

REPORT TO: Health and Wellbeing Board

DATE: 6th October 2021

REPORTING OFFICERS: Leigh Thompson / Mil Vasic

PORTFOLIO: Health and Wellbeing

SUBJECT: One Halton ICP Position Statement

WARDS: Borough Wide

1.0 PURPOSE OF THE REPORT

- 1.1 This report will provide a position statement in relation to
- a. The development of Cheshire & Merseyside Health and Care Partnership as an Integrated Care System (ICS)
 - b. One Halton and the development of the One Halton Integrated Care Partnership (ICP)

2.0 RECOMMENDATION: That the report be noted.

3.0 SUPPORTING INFORMATION

ICS GUIDANCE PUBLISHED 2nd SEPTEMBER 2021

The guidance published on 2nd September 2021 is broadly centred on effective partnership working within Integrated Care Systems (ICSs). It builds upon the expectations already set out in the ICS Design Framework.

[Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems](#)

Co-produced by NHSEI and LGA, this guidance will support all partner organisations in ICSs to collectively define their place-based partnership working and to consider how they will evolve to support the transition to the new statutory ICS arrangements. It is published alongside [Delivering together for residents](#), prepared by the Society of Local Authority Chief Executives and Senior Managers. This guidance is aimed at all ICS partners and leaders.

Key points

- Place-based partnerships are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community.
- Place-based partnerships will remain as the foundations of integrated care systems as they are put on a statutory footing (subject to legislation), building on existing local arrangements and relationships.

- It will be for system partners to determine the footprint for each place-based partnership, the leadership arrangements and what functions it will carry out.
- The document describes the activities placed partnerships may lead, capabilities required and potential governance arrangements.

Action required

As part of the establishment of new ICS arrangements from April 2021 ICS leaders should confirm their proposed place-based partnership arrangements for 2022/23, including their boundaries, leadership and membership.

[Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership](#)

This guidance supports the development of distributed clinical and care professional leadership across ICSs and describes what “good” looks like. It is based on extensive engagement involving more than 2,000 clinical and care professional leaders from across the country, led by a multi-professional steering group. This guidance is aimed at all ICS leaders and ICS clinical and care professional leaders.

Key points

- The document identifies five core design principles for effective clinical and care professional leadership across ICSs.
- It asks system leaders to develop a local framework for embedding these principles in their ICS arrangements and to ensure that the full range of clinical and care professionals are involved in decision-making at every level of their system.
- To support implementation of this guidance, targeted improvement funding will be allocated to systems in the second half of 2021/2022.

Action required

- ICSs, and designate integrated care board (ICB) leaders as they are appointed, should:
- agree an initial local framework and associated development plan for clinical and care professional leadership with partners across the ICS, as part of establishing their arrangements from April 2022
- ensure leaders from all clinical and care professions are involved and invested in the vision, purpose and work of their ICS as it matures.

[Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector](#)

This guidance suggests how voluntary, community and social enterprise (VCSE) sector partnerships might be embedded in ICSs, recognising expectations set out in the ICS Design Framework that support close working with the VCSE sector as a strategic partner. This publication is for health and care leaders from all organisations in ICSs who are developing partnerships across local government, health, housing, social care and the VCSE sector.

Key points

- The VCSE sector is a key strategic partner with an important contribution to make in shaping, improving and delivering services, and developing and implementing plans to tackle the wider determinants of health
- VCSE partnership should be embedded in how the ICS operates, including through involvement in governance structures in population health management and service redesign work, and in system workforce, leadership and organisational development plans.

Action required

- By April 2022, ICBs are expected to have developed a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector.
- These arrangements should build on the involvement of VCSE partners in relevant forums at place and neighbourhood level.

[Building strong integrated care systems everywhere: ICS implementation guidance on working with people and communities](#)

This guidance sets out expectations and principles for how ICBs can develop approaches to working with people and communities, recognising that the ICS Design Framework sets the expectation that partners in an ICS should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. The guidance is designed for all ICS partners and ICS leads.

Key points

- A strong and effective ICS will have a deep understanding of all the people and communities it serves.
- The insights and diverse thinking of people and communities are essential to enabling ICSs to tackle health inequalities and the other challenges faced by health and care systems.

- The creation of statutory ICS arrangements brings fresh opportunities to strengthen work with people and communities, building on existing relationships, networks and activities.

Action required

- ICBs are expected to develop a system-wide strategy for engaging with people and communities by April 2022, using the 10 principles in this document as a starting point.
- ICB constitutions are expected to include principles and arrangements for how the ICB will work with people and communities.
- ICBs should work with partners across the ICS to develop arrangements for ensuring that integrated care partnerships (ICPs) and place-based partnerships have representation from local people and communities in priority-setting and decision-making forums.
- ICBs are expected to gather intelligence about the experience and aspirations of people who use care and support and have clear approaches to using these insights to inform decision-making and quality governance.

3.1 One Halton Integrated Care Partnership The Vision, Purpose, Aims, Principles and Objectives

The overarching vision for One Halton is:

“Working together to improve the health and wellbeing of the people of Halton so they live longer, healthier and happier lives.”

The aim is to work together to transform services across the health and social care system to deliver sustainable change with maximum benefits to communities, residents and patients. This includes joint accountability and decision making, improved commissioning and a move to integrated service delivery.

The One Halton ICP set of Principles, Objectives and Standard Operating Procedures have now been discussed and approved by partners. Following recommendations, the necessary changes as suggested by our key stakeholders have been amended and these will form the structure and governance of new ways of working.

It was agreed that to strengthen our local partnership arrangements we would commit to the 3rd workshop 17th September 2021, facilitated by Hill Dickinson, and that we would continue to commit to the leadership development programme and develop a series of sub committees and tools to enable and provide structure to the programmes of work.

3.2 Since the last Health and Wellbeing Board the One Halton ICP Board has had 2 formal meetings on 18th August and 15th September 2021.

3.3 Key points/actions from 18.8.21 are summarised below:

- Governance proposals were approved. Terms of Reference, MOU and subcommittee structures agreed. **The SOP is to be further developed and will be presented to the October board.**
- Leadership Programme Workshop 4 took place on 1st September 2021. Leigh Thompson (LT), Mil Vasic (MV) and Wayne Longshaw (WL) will work with colleagues on the following 2 workshops and align this work with the 7 core principles and the documents as referred to in the ICS summary above.
- One Halton Strategy and Transformation (Population Health) - it was agreed that Ifeoma Onyia and Leigh Thompson will hold a rapid prioritisation exercise on 1st October 2021 with key partners to bring together the One Plan for Halton.
- Digital Chatroom – The One Halton PMO (Stuart Aspin and Angela Cole) will look at options to progress this where partners can access papers and share information via a shared space.
- Assurance Framework – guidance has been issued. Forward Plan for Publications was discussed and shared. Assessment against the 7 core features was presented and progress was noted.
- Primary Care/PCNs - Agreement for One Halton PMO to work more closely with PCNs to assist, particularly with communications. Leigh Thompson and Mil Vasic to progress this with PCN Clinical Directors and formal presentations to take place in September/October board meetings.
- Michelle Osborne will be leading on communications and will be producing a One Halton Communications and Engagement Strategy, plus a draft framework for the October board.
- Provider Collaboratives – C&M, Mental Health & Learning Disabilities & Community Collaborative (MHLDC) and the Cheshire & Merseyside Acute & Specialist Trust (CMAST) were represented by key One Halton Partners who will keep the ICP board updated of developments.

3.4 Key points/actions from 15.9.21 are summarised below:

- ICP Guiding Principles and Outputs – Leigh Thompson and Mil Vasic shared with partners at the board the national, regional, and local position and outcomes from previous workshops. They shared the functional requirements of place and the design framework which will be continuously reassessed against the borough partnership plans and ambitions against those within the C&M ICB.
- Dr Paul Hurst, Widnes PCN delivered a presentation which included aspects such as the PCN vision, list of priority areas, opportunities to make the best use of PCN funding allocations and what has been achieved to date. The presentation can be found as *Appendix 1*.
- Provider Collaboratives – Lynne Carter delivered a presentation (*Appendix 2*) updating on progress of the (MHLDC). The MOU has now been approved,

- provider collaborative forum is in place and meeting fortnightly, a management group has been established, priority workstreams (pillars) have been agreed with nominated Senior Responsible Officers are now in place.
- Immediate priority is restoration and recovery – discharge/flow and community rapid response.
 - Links to ICS programmes/structures being clarified. Notably Out of Hospital cell, Ageing Well and Urgent and Emergency Care network.
- Next steps
 - Recruitment of Managing Director
 - Confirm programme infrastructure
 - Delivery plan
 - Progress and performance management framework
 - Wayne Longshaw presented (*Appendix 3*) an update on the Acute Provider Collaborative provided by Linda Buckley, who starts in post as the APC Managing Director on 01/10/21. The main focus is around current system pressures and the Cheshire & Merseyside Acute & Specialist Trust (CMAST) vision. The continued focus is on system pressures and the elective recovery, critical care and urgent care programmes.

One Halton Assurance Framework / Seven Core Features

- 3.5 The ICS is waiting for further guidance before determining an assurance framework for Place Based Partnerships. Principles and guidance have been shared and further information and guidance is due out during September.
- 3.6 In the absence of any formal guidance, One Halton is 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.
- 3.7 An update is provided at each One Halton ICP Board and shared with Management Team for information. See summary below:
- 3.8 Changes to note since last reporting period: 1b, 1c and 3a have been achieved. 4b and 4c are progressing.

	Core Features	Ref	Brief Detail	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	Achieved
		1b	Inclusion of wider partners beyond health and social care	Achieved
		1c	Governance Framework Document MoU across One Halton MoU with the ICS	Achieved
		1d	Governance Framework signed off by all partners	
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.	Achieved
		3b	Local population health and socio-economic intelligence (real time)	
		3c	Up to date JSNAs	
		3d	Plans and Strategies created using robust engagement with local people	Completed but refreshing
4	Agreed ICP development plan	4a	ICP Assurance framework	Not yet available
		4b	Organisational Development Plan	
		4c	Staff Development to work differently	

One Halton ICP Development Workshops 2 & 3

3.9 The One Halton ICP Development Workshop 2 took place on Wednesday 18th August 2021. The workshop was facilitated by Hill Dickinson.

3.10 The objectives of Workshop 2 were:

- Ensuring commitment of the One Halton vision and ambitions.
- Agree One Halton principles of working together. (Based on Nolan Principles)
- Agree an outline governance framework for delivery of the One Halton Vision, ambition and priorities.
- Begin to forge a Standard Operating Procedure (SOP) and delivery plan.

All of the above actions and outputs have been addressed and the progress has been noted.

3.11 The scope of the workshop was to briefly revisit the espoused behaviours for people working in the system. Explore what do the words mean for people in the room.

3.12 Affirm the choice of topic area. Need to be clear that this is just the area of first focus, not chosen because it is more important than others, just it is a priority, and you have to start somewhere.

- 3.13 Address the questions, 'WHAT needs to be done?' and 'HOW are we going to behave to get it done?' (Clearly the second of these is the more important and the more challenging).
- 3.14 The focus was on testing the new model, agreeing the SOP, revision of any governance based on national guidance such as HR frameworks, legal frameworks, financial responsibilities, and senior appointments in the ICS. It was agreed that for the workshop 3, partners will test the principles as mentioned above and reaffirm the operating process by focussing on Mental Health and the importance of partnership working.

This work was be guided by the Draft Cheshire and Merseyside Health & Care Principles "*Borough Place Working*" document and the ICS Implementation: "*Guidance on Thriving Places*" document.

The outputs focused on the partnership seeking to understand the causes of Mental Health, using a different approach. Rather than jumping straight into problem solving, it was felt the partnership would focus on making time to understand the causes.

The place based interim Director of Public Health presented the partners with the borough position pre and post Covid-19. This information was critical in helping focus our attention on the priorities and socio economic factors that impact on the health and wellbeing of the population of Halton.

There was a desire to develop self-help focused on communities and families rather than clinical solutions. There is need to help people build resilience in addition to understanding the services the system has available.

Following on from the workshop the partnership wanted to map out current services in a more collaborative, innovative way, not developing a directory of services. The partnership wanted to develop a methodology where we could seek to understand what our service users are aware of, and what services they would like in order to support them.

The discussion was about us as a true partnership being curious, listening and promoting the positive aspects of our people and services.

A draft report from Workshop 3 has been produced by Hill Dickinson, which will be presented to the partnership and participants in advance of the next formal board.

One Halton Governance

- 3.15 Following the approval of the One Halton governance structure the next step was to approve the suggested subcommittees/groups/structures that will report into the One Halton ICP Board and identify appropriate leads.

- 3.16 All sub groups and leads are now in the early stages of development and PMO support is underway.
- 3.17 Preliminary leads have been identified; however it will be for the One Halton ICP partners to agree what is needed and who is most appropriate to lead on them.

PMO Resources

- 3.18 To support the development of One Halton as an Integrated Care Partnership dedicated resources will be required.
- 3.19 Recruitment for 2 senior posts is underway. Advertisements will be circulated during September. Interim arrangements are currently in place.
- 3.20 A series of tools have been created to support the governance of the board and the sub groups and further development work is progressing.
- 3.21 To support the PMO and create stability within the governance One Halton will also be looking to its partners to “Gift” resources to help lead and support the programmes of work.

JSNAs

- 3.22 The acting DPH Ifeoma Onyia presented the JSNA summary and the local data intelligence which will support the development of the One Halton Plan.
- 3.23 The updated JSNAs will be shared at the One Halton Board in November. This will help inform the priorities of One Halton.
- 3.24 Public Health, along with other One Halton partners will develop strategies and plans based on the updated JSNAs. This programme of work will feature in the Strategy and Transformation subcommittee of the One Halton Board. (To be reviewed at the Workshops 4 & 5 if they are to continue)

A prioritisation workshop is planned for 1st.October 2021.

4.0 LATEST UPDATES

5.0 POLICY IMPLICATIONS

- 5.1 White Paper, *Integrating Care: Next steps to building strong and effective integrated care systems across England* published February 2021. 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.

6.0 FINANCIAL IMPLICATIONS

- 6.1 Anticipated, but not yet known.

7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

7.1 Children and Young People in Halton

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

7.2 Employment, Learning and Skills in Halton

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

7.3 A Healthy Halton

One Halton supports the Council priorities for a Healthy Halton.

7.4 A Safer Halton

One Halton supports the Council priorities for a Safer Halton.

7.5 Halton's Urban Renewal

None in this report.

8.0 RISK ANALYSIS

8.1 This will require further work and shared in future reports.

9.0 EQUALITY AND DIVERSITY ISSUES

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

Appendix 1



Widnes PCN Update
Report. 15.09.21.pdf

Appendix 2



MHLDC Provider
Collaborative Update.

Appendix 3



CMASST Provider
Collaborative Update.
