

REPORT TO: Health Policy & Performance Board

DATE: 28th September 2021

REPORTING OFFICER: Strategic Director, People
Chief Commissioner, NHS Halton CCG

PORTFOLIO: Health & Wellbeing

SUBJECT: One Halton Update

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

- 1.1 This report will provide Members of the Health PPB with a position statement in relation to:
- a) One Halton and the development of the One Halton Integrated Care Partnership.
 - b) The development of Cheshire & Merseyside Health and Care Partnership as an Integrated Care System (ICS)
- 1.2 This report includes latest information, relevant updates in relation to the White Paper and considers any impact for Halton.

2.0 RECOMMENDATION: That the report be noted.

3.0 ONE HALTON ICP

One Halton Assurance Framework / Seven Core Features / Must Have's

- 3.1 The ICS, i.e., Cheshire and Mersey whole system, is waiting for further guidance before determining an assurance framework for Place Based Partnerships. The timescale for this is late August to Early September.
- 3.2 In the absence of this formal guidance, One Halton has been using the seven core features of an Integrated Care Partnership, which was shared by the ICS in February 2021, as a guide to the One Halton ICP Development.
- 3.3 An update is provided at each One Halton ICP Board.

3.4 See summary below

	Core Features	Ref	Brief Detail	Gaps	Overall RAG
1	Integrated Care Partnership (ICP) Governance: clearly defined formal arrangements for place partners to meet and work together to deliver outcomes set by the Health & Wellbeing Board (HWB) and ICS.	1a	Outline the Link to HWBB	N/A	Achieved
		1b	Inclusion of wider partners beyond health and social care	N/A	Achieved
		1c	Governance Framework Document MoU across One Halton MoU with the ICS	To complete and sign off	
		1d	Governance Framework signed off by all partners	In progress	
2	ICP nominated 'Place Lead' with remit for integrated working who will connect with ICS	2a	Place Lead endorsed by members	None	Achieved
		2b	Place Lead main contact for ISC	Need confirmation DP sits on Place Collaborative Forum	Achieved
3	Shared vision and plan for reducing inequalities and improving outcomes of local people approved by HWB (underpinned by local population health and socio-economic intelligence)	3a	Shared vision and plans / strategies aimed at reducing inequalities & improving outcomes.	None. But refresh taking place	Completed but refreshing
		3b	Local population health and socio-economic intelligence (real time)	Needs work across NHS and LA. How to access and where information is available	
		3c	Up to date JSNAs	In progress	
		3d	Plans and Strategies created using robust engagement with local people	Consider as part of the refresh	
4	Agreed ICP development plan	4a	ICP Assurance framework	Don't know what this will look like yet	Not yet available
		4b	Organisational Development Plan	Needed	
		4c	Staff Development to work differently	Needed	
5	Defined footprints (e.g. neighbourhoods) for delivery of integrated care, clinically led by PCNs working with social care, community, mental health, public health and other community groups.	5a	Neighbourhood Footprints agreed	Comms/Awareness for general public	Completed but needs some comms
		5b	PCN led integrated health and care services. (Social care community, mental health, voluntary)	Previous PBI Programme paused.	
6	Programme of ongoing public and wider stakeholder engagement at place	6a	Communications team from each organisation working together. One nominated communications link from each ICP	Will need firmer arrangements and understand capacity.	
		6b	Local Engagement	not formally part of One Halton at present. In development	
		6c	Wider Stakeholder and Public Engagement and an ICP Engagement Plan	Will require an update	
7	Places will be expected to develop an integrated approach to commissioning between health and local authority (such as shared posts, joint teams and pooled budgets) to underpin and support the work of the ICP	7a	Joint Commissioning Functions at Place Joint Posts Pooled Budgets	Requires more work	
		7b	Integrated Commissioners and Provider Collaborated working together on service re-design.	Requires more work	

3.5 In addition to the seven core features, the ICS have also shared a number of ‘Must Haves’ these are shown below:

Shared vision, purpose and behaviours
Clarity on scope: what will be done at Place, and what will be done at ICS level
Clear leadership
Shared measures of key health outcomes developed in line with the JSNA / JHWS and the ICS plan
Clarity on how subsidiarity will be enshrined at Place – decision-making devolved to lowest possible level (link with localities)
Supporting delivery of the shared endeavour e.g. business intelligence, shared resources in enabling functions (e.g. joint appointments), ultimately a ‘place team’?
Enable local provider collaboration for delivery
A way of providing ongoing assurance to the ICS about accountability for the delivery, quality and value for money of NHS services at Place
An enabling governance structure at Place that has a point of delegation with the ICS: <ul style="list-style-type: none"> • through which integrated commissioning can be enabled • which has clear alignment with the Health & Wellbeing Board, with clarity on remits • which has a clear mechanism for dealing with disagreements
Financial governance at Place that enables the funds provided to be allocated between Place partners according to priorities.
Ways of holding one another to account regarding performance and quality of services
Ways of ensuring inclusivity of partners in the arrangements and wider public involvement
Keep the governance as simple as possible

One Halton ICP Development Workshops

3.6 As part of the development of One Halton members of the Halton ICP have attended two workshops to date facilitated by Hill Dickinson to support our progress in meeting the core features and ‘must haves’. There is one more workshop planned at the moment.

One Halton Governance

3.7 For the ICS assurance of how the Place will be able to be accountable and work as a partnership at “Place” requires a robust Governance model. An initial One Halton governance structure was proposed at the HWBB and work is underway to develop the various subcommittees/ groups/structures that will not only meet the requirements of a place based partnership but also provide the means by which we can ensure we work better together to meet the health needs of people in Halton.

Memorandum of Understanding

3.8 All partners have confirmed their agreement to the Memorandum of Understanding the signatories are listed below.

Signed Memorandum of Understanding (MOU)
Organisation
Halton Borough Council
NHS Halton Clinical Commissioning Group
Mersey Care NHS Foundation Trust
St Helens & Knowsley Teaching Hospitals NHS Trust
Warrington and Halton Teaching Hospitals NHS Foundation Trust
Bridgewater Community Healthcare NHS Foundation Trust
Runcorn Primary Care Network
Widnes Primary Care Network
GP Health Connect Ltd
Widnes Highfield Ltd
Halton & St Helens Voluntary and Community Action
Halton Housing
Healthwatch Halton

JSNAs

3.9 Public Health are currently undertaking a refresh of the Halton JSNAs.

3.10 The updated JSNAs will be shared with HWB, Health PPB and the One Halton Board in the Autumn.

3.11 Public Health, along with other One Halton partners will then develop strategies and plans based on the updated JSNAs.

Communication and Engagement

3.12 As with all developments communication and engagement is both critical and a real challenge. A lot of work currently is about how governance and decision making will exist with the NHS proposed changes. Nevertheless, One Halton has always been wider than that and a group of individuals across partners has been established to better engage with our residents and inform them of changes and the benefits.

4.0 LATEST UPDATES - NATIONAL

Provider Collaboratives

- 4.1 In August 2021 NHS England released new guidance [Working together at scale: guidance on provider collaboratives](#).
- 4.2 The guidance outlines expectations for how providers should work together in provider collaboratives, offering principles to support local decision-making and suggesting the function and form that systems and providers may wish to consider.
- 4.3 Key points include:
 - Provider collaboratives will be a key component of system working, being one way in which providers work together to plan, deliver and transform services.
 - By working effectively at scale, provider collaboratives provide opportunities to tackle unwarranted variation, making improvements and delivering the best care for patients and communities.
 - Significant scope to deliver these benefits already exists within current legislation and, subject to its passage through Parliament, we expect the Health and Care Bill will provide new options for trusts to make joint decisions.
 - All trusts providing acute and mental health services are expected to be part of one or more provider collaboratives by April 2022.
 - Community trusts, ambulance trusts and non-NHS providers should be part of provider collaboratives where this would benefit patients and makes sense for the providers and systems involved.
 - ICS leaders, trusts and system partners, with support from NHS England and NHS Improvement regions, are expected to work to identify shared goals, appropriate membership and governance, and ensure activities are well aligned with ICS priorities.
- 4.4 Working with Place Based Partnerships:
 - Provider collaboratives and place-based partnerships will support and complement each other's work.
 - Each NHS provider who is a member of a provider collaborative will be involved in a place-based partnership in the place or places in which it is geographically based.
 - Areas of mutual support might include provider collaboratives working with place-based partnerships to understand population health indicators in local contexts and using patient insight and feedback collected at place and neighbourhood levels more consistently across different providers.
 - Providers working across both collaboratives and place-based partnerships will be able to build joint engagement programmes, avoid duplication and help ensure alignment with ICS priorities.

ICS Boundary Reviews

- 4.5 In response to the proposed Health and Care Bill, DHSC asked NHS England to set out options for boundary alignments.

- 4.6 The aim is for ICSs to be coterminous with upper-tier local authority boundaries.
- 4.7 The review has now been concluded with advice provided to the Secretary of State, an update on those decisions is provided [here](#).
- 4.8 It was advised that local areas may still wish to keep their boundaries under review. Due to local requests from stakeholders around Cheshire and Merseyside it was announced the Secretary of State intends to review this system boundary along with others. It suggests this review will take place in 2 years following implementation of the Health and Care Bill.

5.0 LATEST UPDATES – Cheshire & Merseyside Cheshire and Merseyside Bulletin – Connect – Issue 41

- 5.1 The latest C&M HCP bulletin was shared on the 21st July 2021.
- 5.2 Key information to note:
- New Service Launch for Stoma patients: a joint community service that will move prescribing responsibility from GPs; provide a telephone based “hub” for prescription requests, and local community clinics “spokes” to deliver enhanced patient care which is proactive and responsive to patients.

Programme Updates – Cardio Vascular Disease Programme Board / Cardiac Board

- 5.3 The last CVD Programme Board took place on the 29th July 2021.
- 5.4 From September 2021, the Cardiovascular Disease Board (CVD Board) of the Cheshire & Merseyside Integrated Care System (ICS) will have a principal focus on Cardiology and will be known as the Cheshire & Merseyside Cardiac Board.
- 5.5 Leigh Thompson is the Place representative for Halton on this Board, with several senior clinicians including our Interim DPH, Ifeoma Onyia and local GPs.

Cheshire and Merseyside Integrated Care Partnerships Network

- 5.6 The purpose of this network is for each of the nine Places/ICPs in Cheshire and Merseyside to share learning and ideas; as well as receiving the latest updates from Cheshire and Merseyside ICS.
- 5.7 The latest ICP Network took place on Thursday 15th July 2021.
- 5.8 Key highlights included:
- Update on ICS
 - Reflection of Place themes from Hill Dickinson assessments
 - Role of PCNs in ICPs/ICSs

Lower my drinking campaign and app

- 5.9 Champs Public Health Collaborative are launching a new campaign funded by Cheshire & Merseyside Health & Care Partnership to promote the Lower My Drinking platform, which is now available for use across Cheshire and Merseyside.
- 5.10 There is a request for all partners to promote the app and campaign on social media channels to increase the number of people reached in Halton.

6.0 POLICY IMPLICATIONS

- 6.1 Once legislation is passed, a new NHS Framework will be shared which is likely to have impact on a number of policies and will need to be reviewed in due course.

7.0 FINANCIAL IMPLICATIONS

- 7.1 Anticipated, but not yet known.

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

8.1 Children and Young People in Halton

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

8.2 Employment, Learning and Skills in Halton

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

8.3 A Healthy Halton

One Halton supports the Council priorities for a Healthy Halton.

8.4 A Safer Halton

One Halton supports the Council priorities for a Safer Halton.

8.5 Halton's Urban Renewal

None identified.

9.0 RISK ANALYSIS

- 9.1 This will require further work and shared in future reports.

10.0 EQUALITY AND DIVERSITY ISSUES

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

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

None identified.