

**REPORT TO:** Health Policy & Performance Board (HPPB)  
**DATE:** 23<sup>rd</sup> February 2021  
**REPORTING OFFICER:** Strategic Director, People  
**PORTFOLIO:** Health & Wellbeing  
Children, Education & Social Care  
**SUBJECT:** Health Reforms  
**WARD(S):** Borough-wide

## 1.0 PURPOSE OF THE REPORT

- 1.1 Jackie Bene (Chief Executive) and Alan Yates (Chair) from the Cheshire and Merseyside Health and Care Partnership (C&MHCP) will attend the Board to advise members on the proposed reforms regarding integration of health & social care reforms.
- 1.2 They will advise on the following and take questions from the Board.
- i) National Framework - the NHSE/I paper: Integrated Care: Next steps to building strong and effective integrated care systems across England and the potential implications for NHS arrangements for the Liverpool City Region (LCR).
  - ii) Local Application of the Framework – through the C&MHCP Memorandum of Understanding (MOU).
  - iii) The implications for Local Authorities and the Health care system generally.
- 1.3 These two matters are intrinsically linked – one is the national development of Integrated Care Systems – the other relates to how this is to be implemented locally, across Cheshire & Merseyside.

## 2.0 RECOMMENDATION: That the Board :

- i) **Note the contents of the report and associated appendices; and**
- ii) **Welcome Jackie and Alan to the meeting, receive a verbal presentation from them, followed by a Q & A session.**

## 3.0 SUPPORTING INFORMATION

### Background

### National – Integrating Care: Next steps to building strong and effective integrated care systems across England – published by NHSE/I

- 3.1 The NHS has been on a journey with partners since 2016 (with the creation of System Transformation Partnerships (STPs)) to establish system wide integrated and collaborative working aimed at improving population health, reducing inequalities, and managing resources effectively.

- 3.2 The NHS Long Term Plan, published in 2019, further set out the direction for health and care to join up locally to meet population needs and for greater collaborative working and for all STPs to work towards being formally approved by NHSE as an ICS (Integrated Care System).
- 3.3 In December 2020, NHSE/I produced this paper which set out proposals for significant legislative reform that would give ICSs statutory functions and change Clinical Commissioning Group (CCGs) and the way NHS providers work together. The consultation on this paper closed on 8th January 2021 and the Council in conjunction with the LCR responded as set out in **Appendix 1**. This was developed with the support of the Directors of Adult Social Services from across the LCR.

**Locally - the Cheshire & Merseyside Health & Care Partnership (C&MHCP) Memorandum of Understanding (MOU) and the implications for Halton and other Local Authorities**

- 3.4 The Health and Social Care Act 2012 resulted in the creation of CCGs and also an overt separation in the NHS between the commissioning and the provision of services. However, in recent years there has been a growing recognition that integration and collaboration are more effective at driving improved population health and reducing inequalities than competition and division. There is also evidence demonstrating the benefits of health and social care working together with other key partners such as housing, schools, businesses, and voluntary sector to support individuals and communities to be more independent and resilient.
- 3.5 Therefore, since 2016 the NHS has been on a journey to embed system wide integration and collaboration and to support local (Place/Borough) areas to bring together key partners to have a collective approach on improving outcomes for local people. There has been a drive to have integrated health and social care commissioning at a local level and to work with all relevant partners on improving outcomes locally and reducing inequalities. In Halton, this has been driven by ONE HALTON.
- 3.6 In Cheshire and Merseyside, the Health and Care Partnership (C&MHCP) is working, as directed by NHSE/I, towards formal designation as an ICS by April 2021. As part of this process the C&MHCP have produced a Memorandum of Understanding (MOU) and although not legally binding, that has been shared for information and comment.
- 3.7 Each of the Local Authorities are one of nine Places within Cheshire and Merseyside and collectively the nine places make up the Cheshire and Merseyside Health & Care Partnership. The C&MHCP needs to be formally designated as an ICS by 2021, in line with national policy.
- 3.8 An ICS is a system where: NHS bodies (commissioners and providers), local authorities and third-sector providers each take collective responsibility for the management of resources, delivering NHS standards and improving the health of the population they serve.
- 3.9 The national research shows that when different organisations work together in this way, local services can provide better and more joined-up care for patients. 'Systems' can

better understand data about local people's health, allowing them to provide care that is tailored to the needs of local communities and individuals. For staff, the improved collaboration can help to make it easier to work with colleagues from other organisations.

- 3.10 The C&MHCP have developed an MOU and is seeking to shape this with all partners.
- 3.11 The aim of the MOU is to capture the required commitment across Cheshire & Merseyside to work together and it is important that each one of the nine Places/Boroughs in this system consider the MOU and play an active role in shaping the C&MHCP journey to becoming an ICS.
- 3.12 The MOU was a key area for discussion at the scheduled C&MHCP Political Assembly on the 18th January 2021. This was attended by the Leader as the Chair of the Health & Wellbeing Board and Cllr Wright as the Health & Wellbeing Portfolio Holder.
- 3.13 **Appendix 2** proposes some areas for consideration at the HPPB meeting.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 None identified at this stage.

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 None identified at this stage.

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

- 6.1 **Children & Young People in Halton**  
Not Applicable.

- 6.2 **Employment, Learning & Skills in Halton**  
Not Applicable.

- 6.3 **A Healthy Halton**  
The need to have effective and efficient commissioning and delivery of health and social care provision in Halton is directly linked to this priority.

- 6.4 **A Safer Halton**  
Not Applicable.

- 6.5 **Halton's Urban Renewal**  
Not Applicable.

#### 7.0 **RISK ANALYSIS**

- 7.1 A detailed risk analysis has not yet been carried out, however as part of the consultation response, as outlined at **Appendix 1**, a number of issues have been highlighted. For example, the proposal to put ICSs on a statutory footing from 2022 means there is a danger of reducing or replacing established place based leadership, best placed to achieve greater investment in prevention and community-based health and wellbeing

services by addressing the wider determinants of health.

7.2 Further work on associated risks will need to be undertaken at the appropriate time.

## 8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified at this stage.

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

Document	Place of Inspection	Contact Officers
Integrating Care: Next steps to building strong and effective integrated care systems across England	<a href="https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf">https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf</a>	David Parr <a href="mailto:David.parr@halton.gov.uk">David.parr@halton.gov.uk</a>  Milorad Vasic <a href="mailto:Milorad.Vasic@halton.gov.uk">Milorad.Vasic@halton.gov.uk</a>