” for areas such as childhood immunisations, learning disability health checks and cervical screening to monitor and work with practices to ensure that targets are met.</p> <p>Current review of Phlebotomy access currently underway jointly with Warrington Place with a view to increase capacity where possible.</p>
	<ul style="list-style-type: none"> • Care Homes (enhanced support to care homes and medication reviews) 	<p>In Halton, GP Practices have been aligned to a specific care home for some time allowing pro-active care and good relationships to be in place. This enabled changes to be implemented to working patterns very quickly. Each home has a named GP and a routine visit schedule. Practices switched these visits to remote visits in mid-March, to help reduce footfall through the homes, while keeping contact and care to a regular schedule. Over the coming months,</p>

		<p>GPs working with Clinical Pharmacists will ensure that patients who would benefit from a structured medication review receive them. This includes patients resident in care homes, patients with complex polypharmacy and the severely frail patients.</p> <p>A Care Homes Medicines Management Team is in place and undertakes medication reviews, medicines safety and waste checks, training for care home staff and management of controlled drugs. Good relationships with Practice Pharmacists and Community Pharmacists enable co-ordinated response to medicines. All care homes have direct contact details for medicines support locally. Aligning work with DES locally.</p> <p>MDTs are in place with system representation. Halton CCG are currently working on a Telemedicine bid as part of the Cheshire & Merseyside Telehealth programme of work, to enable an advanced clinical support offer to residents. There are a number of initiatives in place: Red Bag Scheme, Nutrition and Hydration support, Infection Prevention and Control support and training, End of Life GSF, Verification of Death training and currently working to implement RESTORE 2 across all care homes.</p> <p>Capacity Tracker enabling vacancies in real time to support effective hospital discharge.</p> <p>The PCN Care Home DES commences in October 2020. Halton is already compliant with the requirement.</p>
<ul style="list-style-type: none"> GP Appointments (expand self-refer, offer mix of face to face/video/online/phone appts) 		<p>Additional areas for self-referral are currently being identified with practices. This will be explored with the out of hospital cell and linked into care navigation in practice were possible. At the moment self-referral includes services for drug and alcohol problems, as well as antenatal care and improving access to psychological therapies (IAPT). Areas currently under consideration are incontinence service, hearing aid services and orthotics</p> <p>Covid has led to a significant increase in telephone and video contacts including same-day clinical triage interactions to assess and prioritise patient need, and a decrease in the number of traditional face-to-face scheduled appointments reported. This “new” way of working for practices in Halton will continue, given that the SOP requires all patients to undertake total triage, and as practices report that patients can be managed well via these alternative appointment types.</p> <p>All practices are operating triage and seeing patients face to face when clinically appropriate to do so.</p> <p>Online consultations via E-consult more than tripled during June 2020, we intend to harness this new technology where possible to try and maintain levels where appropriate to do so.</p>
<ul style="list-style-type: none"> Community (enhance crisis response, ongoing rehab support post covid, resume home visiting care for vulnerable/shielded) 		<p>Community staff are returning from redeployment. Patient waiting lists are stratified to identify vulnerable/high risk for priority. Many services for vulnerable remained in place throughout the pandemic.</p> <p>The Halton Integrated Frailty Service will continue to support frail elderly patients in their own homes.</p>
<ul style="list-style-type: none"> Discharge to Assess fully embedded. 		<p>In Place and fully embedded. (Health and Social Care)</p>
<ul style="list-style-type: none"> CHC (resume from 1/9/20, review those discharged 19/3-31/8) 		<p>Plans in place with Local Authority and CCG to resume. With regard to Continuing Healthcare and Complex Care, NHS Halton CCG have monitored hospital discharges during the Covid-19 pandemic. Halton CCG are on track to resume full CHC implementation of the framework from 1st September 2020 and have communicated this with Local Authority colleagues to ensure planning is aligned. In regard to those patients who have been fully NHS funded from 31st March 2020 to 31st August 2020, a programme of reviews has been drawn up to ensure full assessment and a decision regarding funding by the appropriate route is enacted. It is anticipated</p>

		this will be completed pre March 2021. Communication with patients and families will be key; continue to work with partners to ensure consistency in messaging.
	<p>A4 Expand and improve mental health services for people with LD/Autism</p> <ul style="list-style-type: none"> Increase investment (CCG in line with MHIS) 	<p>Cheshire & Merseyside Mental Health Programme Director has prepared an overarching response for Health. Place asked to contribute to local delivery.</p> <p>CCG will adhere to investment in line with the guidance.</p>
	<ul style="list-style-type: none"> Mental Health expansion (restore IAPT, 24/7 crisis helpline retained and developed into national service, maintain growth in CYP, review CMHT caseloads, ensure local access is advertised, eliminate dormitory wards.) 	<p>Assured Mental Health services will be fully restored in Halton across Health and Social Care.</p> <p>IAPT: Additional resource has been identified in the budget to support the ongoing IAPT staff training in NWB CAMHS. Virtual offer from CAMHS to CYP to also be maintained which will help support access for CYP to support. LA to apply for grant funding to support emotional wellbeing of CYP returning to education. IAPT will also retain virtual offer and look to expand to include therapy offer, as well as assessment to help reduce waiting time for patients.</p> <p>Maintain 24/7 crisis line - Crisis Service co-commissioned by Mid Mersey Commissioners and integrated into National 24/7 all age crisis service line.</p> <p>Review CMFT caseloads and increase interventions to prevent relapse / escalation of needs</p> <p>Ensure local access is advertised: Local CYP MH operational groups established in Halton, to ensure whole system response to CYP MH over Covid 19 response period. The advertisement of local access was included with the Terms of Reference for such groups.</p> <p>Eliminate dormitory wards : n/a in Halton</p> <p>The Women's Centre is open and fully operational.</p> <p>VCFSE have supported our Mental Health priorities by providing services and activities to tackle loneliness, social isolation, anxiety and stress.</p> <p>One Halton priority area, particular focus on CYP and moving to a systematic approach to prevention and treatment of mild symptoms. We are signed up to the "Doing Things Differently" Programme to improve the support for people living with Mental health issues.</p>
	<ul style="list-style-type: none"> LD/Autism (reduce number in inpatient setting, Complete all LeDeR by Dec 2020, GP LD annual health checks) 	<p>Highlight report on IST shows positive impact and improved pathways between health and social care. Referral pathways in development. Further training to be offered in September 2020 to social care.</p> <p>Numbers of inpatients within target and expected dates of discharge in place. This is tracked weekly.</p> <p>On target to complete LeDeR by Dec 2020. Intensive support team in place to manage LD patients. LeDeR conference held in February 2020 and case studies used to share learning; a video has been produced and shared across system partners. Over 200 people attended. More work needed to join up Health and Social Care provision.</p> <p>Directed Enhanced Service (DES) in place to support LD Annual Health Checks but additional Local Enhanced Service (LES) scheme funded for 3 month period with Covid funding to further support /encourage LD clients in accessing primary care generally and encourage attendance for annual health checks to increase uptake.</p> <p>LD health checks are a priority focus. In order to support patients with a Learning Disability (GP Register) a</p>

		local scheme has been commissioned to ensure that all 740 patients receive a welfare check call by the 30th September 2020, undertake a risk health assessment to prioritise attendance at the annual health check, are invited in for a health check, and are provided with information to reassure and support access to general practice.
Preparation for Winter and further Covid spikes locally	B1 Prepare for local Covid outbreaks <ul style="list-style-type: none"> Managing outbreaks (place role) 	<p>Outbreak Plans are available here They are updated regularly. They have been developed with system partners.</p> <p>System partners have contributed to the Mid Mersey Winter Planning 2020 submission which includes consideration of a potential Covid-19 resurgence.</p>
	<ul style="list-style-type: none"> Testing (Staff Testing, Infection prevention and control guidance, sustaining Covid-safe services, Accessing PPE) 	<p>PPE supplies are now more stable; however, as more F2F appointments resume and practices start to participate in the expanded flu campaign, the availability of PPE remains an ongoing risk.</p> <p>All providers are following the national IPC Guidelines. Whilst single use PPE for each flu immunisation had been a concern, the recent change in national guidance should reduce the level of PPE required.</p> <p>Anti-body testing is currently being mobilised for adult social care staff.</p>
	B2 Prepare for Winter <ul style="list-style-type: none"> Capacity (Ensure adequate capacity is available - Take advantage of bed capacity in independent sectors, nightingale hospitals) Flu vaccinations 111 First, UTCs Continue to work with volunteers Work with local authorities on resilient social care services 	<p>An extensive plan has been developed across Health and Social Care in response to Winter Planning for Halton this year. They will feed into the overarching Mid Mersey Winter Plan and go through a formal governance process in the NHS. However locally we will take ownership on the management and implementation of the Halton Winter Plan. It will continue to be a working document as we respond locally to winter and/or Covid resurgence.</p> <p>Halton has extensive flu vaccination plans for this year which emphasises reaching the most vulnerable groups in community settings, vaccinating early discharges in hospital, vaccinating all residents of care homes early and comprehensively working with the school nurse team to vaccinate all school children including Year 7 Secondary School. We have also looked to expand our PGD so we can vaccinate more easily in the community and put on extra training for staff.</p>
Taking into account lessons learnt, look in beneficial changes, support staff (people plan) and action on equalities and prevention.	C1 Workforce: People Plan; All systems should develop a local People Plan, working with local authorities and local partners. <ul style="list-style-type: none"> Actions for NHS Employers to keep staff safe Flexible working Address systemic inequalities including BAME New ways of working Growing workforce Plans (50k nurses, 6k GPs, other PC 26k) Workforce planning and transformation by systems to enable people to be recruited and deployed across organisations, sectors and geographies locally. 	<p>Our Workplace plans in Halton are outlined in the One Halton Plan 2019-2024. (Page 39)</p> <p>We are committed to transforming our entire workforce as outlined in the NHS People Plan, but expanding on this to include our whole system and those partners including as One Halton.</p> <p>It is important when addressing workforce shortages and looking at new ways of working, we look across Health and Social Care so as to not destabilise one function in favour of another.</p> <p>Our Primary Care Networks are developing their work force plans in relation to the PCN Additional Roles Re-imburement Scheme, considering how best to maximise this resource against already commissioned services, in order to ensure there are additional roles available to support delivery of care over the coming months.</p>
	C2 Health inequalities and prevention: How will you ensure that services are restored inclusively and	<p>When we are considering reducing inequalities, Halton will need to be mindful of the Social, Economic and Environmental factors that impacted people during the pandemic and particularly the lockdown.</p> <p>One Halton will work closely with our VCFSE organisations to reduce</p>

<p>address the needs of vulnerable groups?</p> <p>Eight urgent actions to address inequalities:</p> <ul style="list-style-type: none"> • Protect the most vulnerable from COVID with enhanced analysis and community engagement. • Restore NHS services inclusively so they are used by those with greatest need. • Develop digitally enabled care pathways in way which increase inclusion • Accelerate preventative programmes which proactively engage those at risk of poor health outcomes • Particularly support those who suffer mental ill-health • Strengthen leadership and accountability (with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation alongside action to increase diversity of senior leaders) • Ensure datasets are complete and timely • Collaborate locally in planning and delivering action to address health inequalities. 	<p>health inequalities locally.</p> <p>Local training programmes have been rolled out and delivered within Primary Care to. Guidance has been shared with local Clinical Leads to inform local response requirements.</p> <p>Runcorn Practices will continue to provide pro-active primary medical provision to the Asylum Seekers residing at the temporary Initial Accommodation Centre at Daresbury Park Hotel, due to the Covid-19 Pandemic, until the accommodation is stood down.</p> <p>Develop digitally enabled care pathways which increase inclusion: Halton is part of the CIPHA Initiative which is developing digitally enabled pathways across the whole of Cheshire & Merseyside. In addition to this we have agreed digital pathways for referral and hospital and community programmes.</p> <p>Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes Halton HWBB Strategy emphasises population health and in particular proactively working within the most deprived areas of the community on comprehensive prevention programmes. We have an Integrated Health and Wellbeing Team that works across the community with workplaces, schools, colleges, children’s centres, community centres, GP practices, voluntary sector and leisure centres. We are particularly prioritising:</p> <ul style="list-style-type: none"> • Social and emotional health • Physical activity • Healthy eating and food poverty • Good quality of life for older people • Reducing harm from alcohol • Early detection and prevention of cancer • Early detection and prevention of heart disease <p>Halton’s Health and Wellbeing Board has recently received papers on the impact of Covid on BAME communities and health inequalities.</p> <p>Particularly support those who suffer mental ill health Halton has a comprehensive social and emotional health programme. This covers mental health in schools including Mindfulness, yoga and Circle Time. The Time to Change Programme for workplaces addressing stigma and building mental resilience. Perinatal mental health with pregnant women and new mothers. Social and emotional health cafes in the community. Programmes on keeping emotionally healthy in children’s centres and local Early Years establishments.</p> <p>Strengthen leadership and accountability with a named executive board member responsible for tackling inequalities in place in September in every NHS organisation alongside action to increase diversity of senior leaders In the Local Authority the Director of Public Health is the Lead for health inequalities and also on the CCG Governing Body and the One Halton Board. Halton is working towards having named leads on each NHS Board.</p> <p>Ensure all datasets are complete and timely to underpin an understanding of and response to health inequalities. Halton has an intelligence service which regularly highlights health inequalities and the corresponding data. It also has a very comprehensive JSNA with stand alone chapters that look in depth at areas of health inequality such as learning disabilities.</p>
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		<p>Collaborate locally in planning and delivering action to address health inequalities</p> <p>Halton has stood up its One Halton Board that seeks to work in partnership to address health inequalities. It has also been part of the Cheshire & Merseyside Commissioning of Liverpool John Moores University <i>The Impact of Covid 19 on Health Inequalities in Cheshire and Merseyside</i>.</p> <p>Halton's Director of Public Health has also been part of the development of the <i>North West Health Inequalities Framework for tackling Covid 19</i>.</p> <p>Halton's Local Authority Chief Executive and Director of Public Health are part of the Cheshire SCG Recovery Cell in particular looking at improving the health and wellbeing of the most deprived people, post Covid.</p> <p>All critical programmes have now been restored within Halton. This includes cancer services, all GP practice services, and immunisation services.</p>
	Please include as part of the response confirmation of the names of the executive board – level leads for every NHS organisation within the ICS area who are responsible for tackling inequalities. This should include confirmation of the named health equality champions for each of your PCNs.	C&M HCP will collate for NHS across C&M.
Financial arrangements and system working	<p>Working across systems, including NHS, local authority and voluntary sector partners, has been essential for dealing with the pandemic and the same is true in recovery. As we move towards comprehensive ICS coverage by April 2021, all ICSs and STPs should embed and accelerate this joint working through a development plan, agreed with their NHSE/I regional director, that includes:</p> <ul style="list-style-type: none"> • Collaborative leadership arrangements • Partnership Board and Governance (Providers and Commissioners agree actions in best interests of their population) • Streamline commissioning through single ICS. • Full Shared care record, allowing safe flow of patient data between care settings. 	Response from Place not required.
	Finance and Activity	Response from Place not required.

2. What are the key assumptions underpinning your plans?

- Referral levels will continue to increase back to normal pre-Covid levels
- There isn't a local or national lockdown

- Staff absence due to sickness or need to shield does not increase
- No impact from BREXIT
- Our Voluntary Community, Faith and Social Enterprise Sector (VCFSE) have played a key role in responding to covid-19, supporting charities, community organisations and recruiting volunteers. It is hoped this will remain where possible to provide additional capacity for the future.

3. What are the main constraints (e.g. IPC / PPE / staff availability/ finance)

- Capacity to see pre-Covid volumes of patients will not significantly increase unless social distancing measures are relaxed
- Patient expectation that a face to face appointment with a GP is required; this may constrain general practice in continuing to harness new ways of working.
- Workforce Capacity and Capability, Finances, Estates, IT Infrastructure.

4. What additional actions are planned to sustain the recovery through the winter period?

- Extensive Winter Plan is in place
- Maximise the use of the voluntary and community sector
- Continue to see as many new and follow up patients as clinically appropriate “virtually/non face to face” to support social distancing.

5. What are the key risks and issues and what mitigations are / need to be in place?

- Covid second wave / Local Lockdown / Impact of a Local lockdown within Cheshire and Merseyside.
- Staff absence increases due to sickness or need to shield
- Potential for higher DNA rates for face to face attendances
- Patients may have been missed for routine screening/or not responded to their reminder. GP Practices have been asked to review
- Risk that patients will see services as “closed” particularly within Primary Care. Need to ensure Communication Plans are robust locally
- There are risks locally to our VCFSE organisations, future sustainability, financial challenges, insufficient access to PPE that if mitigated can provide greater capacity and an improved community offer.

6. What data are available to support monitoring? What are the key data constraints?

- Various data across all of the organisations. Although no central joined up Business Intelligence team across Halton for Health and Social Care.
- Local process in development to monitor appointment types to support intelligence for potential second wave (Primary Care).

7. What are your requirements / plans for mutual aid (where appropriate)? Which areas of delivery would benefit from a collective Cheshire & Merseyside -wide response?

- One Halton works closely with neighbouring areas of Warrington and St Helens. (Mid Mersey Footprint) But also is aligned to Cheshire for Outbreak Management and Merseyside as part of Liverpool City Region.
- NHS Organisations should maximise the social offer VCFSE can bring.
- Communications support – Clear messages about what services are available, how to access them and how they might look differently.
- Communications Support / Digital Support – Face to Face appointments not always required, but ensuring people have the right tools available to access the new digital technologies.
- At scale response to supporting care homes to improve their IT infrastructure would be beneficial.

Next Steps:

Places are asked to make best use of the shared learning available across Cheshire and Merseyside.

For One Halton, undertaking this piece of work will support future development sessions and the reprioritisation of the One Halton Plan 2019-2024.

At the next One Halton Forum it is hoped to produce a 2020/2021 One Halton Delivery Plan.

Appendix 2 – Budget Statement

One Halton Budget Statement - Month 5 - to 31 August 2020																										
				Total One Halton Funds																						
				20/21 Budget			Committed Expenditure	Total Agreed																		
				19/20 unallocated funding - C	119,579	19/20 Committed		221,562																		
				19/20 allocated carried over	213,544	Project Manager		65,000																		
				0.2% Place Based Allocation	425,000	Project Admin		35,000																		
				Leadership Funding	8,000	PCN /LA Engagement		10,000																		
				PCN/LA Monies	10,000	Leadership Development		8,000																		
				Total Budget	776,123	Total Committed Spend		339,562															Balance Remaining		436,561	
Organisation Ledger	Funding Source	Title	Host	Annual Budget	Prior Year Invoices	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	YTD Actuals	M5 Accruals	M12 Total	Variance					
Halton CCG	Place Based	Project Manager - PMO	NWBH	65,000		4,786		9,576	4,786									19,148	4,786	23,934	41,066					
	Place Based	Project Admin - PMO	Halton Borough Council	35,000				8,390										8,390	5,593	13,983	21,017					
	Place Based	Comms Manager - PMO	Halton Borough Council	0														0	0	0	0					
	Place Based	PCN/LA Monies	Halton Borough Council	10,000														0	0	0	10,000					
	Place Based	Unallocated		436,561														0	0	0	436,561					
	Place Based																	0	0	0	0					
	Place Based																	0	0	0	0					
				546,561	0	4,786	0	17,965	4,786	0	0	0	0	0	0	0	0	27,537	10,379	37,916	508,645					
Organisation Ledger	Funding Source	Title	Host	Annual Budget	Prior Year Invoices	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	YTD Actuals	M5 Accruals	M12 Total	Variance					
Halton CCG	Carried Over	Project Manager - PMO	NWBH	5,000	4,665													4,665	0	4,665	335					
	Carried Over	Named Social Worker	Halton Borough Council	92,000														0	92,000	92,000	0					
	Carried Over	Comms Manager - PMO	Halton Borough Council	10,000						9,690								9,690	0	9,690	310					
	Carried Over	Comms & Engagement	Halton Borough Council	15,000														0	0	0	15,000					
	Carried Over	PBI Project Manager	St Helens & Knowlsey Tr	6,562		4,652	4,652											9,304	-5,583	3,721	2,841					
	Carried Over	Leadership Development	Halton CCG	9,000														0	0	0	9,000					
	Carried Over	Intermediate Care	Halton Borough Council	84,000														0	84,000	84,000	0					
					221,562	4,665	4,652	4,652	0	0	9,690	0	0	0	0	0	0	0	23,659	170,417	194,076	27,486				
Organisation Ledger	Funding Source	Title	Host	Annual Budget	Prior Year Invoices	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	YTD Actuals	M5 Accruals	M12 Total	Variance					
Warrington & Halton Hospital	Leadership Acad	Leadership Funding-PA	Warrington Hospital	1,000														0	0	0	1,000					
	Leadership Acad	Leadership Funding-ICG	Warrington Hospital	3,000														0	0	0	3,000					
	Leadership Acad	Leadership Funding-1H	Warrington Hospital	4,000														0	0	0	4,000					
				8,000	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8,000					
One Halton	Funding Source	Title	Host	Annual Budget	Prior Year Invoices	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	YTD Actuals	M12 Accruals	M12 Total	Variance					
Totals				776,123	4,665	9,438	4,652	17,965	4,786	9,690	0	51,197	180,796	231,993	544,130											