

**REPORT TO:** Health and Wellbeing Board

**DATE:** 23 March 2022

**REPORTING OFFICERS:** One Halton Senior Programme Manager

**PORTFOLIO:** Health & Wellbeing

**SUBJECT:** Update on One Halton Place Based Partnership & feedback on Local Government Association work with the Health and Wellbeing Board with forward recommendations

**WARDS:** Borough wide

## **1.0 PURPOSE OF THE REPORT**

- 1.1 To provide an update on One Halton Place Based Partnership development with Cheshire Merseyside Integrated Care Board (ICB) and Integrated Care Partnership (ICP) context.
- 1.2 To provide an update and set of recommendations to the Health and Wellbeing Board following the recent work with the Local Government Association.

## **2.0 RECOMMENDED: That**

- 1. the update information be noted; and**
- 2. the recommendations on the future arrangements for the Health and Wellbeing Board are discussed to agree a forward plan.**

## **3.0 SUPPORTING INFORMATION**

- 3.1 The Health and Wellbeing Board received a thorough report on the Integrated Care System (ICS) arrangements in January 2022.
- 3.2 The target implementation date for the Integrated Care System remains the 1<sup>st</sup> July 2022. The Health & Care Bill is in the Report Stage before a Third Reading at the House of Lords. The final steps are Consideration of Amendments and Royal Assent. There has been some speculation if there will be a further delay however, the current thinking is the implementation is likely to be achieved.
- 3.3 The governance structure and local arrangements have previously been presented to Health and Wellbeing Board however, appended to the report is a structure chart demonstrating local arrangements and

the interaction with the Integrated Care Board of the ICS (appendix one).

- 3.4 The recruitment process for Cheshire & Merseyside ICB to appoint Place Directors across the nine areas has concluded in early March and Anthony Leo has been appointed to the Halton role. The post officially commences 1<sup>st</sup> July 2022 however, Anthony will begin to connect in, in Halton before then.
- 3.5 The next steps in the One Halton place based partnership assurance is a meeting between Cheshire & Merseyside ICS and Halton's Senior Accountable Officers on 16<sup>th</sup> March 2022. Cheshire & Merseyside wish to understand:-
  - 1) Ambitions for Place Based Working – what is Halton aiming to achieve? How will the impact be measured and what outcomes are expected over time (yr 1, yr 2 etc). Providing specific examples to illustrate the positive impact Halton expects from place-based partnership working.
  - 2) Outline the scope of place based governance and joint working. What do you expect to be included in remit of place based partnership and governance.
  - 3) Risks at this time.

A set of slides will be presented to the Chief Executive Designate Graham Urwin & Interim Chair David Florry from the C&M ICB describing the progress and risks.

- 3.6 One Halton Programme Management Officer has continued to be established with Ian Baddiley joining the team at the end of January 2022. The team is supporting the Board, Executive Leadership Team, Sub-Committees and wider work streams. We continue with the recruitment of two new posts to support the operational functionality of the PMO and to support the strategy and operational delivery of the One Halton programme of work.
- 3.7 As detailed in the previous report, One Halton has embraced external support to aid the development of governance and strategy. Public Health is working with Advancing Quality Alliance (Aqua) to deliver workshops in March 2022 on Start, Live and Age Well to support the co-production of a Place Based Partnership Strategy for Halton. . The strategy will provide the framework for delivery and metrics for articulating impacts which will inform the programme across the One Halton structure. Board Members may be involved in the workshops and strategy development; a draft will be presented to the Board for input, it's imperative there is shared ownership for the

strategy; the priorities and metrics will be fundamental to informing future business actions of the Board.

- 3.8 **Local Government Association (LGA)** – the January report provided details on the LGA approach to support the Health and Wellbeing Board reflecting on the partnership and exploring clarity in roles with the place based partnership (One Halton) as it becomes a statutory body.

It is worth reflecting on the policy context and role for Health and Wellbeing Boards. They were introduced in the Health & Social Care Act 2012 and became operational in 2013 to act as a forum in which key partners could work together to improve the outcomes of local populations. It is a formal committee with a statutory duty to produce a Joint Strategic Needs Analysis (JSNA) and Health and Wellbeing Strategy for the local population. It is a constituted partnership rather than an executive decision making body. It is a body that brings together clinical, professional and community to address the health and care needs of Halton's population. It ensures robust population health data and intelligence that translates into priorities and a Health and Wellbeing Strategy that reflects local needs.

The LGA representatives circulated a short questionnaire and offered interviews with all Health and Wellbeing Board members ahead of a board session on 16<sup>th</sup> February 2022. The session consisted of scene setting with a presentation from Leigh Thompson, Interim Place Director for One Halton summarising the role of the Health and Wellbeing Board within the place/system governance architecture, the value and importance of the place partnership and the strategic challenges faced within the borough for delivery and assurance; One Halton is the delivery arm that will be held to account by the Health and Wellbeing Board.

A number of themes emerged from Board Members which require consideration moving forward.

- 3.8.1 **Review Terms of Reference** ( appendix 2) **including a review of the membership;** it was agreed that the H&WBB needs to ensure representation and expertise are appropriate and consider if it would be beneficial for other roles such as non-Executive Directors to input to the Board.
- 3.8.2 **Frequency & format of meetings;** the board currently meets quarterly and has fairly lengthy agenda's with many items being for 'noting' or 'information'. It was suggested that the board meets more frequently and comments emerged around how the board would welcome the opportunity to **influence and** gain assurance on the delivery of the strategy.

There was also lengthy discussion about the meetings being in 2 halves, part 1 is the statutory functions and accountabilities of the board and part 2 being **thematic**; this could be led by the **priorities** of the Health and Wellbeing Strategy and would involve partners from within the borough providing and sharing performance activities and outcomes of the chosen theme, showcasing where partners work together and provide a platform whereby the Board have the opportunity to meet and hear from providers and grass roots groups who have the lived experience and demonstrate impacts.

3.8.3 The Board Members would benefit from an **induction** process for all members when joining the Health and Wellbeing Board and the partnership officer and One halton PMO could support this offer. It was also suggested that members of the board need an understanding of their role and how to hold fellow Board Members and the Partnership Board members to account.

3.8.4 There was also a suggestion of periodic **Borough tours or visits** to ensure the Board is familiar with the locality and have the opportunity to see in practice the lived experience of Halton's community and the assets that serve the residents. These visits could be scheduled outside of the meeting timetable and Board Members should be encouraged to engage with and develop relationships outside of the meetings and developing relationships with fellow Board Members.

3.8.5 There was some challenge around how the community is engaged, this led to broader discussion about the Board. There needs to be an **action plan** to provide **clarity** on the **forward arrangements** that should consider:-

- Capacity of the board, Membership & Representation
- Agenda planning for thematic meetings
- Ensuring the business is strategic and considers
  - Delivery against priorities
  - Benchmarking
  - What we do well
  - Gaps
  - Community feedback

3.8.6 The Health and Wellbeing Board **would benefit from HBC Partnership Officer support to facilitate and co-ordinate the refocussing of an agreed action plan and to provide continuous co-ordination support.**

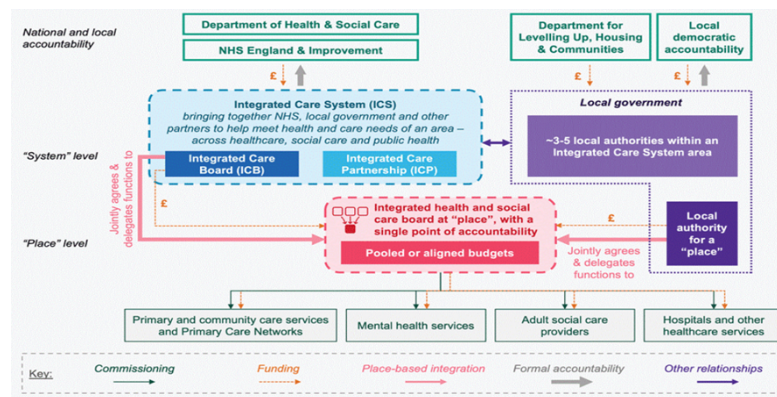
3.9 **Joining Up Care for People, Places & Communities**

A White Paper published on 9<sup>th</sup> February 2022;

<https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>

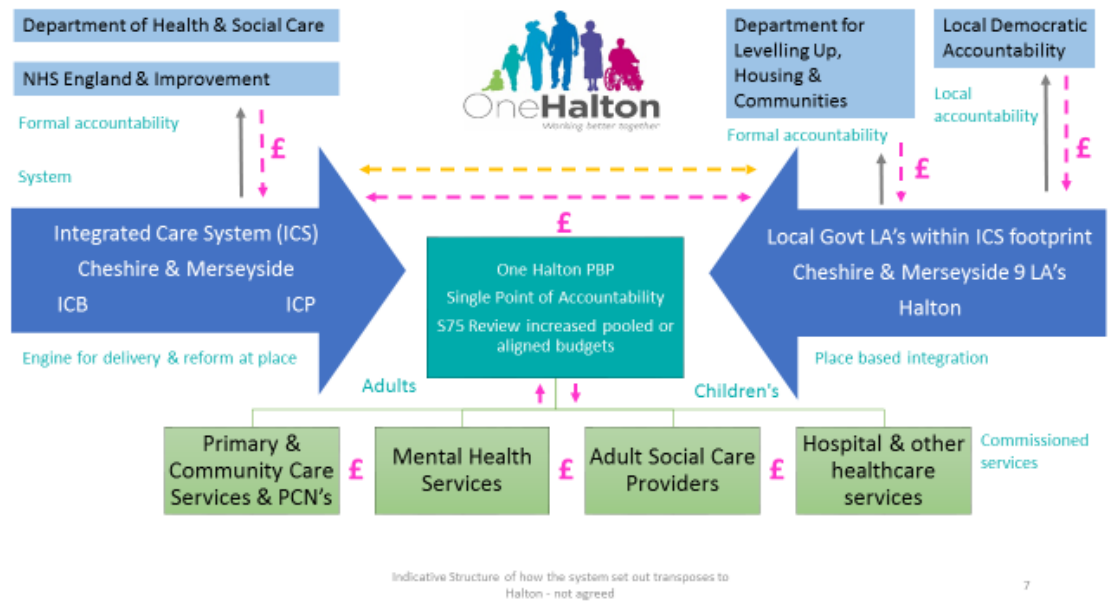
The paper builds on the integrated approaches set out in integrated care systems and place based partnerships. The proposals build on what is set out in the Health and Care Bill, the key areas in the paper which intend to bolster the integrated journey of reform are:-

- 1 **Shared outcomes** and governance at place level – this is driven by the aim of person centred care, improving population health and reducing health disparities. The expectation is to have place level governance structure in place by April 2023.
- 2 **Shared accountability** the government’s proposals set out a requirement for a single person to be accountable or place the delivery of place level shared outcomes. This will need to be agreed by the Local Authority and Integrated Care Board.
- 3 **Place level governance model** how the delivery of shared outcomes will be tracked and local leadership held to account. Although places will be able to decide which governance model they adopt, the government has suggested the ‘place board’ model as one option.



Under this model, a ‘place board’ brings together partner organisations to pool resources, make decisions and plan jointly, with a single person accountable for the delivery of shared outcomes and plans. The local authority/authorities and the ICB would delegate their functions and budgets to the ‘place board’. Integration of decision-making would be achieved through formal governance arrangements underpinning this. The expectation is that by spring 2023, all places within an ICS will have adopted either this suggested governance model or an equivalent model which achieves the same aims. The model set out in the paper is

complex, this is transcribed into an indicative Halton model:-



**More Pooled budgets** the White Paper sets out going 'further and faster' in terms of the NHS and local authorities pooling and aligning funding to enable delivery at place level. Whilst there are no plans to mandate how this is achieved, the government says it expects the overall level of pooling of resources to increase in the years ahead. Acknowledging current barriers to achieving this, the government says it will be reviewing Section 75 funding arrangements to simplify and update the regulations, and will publish revised guidance on the scope of pooled budgets.

The paper also sets out the ambition for seamless data flow encouraging **digital transformation** is embraced. It details each ICS should achieve a shared care and health record which all professionals across health and care a resident interacts with can access. This should be in place by 2024.

The paper also highlights **workforce** and urges leaders across the integrated system to consider the workforce; involving them in the shaping of integrated approaches for example through multi-disciplinary teams, co-location of staff and using a nominated key workers model.

**Robust regulatory mechanisms** will be developed to assess outcomes at place level, the detailed methodology for inspections will be subject to future consultation.

The indicative timelines are:-

**2023** - Shared outcomes implementation by April. Place level governance models adopted by spring. Front runner areas appointed to trial reforms also by spring

**2024** – Single health and care record

There is currently a period of consultation with the opportunity to contribute responses until mid-April 2022. The questions are at the end of the document, pages 66. 67. 68 One Halton will be co-ordinating a response if any member wish to contribute their views please forward to Nicola Goodwin. Following this there will be further guidance and development of the proposals.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 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.
- 4.2 The White Paper, *Joining up Care for People, Places and Communities* detailed in 3.10 further builds on the integrated approach for Health and Care. As this progresses through consultations and the Parliamentary process further briefings will be provided to understand the local requirements, approaches and impacts.

#### **5.0 FINANCIAL IMPLICATIONS**

- 5.1 Anticipated, but not yet known. Cheshire & Merseyside ICB need to agree services to be delivered at scale and provision delegated to One Halton to enable us to fully understand the resource and financial impacts.

#### **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 Health & Wellbeing Boards priority of improving levels of early child development. The One Halton programme work has commissioned Aqua to work with Halton's stakeholders in developing a strategic and transformational approach to start well, live well and age well. This work stream is being led by the Interim Director of Public Health and will inform future system delivery plans.

## **6.2 Employment, Learning and Skills in Halton**

One Halton shares the Council's priorities for employment, learning and skills in Halton. The workforce that supports the health & care system is significant in Halton and there will be a focussed work stream in the transition arrangements to ensure current staff are supported and there is planning and investment to develop skills and the future workforce.

## **6.3 A Healthy Halton**

One Halton is a key stakeholder locally supporting the Council & Health and Wellbeing Boards priorities for supporting improved health outcomes and reducing health inequalities for Halton's population.

## **6.4 A Safer Halton**

One Halton supports the Council's priorities to create a safer Halton. Health and wellbeing are pivotal characteristics of resilient communities; a whole system approach to place will intrinsically contribute to building a safer Halton.

## **6.5 Halton's Urban Renewal**

The NHS reforms to Integrated Care Systems and Place Based Partnerships seek to engender a whole place collaborative approach.

As arrangements progress there will be a work stream around assets to understand the estate that supports delivery in Halton.

It is also imperative to plan appropriately for healthy communities utilising Public Health ensuring evidence led approach to meet the future needs of Halton's population. One Halton should be linked into future regeneration schemes and developments in the Borough to ensure appropriate planning and system partner involvement. There are recent examples of joint working with the delivery of a Hospital Hub in Shopping City (opening April 2022) and the development of the Town Deal for Runcorn Old Town.

## **7.0 RISK ANALYSIS**

- 7.1 This will require further work to be shared in future reports as and when One Halton understands the services and activity that will be delivered at scale (Cheshire & Merseyside footprint) and those delegated to place (One Halton).

## **8.0 EQUALITY AND DIVERSITY ISSUES**

- 8.1 In developing One Halton, all services will continue to require equality impact assessments for any fundamental changes to service delivery to ensure equality and access to services is considered.



8.2 The One Halton Board and its sub-committees also has membership of Halton's Third Sector organisations and will actively work alongside them to consider equality and diversity issues. Many of Halton's voluntary sector organisations exist to support vulnerable, disadvantaged or disenfranchised cohorts of the community and have a reach often beyond public service delivery.

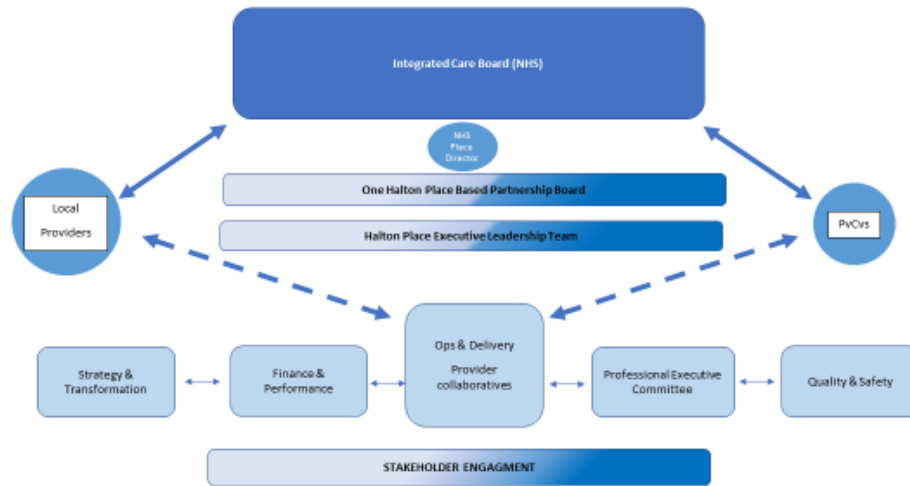
**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.

## Appendix One – One Halton Governance Structure

# Governance Structure

(Health Delegations/Accountability/Provision)



## **Appendix Two – Health and Wellbeing Board Terms of Reference**

### **TERMS OF REFERENCE FOR HALTON'S HEALTH AND WELL-BEING BOARD**

#### **Aims of the Health and Well-Being Board**

1. Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population.

Principally this includes:

- guiding and overseeing the Joint Strategic Needs Assessment;
  - overseeing the implementation and monitoring of the Joint Health and Well-being strategy based upon the findings of the JSNA
  - promoting joint commissioning and integrated provision between health, public health and social care.
2. The Health and Wellbeing Board will provide a key forum for public accountability of the NHS, Adult Social Care, Children's Services, Public Health and other commissioned services relating to the wider determinants of health in Halton.

#### **Suggested Terms of Reference based on the above:**

##### **Principle Responsibilities:**

- To be responsible for guiding and overseeing the implementation of the ambitions outlined in the health white papers, health strategies for England and local health strategies
- To promote sound joint commissioning, partnership arrangements and integrated provision between health, public health, social care, the voluntary and third sector.
- To assess the needs of the local population and support the statutory Joint Strategic Needs Assessment.
- To identify and monitor the reduction of health inequalities
- To develop and monitor relevant activity and performance
- To ensure effective relationships between the HWBB and other strategic boards operating in Halton.
- Halton Health and Wellbeing Board will have oversight of local safeguarding boards.

- To contribute to the developments of Health and Well-being Services in Halton which may arise as a result of changes in Government Policy and relevant legislation.

## **Membership**

- Elected Member (Chair)
- Executive Board Portfolio Holder for Health & Wellbeing
- Executive Board Portfolio Holder for Children and Young Peoples Services (Chair of Children's Trust)
- Other Local Portfolio holders for other strategic priorities that sit under Halton's HWBB
- Chief Executive, Halton Borough Council
- VCA Representative
- Health Watch Representative
- Director of Adult Social Care
- Operational Director Children's Services
- Director of Public Health
- Chair of Safeguarding Children's Board
- Chair, NHS Halton Clinical Commissioning Group
- Chief Officer, NHS Halton Clinical Commissioning Group
- GP representatives (GP Federations)
- Chief Executive or representative from NHS England
- Operational Director, Integrated Commissioning, NHS Halton Clinical Commissioning Group
- North West Boroughs Partnership NHS Foundation Trust
- Bridgewater Community Healthcare NHS Trust
- Warrington & Halton Hospitals NHS Foundation Trust

- St Helens and Knowsley Hospitals NHS Trust
- Registered Social Landlords
- Chair(s) of the Safer Halton Partnership Board
- Chair of the Children's Special Strategic Partnership Sub Group (Children's Trust)
- Cheshire Constabulary
- Cheshire Fire and Rescue Service
- North West Ambulance Service
- Pharmacy Representative

In the event of a representative not being able to attend the Board, a substitute of that organisation should be made available.

### **Conflict Resolution**

- To build consensus, members need to be aware of, and understand, the different values, outlook, skills and experience that each member brings to meetings.
- Given the range of people involved in the Board, differences of opinion will unfortunately be inevitable and this diversity is welcomed as it leads to reasoned and challenged debate within the Partnership which helps in achieving its goals. The aim must be for differences of opinion to be dealt with in a positive and constructive manner and to avoid situations where decisions escalate into formal confrontations and breakdown of trust and conflict, as ultimately this will discredit the Board.
- The operating principles and policies of The Board, aim to show how to build consensus and deal with conflict in a positive way by stressing the key principles of diplomacy, negotiation, mediation and arbitration that all members must adopt in Board meetings
- In situations where differences of opinion are seriously escalating at Board meetings and jeopardising the work of the board, the members concerned need, with the assistance of an impartial third party, to go to mediation. Mediation should be jointly called by both parties concerned, or may be requested by other members of the meeting where conflict arose.
- Nothing in this document should be interpreted as changing the statutory or other responsibilities of partners, or their own accountabilities. It does not prevent them pursuing their own individual action if they so wish.

## **Meetings**

Meetings of the Health and Well-being Board will take place quarterly. The chair may call an extraordinary meeting at any time. The agenda and associated papers will be sent out a minimum of one week (five clear working days) in advance of the meeting. Minutes of the board will be formally minuted.

## **Chair**

The Chair will be an Elected Member of Halton Borough Council.

## **Quorum**

The meeting will be quorate provided that at least fifty per cent of all members are present. This should include the Chair or Vice Chair and at least one officer of the CCG and one officer of the Local Authority. Where a Board is not quorate, business may proceed but decisions will need to be ratified.

## **Decisions**

Where a decision is required, that decision will be made by agreement among a majority of members present. Where a decision needs to be ratified by one of the statutory agencies, the ratification process will be in accordance with the agreed process within that particular agency.

## **Minutes**

Minutes of the proceedings of each meeting of the Board will be drawn up, circulated and agreed as a correct record at the subsequent meeting, once any required amendments have been incorporated.

## **Review**

The membership and terms of reference of this partnership will be reviewed regularly (normally annually) to ensure that they remain relevant and up-to-date.

## **Appendix Three – Health and Wellbeing Board Members Roles and Responsibilities**

1. The quality and commitment of members is crucial to the success of the Health and Wellbeing Board (HWBB). Members need to have vision, skills, experience and influence to make things happen within their organisation and/or sector. All members of Halton's Health and Wellbeing Board when attending meetings, or working on behalf of the Board, will share a number of common rights and responsibilities:-

- All members are treated as equal and their contributions are respected and valued at meetings.
- All members are able to voice the views and opinions of the organisation and/or sector they represent at meetings.
- Information, reports and agendas for meetings will be circulated and shared amongst members.
- All members are able to provide items or suggest issues for discussion at meetings.
- All members are able to contribute to the formal decisions and recommendations of the Board.
- Members will take responsibility for working with partners to ensure priorities and key actions are met.
- Members will contribute positively at meetings and work with other members to take strategic decisions and reach consensus regarding the strategic development of issues across Halton.
- Members will consult and obtain the views of the organisations and sectors which they represent and reflect or communicate at these meetings.
- Members will consider what is in the best interests of Halton as defined in the One Halton Health and Wellbeing Strategy (2017-2022) and to weigh this alongside the interests of their parent organisation or sector.
- Members will ensure they are fully briefed and informed and are able to share information from their parent organisation or sector, whilst also reflecting confidentiality and data protection issues.
- Members will bring forward agenda items or information in areas where they can provide particular expertise or have an interest, and will share the information in an accessible format and by agreed deadlines.
- Members are prepared to regularly attend all Board meetings of which they are a Member, or send an agreed substitute in exceptional circumstances.
- Members will seek to support the needs and add value to the resources and activity of other members wherever possible.
- Members are encouraged to challenge the opinions and actions of other members where this will lead to an improvement in outcomes for Halton.
- Members are expected to display consistency and honesty to achieve consensus through debate.
- Members will ensure that decisions are based on direct evidence and/or experience.
- Members will act as ambassadors for the HWBB and take responsibility for

communicating messages across their own organisations and sector contacts, other partnerships and the public.