

REPORT TO: Health Policy Performance Board

DATE: 27th September 2022

REPORTING OFFICERS: HBC Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Update on One Halton Place Based Partnership

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 System (ICS) context.

2.0 RECOMMENDED: That the report be noted.

3.0 SUPPORTING INFORMATION

3.1 The Health Policy & Performance Board received a comprehensive report in November 2021, and a further report in February 2022 setting out the requirements for the formation of Integrated Care Systems regionally. This consists of an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP) along with at Place level, a Place Based Partnership (PBP). Locally this is One Halton Place Based Partnership; these arrangements are set out in NHS Reforms White Paper, Integration & Innovation published in February 2021. These are the most significant changes to health arrangements in a decade which aim to improve outcomes and reduce inequalities. This report provides some context, an overview of progress and the current position.

3.2 The Health and Care Bill received Royal Assent on 28th April 2022 with the effective date of 1st July 2022 to implement Integrated Care System's (ICS's); all Clinical Commissioning Groups (CCG's) were dissolved as of the implementation date.

3.3 There are 42 Integrated Care System's (ICS) nationally; for Halton, the ICS footprint is Cheshire & Merseyside. The pre-existing Cheshire & Merseyside Health & Care partnership will become the ICS and has been operating as such in a state of readiness for some time having been through a process of assurance and due diligence with NHS England. Within the footprint there will be nine place based partnerships reflecting the nine local authority areas, each will have

a NHS Place Director; this is a key role providing the interface between the ICS and place. Anthony Leo is Halton's Place Director and commenced in post 1st July 2022. The Place Director is supported by a Senior Team consisting of:-

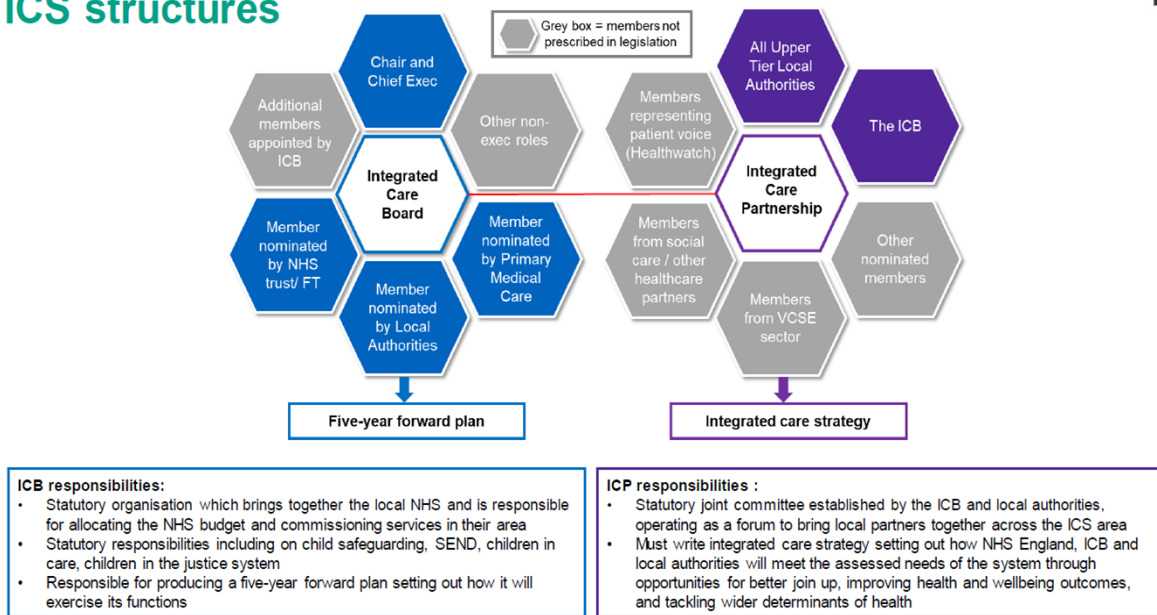
- Associate Director of Quality and Safety Improvement, Denise Roberts
- Associate Director Transformation and Partnerships, Philip Thomas
- Associate Director of Finance & Performance, Nigel Gloudon and Integrated Care Board staff dedicated to Halton roles.

The ICS consists of an Integrated Care Board (ICB) and Integrated Care Partnership (ICP). Halton's representative on the ICB is Cllr Marie Wright, Anthony Leo will also attend these meetings. The ICB is the delivery arm of the structure and will be referred to as NHS Cheshire & Merseyside moving forward. The ICB will rotate board meetings around the nine places, Halton will host the ICB on 27 April 2023 providing an opportunity to showcase Halton.

The ICP is an alliance of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.

The following diagram is from a Department of Health and Social Care webinar which is helpful to articulate the structure:-

ICS structures



3.4 CCG functions lifted and shifted to the ICB from the 1st of July. There are no delegations (financial or functions) to place partnerships

in this operating year, the focus is on landing the significant changes safely. The ICB's intention is the majority of activity continues to operate at place and where it is beneficial some things may be delivered at scale from the ICS, a principle of 80/20 is underpinning ICB planning.

3.4.1 The Section 75 arrangements (an agreement which allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services) have a local agreement between health and local authority organisations. Pre the 1st July 2022 the Joint Working Agreement (JWA) was between the Council and Halton CCG. The JWA is in place until 31st March 2023, for the remainder of the term this has been transferred to the ICB and will be renegotiated with a new agreement set out from April 2023.

3.5 Overall, what was ring fenced resources to Halton CCG will now sit with Cheshire & Merseyside ICS. The ICB will want to consider any benefits of commissioning at scale along with ICB delivery and what is appropriate to delegate to place. The transition and future arrangements are iterative and evolving however, a consideration for this will be the credibility of the local place based partnership arrangements (One Halton).

3.6 One Halton, a local partnership (again pre-existing these arrangements) that brings together Halton stakeholders to work collaboratively on health and care arrangements has been evolving for some time to be Halton's place based partnership. The place based partnerships future role is to:-

- Understand and work with Halton's communities
- Join up and co-ordinate services around population needs
- Address social and economic factors that influence health and wellbeing (wider determinants of health)
- Support quality and sustainability of local services

The One Halton partnership agreed a vision:-

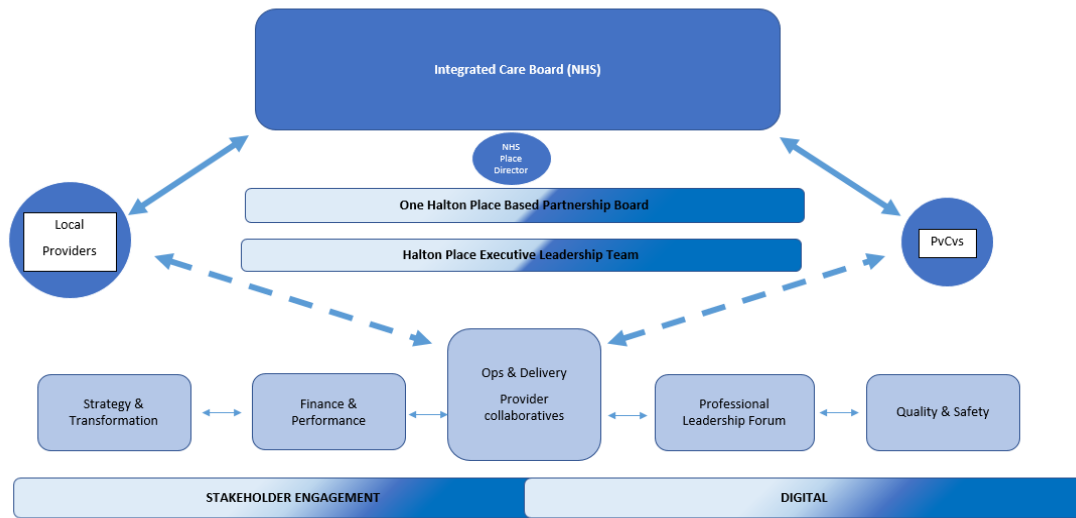
“Improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill health, promoting self-care and independence, arranging local, community based support and ensuring high quality services for those who need them”.

It should be emphasised One Halton is continuing to develop, this is an iterative process with further guidance and structures emerging.

3.6.1 The governance structure which has been developed for Halton's place based partnership and how it relates to the ICS is:-

Governance Structure

(Health Delegations/Accountability/Provision)



3.6.2 One Halton has been developed to be a Joint Committee to the ICS so it can receive delegated responsibilities from the Integrated Care Board.

3.7 A Programme Management Office (PMO) has been established to support the One Halton governance structure. There is a Senior PMO and Project Manager in place, there will be some further Project Officer posts recruited to, to support One Halton Board, Sub-Committees and Work-Streams delivery. The PMO is providing regular reports across the One Halton architecture, Health and Wellbeing Board and Health Policy and Performance Board.

3.8 As detailed in the February 2022 report there has been support from external organisations to support the development of One Halton in recent months:-

Aqua (NHS Advancing Quality Alliance) – facilitated workshops to support the development of One Halton Health and Wellbeing Strategy as detailed in 3.9.

LGA (Local Government Association) – a peer support process with the Health and Wellbeing Board (HWBB) to clarify the distinction in roles between the HWBB and One Halton moving forward. This has led to a change in approach moving forward with thematic meetings that will follow the strategy priorities. There is a clear understanding about HWBB’s statutory responsibilities for the Joint Strategic Needs Analysis (JSNA) and the HWB Strategy with One Halton being the delivery arm to be held to account.

Hill Dickinson LLP– this work supported the development of One Halton governance structure and as stated in 3.6.1 One Halton has endorsed a Committee of the ICB at Place (Halton) with delegated authority to make joint decisions about the use of resources with a Sub-Committee structure. Further propositions and maturity within the system will facilitate further integration by the means of a joint committee between partner organisations. The relevant statutory bodies will need to agree to delegate defined decision making functions to the joint committee in accordance with their scheme of delegation. A budget can be defined by statutory bodies relevant to the resources delegated to the committee. Proposed legislation will allow setting up of Joint Committees (currently only possible as part of S75). At this stage, there is no programme defined for this.

3.9 The current structure of One Halton (diagram 3.6.1) has four Sub-Committees:-

1. **Operations & Delivery**, led by the Director of Adult Social Care
2. **Finance & Performance**, led by the Associate Director of Finance and & Operational Director, Finance, Halton Borough Council
3. **Quality & Safety**, led by the Associate Director Quality and Safety Improvement
4. **Professional Leadership Forum**, led by the GP Clinical Lead for One Halton & Head of Transformation, Primary & Community Care, NHS Cheshire & Merseyside for Halton

And three work streams to underpin One Halton delivery:-

1. **Strategy & Transformation**, led by the Director of Public Health
2. **Communication & Engagement**, led by the Council's Lead Officer for Communications & Marketing supported by the ICB Communication team
3. **Digital**, led by Bridgewater's Programme Director of Collaboration & Integration

Operations & Delivery – Overseeing the operational delivery of the integrated local health and care system in Halton; this is the engine room of One Halton. This is where transformation delivery work streams/projects are agreed and progressed. Currently the delivery plan includes work on the integrated approach to the intermediate care and frailty service and a transformation project for place based multi-disciplinary/integrated working.

Finance & Performance – as it suggests this Sub-Committee monitors the financial position. There has been significant work to understand the combined Halton £ from both CCG and Council budgets. Key local providers also attend i.e. Halton & Warrington Hospital, St Helen's &

Knowsley hospital, Bridgewater and MerseyCare to report their financial positions.

Quality & Safety – This Sub-Committee is just forming as the Terms of Reference are being revised following the publication of the National Quality Board guidance. The Sub-Committee will commence in July 2022 and work is ongoing from a health perspective at ICB level regarding the whole system Quality Assurance. In Halton, the intention is to develop a thematic approach.

Strategy & Transformation – This is a key piece of work to develop the One Halton Strategy. This will replace the existing One Halton Health & Wellbeing Strategy for Halton which is the responsibility of the Health and Wellbeing Board. Public Health are leading this work, this commenced with the Marmot Community work with three workshops were held in March facilitated by Aqua on starting, living and ageing well to agree three system priorities:-

1. Enabling children and families to live healthy independent lives
2. Provide a supportive environment where systems work efficiently and support everyone to live their best life
3. Enabling older adults to live full independent healthy lives

There is also a fourth priority around the wider determinants of health focussing on employment and workforce.

A draft strategy is currently being consulted on for further stakeholder input to ensure it is co-produced and represents the Borough's needs and resident's voices.

Population health management is a significant element; the acid test of place based partnerships will be delivering integration at neighbourhood levels that improves resident outcomes; the wider determinants of health agenda.

This strategy will be presented to October's Health and Wellbeing Board; One Halton will develop a two year delivery plan by December 2022.

Communication & Engagement – this underpins all One Halton activity. A One Halton communication framework and delivery plan is currently being developed building upon the ICB framework. This will detail how we inform, consult, engage, co-design and co-produce. A key element of the work is the One Halton Voices mechanism which has two elements. Firstly, provide regular meetings that will be themed with speakers and have an undertaking and commitment to ensure feedback in appropriate timescales. The second element will be developing a wider network of

engagement; utilising existing mechanisms and established communication networks in Halton.

There is also an immediate priority for workforce communication.

Building awareness and understanding of One Halton, the brand and its delivery is imperative to support system relationships and developing integrated approaches to health and care with improved outcomes.

Digital – a One Halton Digital Strategy is currently being developed; this is a significant work stream to address integrated systems, shared health and care records and innovation to support service delivery and independent living and management of health and care needs.

- 3.10 The February report detailed the self-assessment One Halton completed in November 2021. This was completed by the nine place based partnerships in Cheshire & Merseyside with four assessment levels to demonstrate the partnerships maturity to be the place based partnership, the levels being emerging, evolving, established and thriving. One Halton's overall assessment was at **evolving**. This was repeated ahead of implementation in June and the status remained at evolving. The ICB will be repeating the process in the autumn and developing a support offer to places.
- 3.11 Regular update reports will be provided to the Health Policy & Performance Board and Health and Wellbeing Board to ensure Boards are up to date with arrangements as the new system embeds and is better understood through the transition.

4.0 POLICY IMPLICATIONS

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.

White Paper, *Joining Up Care for People, Places and Populations*, February 2022 sets out future ambitions for shared outcomes by 2023 with shared accountability and a single person accountable at place level. A single health & care record to be achieved by 2024 which has significant implications on resources and ways of working.

5.0 FINANCIAL IMPLICATIONS

Anticipated, but not yet known. Cheshire & Merseyside ICB need to agree services to be delivered direct from ICB, any at scale and

provision delegated to One Halton to enable us to fully understand the resource and financial impacts; this will be worked through in the transition (first) year.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

6.1 Children and Young People in Halton

One Halton supports the Council's Health & Wellbeing Boards priority of improving levels of early child development. One of the system priorities is Start Well -

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.

There will be a One Halton work stream around assets to understand the public estate that supports delivery (in the widest sense) in Halton and work towards collaborative planning of the public estate.

It is also imperative to plan appropriately for healthy communities utilising Public Health ensuring an evidence led approach to meeting the future needs of Halton's population. One Halton will link 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 September 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

In developing One Halton and health delivery moving over to NHS Cheshire & Merseyside, 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.

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.