

REPORT TO: Health and Wellbeing Board

DATE: 24th March 2021

REPORTING OFFICER: Chief Executive Officer

PORTFOLIO: Health & Wellbeing
Children, Education & Social Care

SUBJECT: Health Reforms

WARD(S): Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To advise the Board of the current developments on Integrated Care Systems for Cheshire and Merseyside and Halton.

2.0 RECOMMENDATION: That the Board :

- 1) Note the current developments on Integrated Care Systems in the attached presentation.
- 2) Support the development of One Halton as the Integrated Care Partnership for Halton
- 3) Agree that the
 - a. Halton Health & Well Being Board should set the outcomes for Halton
 - b. Halton Health PPB provide scrutiny of the work of the HWBB, its officers and partners and the C&M Health Care Partnership
 - c. Halton Council CEO be nominated the 'Place Lead' for Halton
- 4) Delegate to the CEO responsibility to engage with the Partnership and One Halton partners, to develop:
 - a. A shared Vision and Plan for reducing inequalities and improving health outcomes for Halton, based on a revised JSNA
 - b. Defined neighbourhood footprints and arrangements for the delivery of integrated health and care 'at Place', (recognising the importance of clinically-led PCNs working, with adult and children social care, community, mental health, public health and voluntary / community groups)
 - c. Arrangements for the delivery of acute and specialist provision 'at Scale'
 - d. Operating arrangements
 - e. Structures
 - f. Governance
- 5) Support a programme of public and stakeholder engagement.

3.0 SUPPORTING INFORMATION – see presentation Appendix A

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 a paper entitled the **National – Integrating Care: Next steps to building strong and effective integrated care systems across England** 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 has now concluded and a White Paper produced.
- 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)
- 3.7 Each of the Local Authorities have been designated “Place” within Cheshire and Merseyside and collectively the nine places make up the Cheshire and Merseyside Health & Care Partnership.
- 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.

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, 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	https://www.england.nhs.uk/wp-	David Parr

building strong and effective integrated care systems across England	content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf	David.parr@halton.gov.uk Milorad Vasic Milorad.Vasic@halton.gov.uk
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