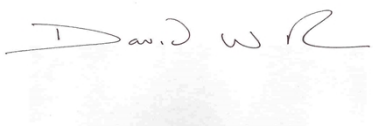
Public Document Pack

Health and Wellbeing Board

Wednesday, 15 January 2020 2.00 p.m.
The Halton Suite - Select Security Stadium, Widnes



Chief Executive

Please contact Gill Ferguson on 0151 511 8059 or e-mail gill.ferguson@halton.gov.uk for further information.
The next meeting of the Committee is on Wednesday, 25 March 2020

ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC

Part I

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 2 October 2019 at The Halton Suite - Select Security Stadium, Widnes

Present: Councillors Polhill (Chair), T. McInerney, Woolfall and Wright and S. Bartsch, S. Constable, G. Ferguson, T. Hemming, T. Hill, S. Johnson Griffiths, J. Kemp, N. Kershaw, M. Larking, R. Macdonald, I. Onyia, K. Parker, P. Parle, D. Parr, J. Regan, S. Semoff, A. Shakeshaft, L. Thompson, S. Wallace Bonner, D. Wilson, K. Woodcock and S. Yeoman.

Apologies for Absence: E. O'Meara, M. Pickup, A. Marr, Supt L. Marler, M. Vasic and A. Williamson

Absence declared on Council business: None

ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HWB10 MINUTES OF LAST MEETING

The Minutes of the meeting held on 10th July 2019 having been circulated were signed as a correct record.

HWB11 LLOYDS BANKING FOUNDATION PRESENTATION

The Board received a presentation from Gill Baker, on behalf of Lloyds Bank Foundation, which outlined the background to the Foundation, underlying principles and their approach taken to work with small charities. It was noted that in 2019 the annual donation by the Bank to the Foundation based on profitability was £18.2m. The money was used to provide grants, capacity building support, work on policy and influencing and supporting bank staff with skills based volunteering.

The presentation outlined to the Board details of the 2018/19 Strategy, Reaching Further, which aimed for the Foundation to partner with small and local charities to help people overcome complex social issues and rebuild their lives.

RESOLVED: That the presentation be noted.

HWB12 INTEGRATED COMMISSIONING GROUP UPDATE REPORT

The Board considered an update report on the One Halton Integrated Commissioning Group. Since the last meeting the Group had:

- met on 19th August and a Workshop had been held on 15th August;
- a further Integrated Commissioning Group meeting had been scheduled for October;
- Commissioners had supported the development of the One Halton Plan;
- Cheshire and Merseyside Healthcare Partnership had shared a Place Based Matrix. This had now been completed and would be used as a reference tool by Commissioners when agreeing outcomes; and
- the Terms of Reference had been updated to include a section on conflicts of interest.

RESOLVED: That the report be noted.

HWB13 ONE HALTON - UPDATE REPORT

The Board considered a report which provided an update on the work of the One Halton Forum. Since the last meeting of the Board the One Halton Forum had met twice and discussed the One Halton Plan. The final draft of the Plan had now been shared with stakeholders on 13th September for any final amendments. A copy of the Plan had been circulated to Board Members.

Following comments received from stakeholders around the mental health element of the Plan, it was proposed that the Chief Executive, in consultation with the Leader, be given delegated authority to approve the final version of the One Halton Plan.

In addition, the Board had been previously advised that £25,000 had been allocated to be used for Communications and Engagement for One Halton. Since the last meeting of the Board it was noted that:

- a Communications and Engagement Manager was now in post; and
- a Communications and Engagement Strategy for One Halton had been produced;
- the process for funding requests had been developed and one request for funding had been received;
- a One Halton Budget Statement had been produced

and circulated to the Board.

RESOLVED: That

1. the contents of the report be noted;

2. in consultation with the Leader, the Chief Executive be given delegated authority to approve the final version of the One Halton Plan; — Chief Executive

3. Communications & Engagement Strategy is approved;

4. process for funding requests are noted;

5. funding requests made in this reporting period are noted; and

6. One Halton Budget Statement is noted.

HWB14 PROVIDER ALLIANCE UPDATE REPORT

The Board received a report which provided an update on the work of One Halton Provider Alliance. Board Members were advised on the key decisions made to date which were around:

- Urgent Treatment Centres;
- Workstreams;
- Place Based Integration;
- Place Based Matrix;
- Halton Integrated Frailty Service; and
- Place five year strategic plan – One Halton Plan.

The Board was also updated on the proposal to merge Halton and Warrington CCG's. Following consultation with its GP stakeholders around a proposal, a merger application would not be submitted to NHS England because of insufficient support from members in Halton. The Council would continue to work with the Halton CCG to help them reduce their running costs.

RESOLVED: That the report be noted.

HWB15 SEASONAL FLU PLAN 2019/20

The Board considered a copy of a report which presented an Annual Flu Plan with an overview of key changes to and requirements of the annual seasonal influenza vaccination campaign for the 2019/20 flu season

and implications of this for the Local Authority and health and social care partner agencies.

RESOLVED: That

1. the Board note the content of the Annual Flu Plan and note the changes to the national flu vaccination programme for 2019/20; and

2. each individual agency note their requirements in relation to the programme and promote flu prevention as widely as possible.

HWB16 HOW INEQUALITIES IMPACT ON HEALTH IN HALTON

The Board received a presentation from Ifeoma Onyia, on behalf of Public Health, which informed the Board of the national and local context on inequalities that were impacting on health outcomes for Halton's population. The Board considered examples of health inequalities within Wards in Halton, the benefits reducing health inequalities brought to health, social wellbeing and the economy and the work taking place within Halton to tackle health inequalities.

RESOLVED: That the report be noted and the key health inequalities identified within the presentation be incorporated into Halton's Place Based Plan. — Director of Public Health

HWB17 TACKLING CHEAP ALCOHOL AND ALCOHOL HARM IN OUR COMMUNITIES

The Board received a report of the Chief Executive and Director of Public Health, which provided an update on the work to tackle the harm caused by alcohol in communities; and sought Board support to participate with other similarly minded authorities across the North to build support amongst the public and politicians for the introduction of Minimum Unit Pricing (MUP).

It was noted that alcohol was one of the biggest public health challenges faced by Halton with rising levels of harm linked to increases in consumption over the past few decades. Halton suffered disproportionate harm when compared to the rest of the country, with estimated costs to the NHS alone of over £10million each year. 27% of the adult population in Halton were estimated to be drinking at increasing and higher risk levels. There were 2,152 hospital admissions caused by alcohol each year, with 32 adults dying as a result of alcohol consumption. Estimates suggested that in Halton 6,839 crimes, including thefts,

criminal damage and violence were caused by alcohol each year.

Members were advised that research from Sheffield University indicated that Halton would see significant benefits from the introduction of a 50p MUP in England:

- The NHS locally would save £256,200 per year;
- Alcohol related hospital admissions would fall by 130 per year;
- 65 deaths would be avoided over the ensuing 20-year period; and
- 196 fewer associated crimes would be committed per year.

Given the disproportionate levels of harm experienced across the North of England, the view expressed at Stakeholder meetings showcasing the research, held in Warrington and Durham late in 2018, was that the North West and North East should work together to influence national MUP discussions. As a working group, the aim was to facilitate and encourage willing participant local authorities to work together to influence the national debate on MUP.

In light of the harms caused in Halton by the widespread availability of cheap alcohol and the improvements in alcohol related health and crime promised by the above research, work was now underway to start the process of building public and political support for MUP and to seek to engage with politicians and Parliament. The Board was asked to support the call to urge the Government in Westminster to introduce MUP in England without delay.

In addition, the Board was asked to support, should the Government be unwilling to introduce MUP, joining a group of North West and North East Councils to take local action on this issue. Such an approach would enable consultation with local people on making a bid to introduce MUP at a regional/sub-regional/local level by making a bid using the Sustainable Communities Act.

Arising from the discussion, Cheshire Fire would provide information on the number of fire alcohol related deaths.

RESOLVED: That

1. the report be noted; and

2. the Board supports the decision for Halton to participate with other similarly minded authorities across the North to build support amongst the public and politicians for the introduction of Minimum Unit Pricing (MUP).

HWB18 PUBLIC HEALTH ANNUAL REPORT

The Board considered a copy of the Public Health Annual Report (PHAR) 2018/19. Each year a theme was chosen for the PHAR and for 2018-2019 the Report would be a short film that focussed on Workplace Health. This topic had been chosen to highlight key areas pertinent to the Health and Wellbeing of the working population within the borough. The report would emphasise the measures being taken to both prevent poor health and improve the health of workers and their families.

The film would cover the following areas:

- what has been happening with workplace health in Halton;
- what impact the work undertaken has had on local businesses and their employees;
- outcomes associated with this work; and
- recommendations for the future.

The final version of the film would be presented to the Health and Wellbeing Board in January.

RESOLVED: That the Board note the contents of the report.

HWB19 HEALTHY WEIGHT IN HALTON- A WHOLE SYSTEMS APPROACH 2019- 2025

The Board received an update on the development of Halton's Healthy Weight Strategy. Over the past ten years there had been a huge amount of work to help the people of Halton maintain a healthy weight. A summary of these services were provided within the strategy and included; the Healthy Child Programme, the Healthy Schools programme, workplace health initiatives, Sure Start to Late Life and Health Checks.

The strategy aimed to build on the success of these programmes but would also look at new ways of working to reflect the many influences on obesity and the need to continue to work in partnership across agencies to improve outcomes.

In order to address the challenge locally, Halton entered into a partnership with Leeds Beckett University with a view to designing local whole systems approaches to assist in preventing and tackling obesity. Halton was one of only 6 local authority areas across England chosen as a pioneer site. Working with researchers from Leeds Beckett university two initial workshops were held to utilise the whole-systems approach to identify priorities and form the basis for the strategy and action plan.

Following the workshops, a Whole Systems Obesity network was set up to refine the priorities and develop a range of actions for each one. The strategy itself sets out some key actions, however, a more comprehensive action plan had been developed, to be overseen by the network and would be regularly updated and monitored to ensure it delivered against the priorities for the lifetime of the strategy. The overarching priorities were set out in the report.

Whilst a comprehensive action plan sat behind the strategy with timescales and responsibilities, in order to understand how our actions were impacting on health and wellbeing locally, progress against indicators in the Public Health Outcomes Framework would also be monitored.

Arising from the discussion it was agreed that the comments regarding people with disabilities would be taken back to the Strategic Lead.

RESOLVED: That the contents of the report be noted.

HWB20 TRANSFORMING DOMICILIARY CARE (TDC) PROGRAMME

The Board received a report from the Strategic Director – People, which gave an update on the progress of the Transforming Domiciliary Care (TDC) Programme and information on Premier Care – Lead Provider for commissioned domiciliary care in the Borough.

It was reported that the Council had been working with a range of partners to develop how domiciliary care was delivered in the Borough, known as the Transforming Domiciliary Care Programme. The term *Domiciliary Care* was used to describe the help some adults need to live as well as possible when coping with an illness or disability they may have.

Members were presented with information about the TDC Programme and the aims of the project. The report

also discussed the Programme's capacity and demand, service user assessment and management and workforce development.

Arising from the discussion the representative from Heathwatch advised that they had prepared a report on Domiciliary Care within Halton and they would be willing to meet with Officers to discuss the report outcomes.

RESOLVED: That the report be noted.

HWB21 PHYSICAL ACTIVITY - KEY PRIORITY FOR HEALTH

The Board considered a report of the Director of Public Health, which updated members on the work of Halton's Active Me (adult) project. The project was operated by a Sport and Physical Activity Officer and utilised short-term funding to set up new physical activity sessions in the community where need had been identified.

The report outlined the current health picture in Halton, adult physical activity levels in Halton and the challenges for increasing physical activity in Halton.

RESOLVED: That Members note and support physical activity as a priority for health.

Meeting ended at 3.40 p.m.

REPORT TO:	Health and Wellbeing Board
DATE:	15th January 2020
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	2018-19 Public Health Annual Report - Workplace Health
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

To provide the Health and Wellbeing Board with the Public Health Annual Report 2019.

2.0 RECOMMENDATION: That the Board note the report.

3.0 SUPPORTING INFORMATION

3.1 Since 1988 Directors of Public Health (DPH) have been tasked with preparing annual reports - an independent assessment of the health of local populations. The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively.

3.2 The annual report is an important vehicle by which a DPH can identify key issues, flag problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action. The annual report remains a key means by which the DPH is accountable to the population they serve.

3.3 The Faculty of Public Health guidelines on DPH Annual Reports list the report aims as the following.

- Contribute to improving the health and well-being of local populations.
- Reduce health inequalities.
- Promote action for better health through measuring progress towards health targets.
- Assist with the planning and monitoring of local programmes and services that impact on health over time.

3.3 The PHAR is the Director of Public Health's independent, expert assessment of the health of the local population. Whilst the views and contributions of local

partners have been taken into account, the assessment and recommendations made in the report are those held by the DPH and do not necessarily reflect the position of the employing and partner organisations.

3.4 Each year a theme is chosen for the PHAR. Therefore it does not encompass every issue of relevance but rather focuses on a particular issue or set of linked issues. These may cover one of the three work streams of public health practice (health improvement, health protection or healthcare public health), an over-arching theme, such as health inequalities, or a particular topic such as mental health or cancer.

3.5 For 2018-2019 the Public Health Annual Report is a short film that focusses on Workplace Health. This topic has been chosen to highlight key areas pertinent to the Health and Wellbeing of the working population within the borough. The report will emphasise the measures being taken to both prevent poor health and improve the health of workers and their families.

3.6 The film link is below it covers the following areas:

- What has been happening with workplace health in Halton.
- What impact the work undertaken has had on local businesses and their employees.
- Outcomes associated with this work.
- Recommendations for the future.

https://youtu.be/2UBzBKQCXFA

4.0 POLICY IMPLICATIONS

4.1 The Public Health Annual Report should be used to inform commissioning plans and collaborative action for the NHS, Social Care, Public Health and other key partners as appropriate.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified at this time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton. The PHAR will highlight key topics for improving the health of families in Halton

6.2 Employment, Learning & Skills in Halton

The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents. Improving and maintaining a health, skilled working population has important effects on the local economy and the future of Halton.

6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime have an impact on health outcomes particularly on mental health.

There are also close links between partnerships and local workplaces on areas such as scams, alcohol and domestic violence.

6.5 **Halton's Urban Renewal**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing. This includes the development of industrial and business infrastructure.

7.0 RISK ANALYSIS

7.1 Developing the PHAR does not present any obvious risk however, there may be risks associated with the resultant recommendations. These will be assessed as appropriate.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 This is in line with all equality and diversity issues in Halton.

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

None

REPORT TO:	Health and Wellbeing Board
DATE:	15th January 2020
REPORTING OFFICER:	Michelle Creed, Chief Nurse Sue Wallace-Bonner, Director of Adult Social Services
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Transforming Care for people with learning disabilities and/or autism and/or behaviours that challenge
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide the Health and Wellbeing Board with assurance with regard to the implementation of national recommendations to improve the lives of people with learning disabilities and/or autism and/or behaviours that challenge in the borough of Halton

2.0 RECOMMENDATION: That

1. **the report is noted for assurance;**
2. **the Board acknowledge the current Halton position and progress in Appendix 4; and**
3. **the Board agree to receive an annual update report on progress made against the implementation of the national recommendations in the borough of Halton.**

3.0 SUPPORTING INFORMATION

3.1 **Background**

The Government and leading organisations across the health and care system are committed to transforming care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services.

There has been progress made nationally, but much more needs to be done. Recognising this, NHS England commissioned Sir Stephen Bubb in 2013 to produce a report on how to accelerate the transformation that health and care partners, people with learning disabilities and their families are looking for.

Sir Stephen's report Winterbourne View – Time for Change (2014), resulted in NHS England, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Care, the Care Quality Commission and Health Education England to unite and confirm their commitment to strengthen

the Transforming Care delivery programme by creating a new delivery board, bringing together the senior responsible owners from all our organisations.

The work to be taken forward through this programme has been wide-ranging, and has continued to be co-designed and co-produced in partnership with people with learning disabilities and/or autism, their families, clinicians, commissioners, providers, other national organisations in the health and care system (such as Skills for Care, Skills for Health, Public Health England) and other stakeholders.

Sir Stephen's report, published in November 2014, made a number of recommendations to organisations across the health and social care system, summarised below:

- **To strengthen the rights of people with learning disabilities and their families**
- **To improve commissioning, the report recommended that the Government and NHS England should require all local commissioners to follow a mandatory commissioning framework**
- **To support the closures of inpatient institutions**
- **To build capacity in community services**

3.2 BUILDING THE RIGHT SUPPORT

Transforming care is all about improving health and care services so that more people with a learning disability and/or autistic people can live in the community, with the right support, and close to home. This means that fewer people will need to go into hospital for their care.

The resulting national plan about how to do this called 'Building the right support' (October 2015). The report discusses the need to build a system response to the provision of services that will be required in the community and the plan for the closure of inpatient hospital facilities. The new model was required as people with a learning disability and/or autism who display behaviour that challenges are a highly heterogeneous group, one solution will not do. Some will have a mental health problem which may result in them displaying behaviour that challenges. Some, often with severe learning disabilities, will display self-injurious or aggressive behaviour unrelated to any mental health condition. Some will display behaviour which can lead to contact with the criminal justice system. Some will have been in hospital for many years, not having been discharged when NHS campuses or long-stay hospitals were closed. The new services and support we put in place to support them in the community will need to reflect that diversity.

A national service model (Table 1), developed with the help of people with lived experience, clinicians, providers and commissioners was developed and set out

the range of support that should be in place no later than **March 2019** (Appendix 1).

Building the Right Support service model developed **9 Principles** which are summarised below:

- **Principle 1 – a good and meaningful lie**
- **Principle 2 & 3 – person and family/carers at the centre**
- **Principle 4 – support to my family and paid staff**
- **Principle 5 – where I live and who I live with**
- **Principle 6 - mainstream health services**
- **Principle 7 & 8 - specialist multi-disciplinary health and social care support in the community**
- **Principle 9 - Hospital**

To oversee the implementation of the service model at scale there are 48 transforming care partnerships (TCPs) across England to support this (Appendix 2). Halton system are members of the Cheshire & Merseyside Transforming Care Partnership Board.

3.3 NHS PLAN (2019)

NHS 10year plan published January 2019 states that over 1.2 million people in England have a learning disability and face significant health inequalities compared with the rest of the population. Autism is a lifelong condition and a part of daily life for around 600,000 people in England. It is estimated that 20-30% of people with a learning disability also have autism. Despite suffering greater ill-health, people with a learning disability, autism or both often experience poorer access to healthcare.

In 2017, the Learning Disabilities Mortality Review Programme (LeDeR) found that 31% of deaths in people with a learning disability were due to respiratory conditions and 18% were due to diseases of the circulatory system.

The NHS Plan makes further recommendations for people with learning disabilities and Autism to ensure this remains a priority area:

- **Across the NHS, we will do more to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives.**
- **Action will be taken to tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.**
- **The whole NHS will improve its understanding of the needs of people with learning disabilities and autism, and work together to improve their health and wellbeing.**

- **Over the next three years, autism diagnosis will be included alongside work with children and young people's mental health services to test and implement the most effective ways to reduce waiting times for specialist services.**
- **By 2023/24 children and young people with a learning disability, autism or both with the most complex needs will have a designated keyworker.**
- **Since 2017, the number of people in in patient care has reduced by almost a fifth. By March 2023/24 inpatient care will have reduced by half the 2015 levels:**
    - **For adults (per million population) there will be <30 people with learning disabilities and/or autism in an inpatient bed.**
    - **For children (per million population) there will be < 12-15 with LD and/or autism in an inpatient facility.**
- **Where possible, people with a learning disability, autism or both will be enabled to have a personal health budget (PHBs).**
- **Increased investment in intensive, crisis and forensic community support**
- **By 2023/24, all care commissioned by the NHS will need to meet the Learning Disability Improvement Standards**

4.0 Learning Disability Mortality Review (LeDeR Programme)

In addition a **Learning Disabilities Mortality Review (LeDeR) Programme** was commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England to support local areas in England to review the deaths of people with a learning disability to:

- Identify common themes and learning points and
- Provide support to local areas in their development of action plans to take forward the lessons learned

The 10 year Plan 2019 reported that in 2017, the Learning Disabilities Mortality Review Programme (LeDeR) found that 31% of deaths in people with a learning disability were due to respiratory conditions and 18% were due to diseases of the circulatory system.

Across the NHS, we will do more to ensure that all people with a learning disability, autism, or both can live happier, healthier, longer lives

There are specific ways that people may be involved in the LeDeR Programme:

- By notifying the death of any of person with a learning disability.
- By becoming a trained reviewer who is allocated cases to review by the Local Area Contact

- By inputting into a review into the circumstances leading to the death, of those aged 4 years and over. This may involve sharing information about a patient who has died or participating in a multi-agency review where knowledge and perspectives in primary care will be of significant importance.
- By being the Local Area Contact for allocating reviews, and signing off completed reviews (CCG)

It aims to guide improvements in the quality of health and social care service delivery for people with learning disabilities and to help reduce premature mortality and health inequalities faced by people with learning disabilities.

The purpose of the LeDeR reviews is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation. It is vital, if individuals and organisations are to be able to learn lessons from the past, that reviews are trusted and safe experiences that encourage honesty, transparency and sharing of information to obtain maximum benefit from them.

In order to do this in a timely manner and to avoid duplication, reviewers need to be clear where and how the LeDeR process links with other review or investigation processes. Other investigations or reviews may include, for example: Serious Case Reviews (SCRs), Safeguarding Adult Reviews (SARs), Safeguarding Adults Enquiries (Section 42 Care Act) Domestic Homicide Reviews (DHRs), Serious Incident Reviews, Coroners' investigations and Child Death Reviews.

NHS Halton CCG has a system and process that has been established within the CCG and have explored a model to ensure robust quality assurance of review and wider implementation of learning from completed reviews across a wider footprint.

The CCG has developed a model based on the Child Death Overview Panel whereby a panel with an independent chair will review each case rather than individual reviews. This has been discussed with NHSE/I and agreement has been reached that NHS Halton CCG and NHS Warrington CCG will be a pilot for this model. A further discussion has taken place with Mid Mersey CCG Chief Nurses who wish to join the pilot to enable wider system learning following the pilot findings in 6 months' time.

5.0 Communication and Engagement

The Learning Disability Partnership Board meets quarterly. The board has full representation from the community including social care providers, self-advocates and the Police.

Information is shared and gathered through this group and disseminated via self-advocates to their peers. Partnership Board updates will be included in the Transforming Care updates via governance committee reporting.

Internal Communications regarding LeDeR and STOMP (stopping over medication of people with learning disabilities) are provided through the relevant professionals from the CCG to the Communications and Engagement Team for sharing with Primary Care, internal and external agencies

Halton Speak Out is a self-advocacy group for people with learning disabilities in Runcorn and Widnes. They teach people to speak up for themselves, feel confident and to make changes in their lives. There are a variety of projects that work with people of all ages from young children in schools to older people.

Click here to see a video about Halton Speak Out and the projects they run

The new Children and Families Act is clear that all Local Authorities must give clear information about services for children and young people with special educational needs and/or disabilities (SEND). This is called the Local Offer.
http://localoffer.haltonchildrenstrust.co.uk

6.0 Transforming Care Partnerships (TCPs) Leadership and Governance

See Appendix 3 for System and Place based leadership and governance including the voices of self-advocates their carers and families.

7.0 HALTON PLACE BASED IMPLEMENTATION

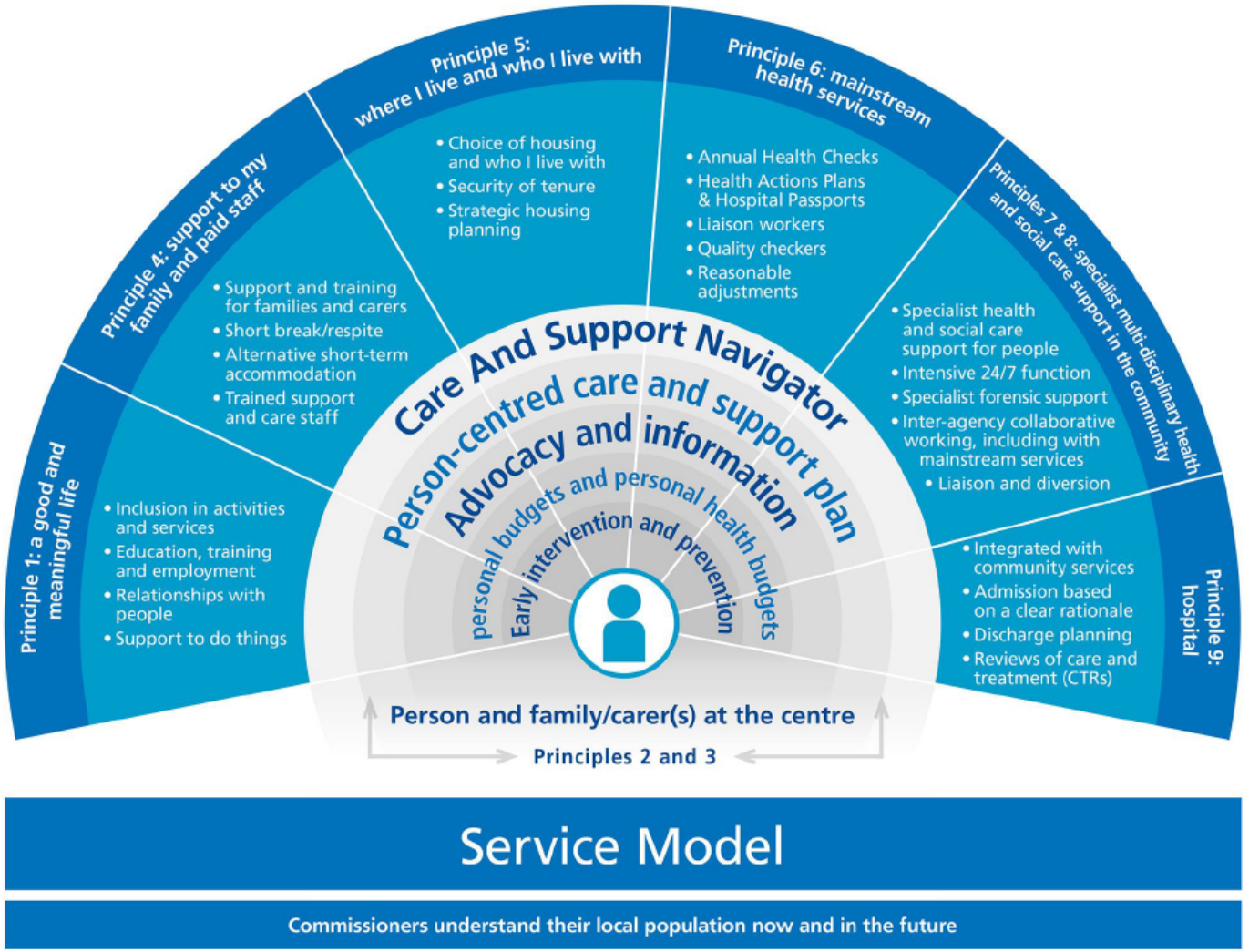
The key recommendations from Winterbourne View – Time to Change (2014), Building the Right Support (2015), The NHS Plan (2019) and Learning Disability Mortality Review Programme (LEDER) (2018) and have formed the Halton System Implementation Progress Plan which can be seen in Appendix 4.

8.0 Conclusion

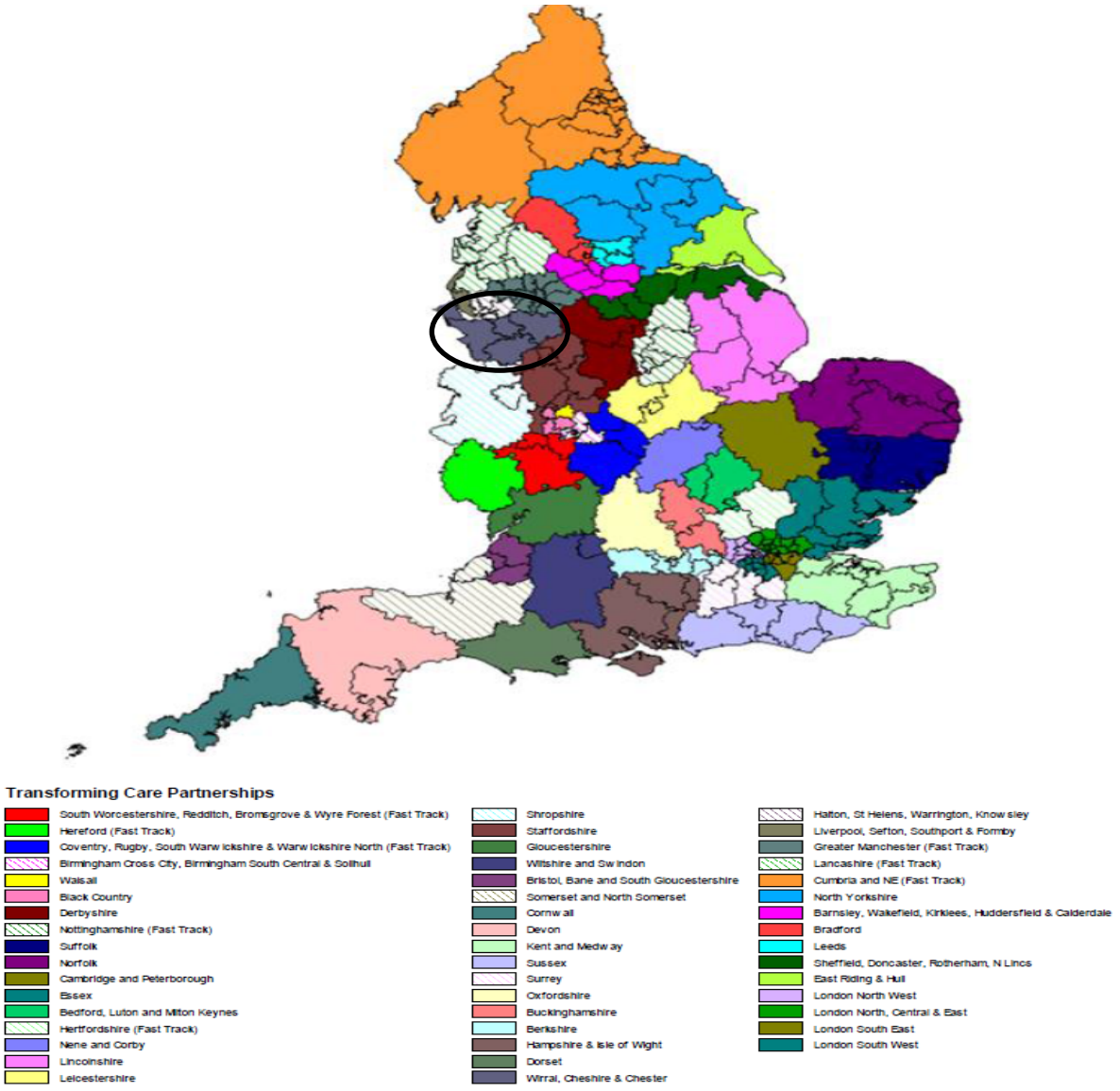
Much progress has been made to date to implement the Transforming Care national programme of work, service model and Cheshire & Merseyside Transforming Care Plan to ensure that people with learning disabilities and/or autism receive high quality, safe and effective care. Halton are an active member of this partnership ensuring that place based service provision is co-produced and needs led.

There is still further work to be undertaken to achieve all the service model requirements. It is therefore proposed that an annual report be presented to Halton Health and Wellbeing Board by way of assurance that the needs of people with learning disabilities and/or autism and/or behaviours that challenge are being met.

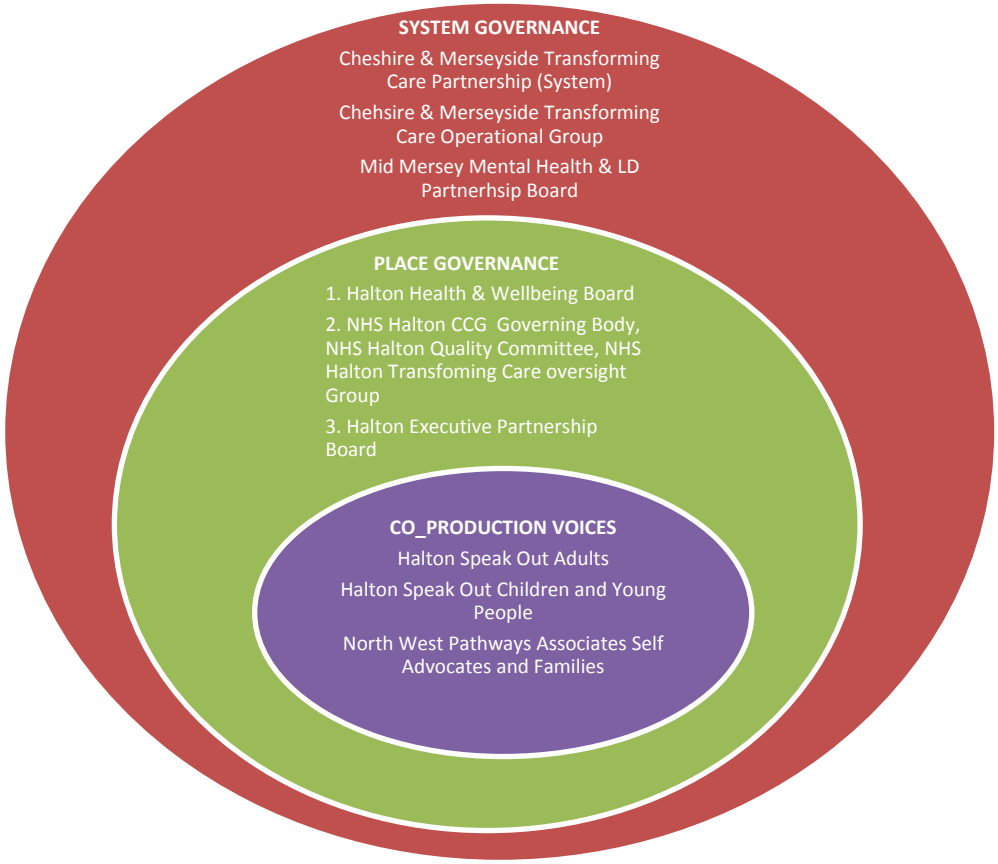
Appendix 1 Building the Right Support Service Model



Appendix 2 - Transforming Care Partnerships Nationally (Cheshire & Merseyside circled)



Appendix 3 Leadership & Governance of Transforming Care for People with Learning Disabilities and/or Autism



Transforming Care Partnership
For people with Learning Disabilities and/or Autism in Cheshire and Merseyside

Cheshire and Merseyside Transforming Care Partnership: Governance on a page

NHS England

Our Strategic Aims

Helping people live in homes, not hospitals (reduced reliance on inpatient beds)
Building more services in the community (increased support in the community)
Improving people's health, quality of care and quality of life (reduction in premature mortality)

Accountable Organisations

Borough Councils
- Sefton Council
- Liverpool Council
- Halton Borough Council
- Knowsley Borough Council
- St Helens Borough Council
- Warrington Borough Council
- West Cheshire and Chester Borough Council
- Cheshire East Borough Council

CCGs
- Liverpool CCG
- Halton CCG
- Knowsley CCG
- Southport and Formby CCG
- South Sefton CCG
- St Helens CCG
- Warrington CCG
- Wirral CCG
- South Cheshire CCG
- East Cheshire CCG
- Vale Royal CCG
- West Cheshire CCG

Commissioning Bodies
Liverpool City Region
NHS England Specialised Commissioning

Providers
Cheshire and Wirral Partnership
North West Boroughs
Mersey Care

Stakeholder Representation
Children and Young People
Experts by Experience

Workplan Areas

1. **Performance**
2. **Housing and Providers**
   - Resettlement
   - Wider housing
3. **Finance**
   - Short term transformational funding
   - Funding flows across system
4. **Co-production and communication**
   - People who use services
   - Wider stakeholders
5. **Children and Young People**
   - Commissioning for LD/ ASC
   - Link with other services via SEND
6. **Adult Hospital and Community Services**
   - Inpatient bed provision
   - Consistent specifications across region
   - Provider service change/ development
   - Physical health of people with LD/ ASC
7. **Workforce**
   - Recruitment, retention and apprenticeships/ training
   - Skills development of existing paid/ unpaid workforce

Main Committees

Committee	Key Function
TCP Strategic Board	**Collective agreement** on proposals around strategic elements relating to: • Inpatient bed numbers and function • Community Service consistency across region (CYP and Adults) • Health and Care support to improve health, quality of care and quality of life • Future workforce development – recruitment and training of new workers, development of existing workers (paid and unpaid) • Future housing direction for people with LD and/ or ASC • Use of short term transformational funding • Future use of recurrent revenue funding transferred from NHS England Identification of **risks** and any mitigating action **Monitor and expedite progress**, lending support to implementation and working pro-actively to drive change through accountable organisations **Escalate issues** which might better be addressed by the wider system to • the Cheshire and Merseyside Health and Care Partnership • the North Transforming Care Board
TCP Operational Board	**Develop**, in conjunction with best practice and experts by experience, **proposals** about • Inpatient bed numbers and function • Community Service consistency across region (CYP and Adults) • Health and Care support to improve health, quality of care and quality of life • Future workforce development – recruitment and training of new workers, development of existing workers (paid and unpaid) • Future housing direction for people with LD and/ or ASC • Use of short term transformational funding • Future use of recurrent revenue funding transferred from NHS England **Participate** in the work of the **North West ODN** around highlighting good practice to inform service change and delivery, **utilising their recommendations** to inform proposals **Monitor and expedite implementation** of agreed proposals across Cheshire and Merseyside within local areas **Escalate issues** to Strategic Board where required
TCP Confirm and Challenge Group	Formal group with a range of people who use services where they and the TCP can shape proposals, report progress and monitor implementation through expert's lived experience

Local and / or Task and Finish Groups

Group	Key Function
North Mersey Hub	**Implement plans** agreed at Strategic Board at a local level **Monitor progress** **Identify and resolve** any local issues within parameters of agreed plans **Escalate issues** to Operational Board as needed
Mid Mersey Hub	
Cheshire and Wirral Commissioners	
LeDeR Steering Group	**Develop, monitor and expedite** LeDeR review programme with a focus on reducing premature mortality Prepare a **consolidated view of recommendations** **Develop an action plan** arising from review recommendations which will inform community service discussions at Operational Board level
STOMP Group	**Develop, monitor and expedite** STOMP programme (medicines use / change in practice) Prepare a **consolidated view of recommendations** **Develop an action plan** arising from recommendations which will inform community service discussions at Operational Board level
Deep Dives – Inpatient Discharges	Discuss and challenge current discharge progress, with a view to escalating any issues and expediting.

Appendix 4 Halton System Implementation Progress Plan at November 2019

<table>
<tr><th></th><th>National Objective and NHS 10 year Plan</th><th>HCCG Progress</th><th>Lead</th></tr>
<tr><td>1</td><td>Develop a Register of people with learning disabilities and/or autism in GP practises
(NHSE)</td><td>QOF LD register is in place.
• Further exploration of a register for people with Autism required. There is currently no national QOF register for this group of patients
• NHS Halton CCG is in the upper quartile range for this indicator (28/207)</td><td>Sarah Vickers</td></tr>
<tr><td>2</td><td>Number of people with learning disability and/or autism registered in NHS Halton CCG</td><td><table><tr><th>Register</th><th>2018/19</th><th>2019/20</th></tr><tr><td>LD Register</td><td>818</td><td></td></tr><tr><td>Autism</td><td>636</td><td></td></tr><tr><td>LD & Autism</td><td>157</td><td></td></tr></table></td><td>Sarah Vickers</td></tr>
<tr><td>3</td><td>All people with learning disabilities and/or autism to have annual health check. Improve uptake of the existing annual health check in primary care for people aged over 14 years with a learning disability, so that at least 75% (Building the Right Support & NHS Plan)</td><td>Year on Year incremental increase is required.
<table><tr><th></th><th>Target</th><th>Achieved</th></tr><tr><td>2016/17</td><td>60%</td><td>58.80%</td></tr><tr><td>2017/18</td><td>70%</td><td>59.51%</td></tr><tr><td>2018/19</td><td>70.6%</td><td>59.22%</td></tr><tr><td>2019/20</td><td>75%</td><td></td></tr></table>There is currently no annual health check specifically for those patients with Autism without an LD

Data is being reported on those patients on GP registers who have LD and ASC and those with LD only and ASC only from the HIS (April 2019).

For individuals with Autism and no Learning Disability, work is underway to understand the demand and move away from case by case Autism diagnostic assessments, and to move to a commissioned service with post diagnostic support as required.

Information from Health Informatics is being interpreted regarding the usage trends and themes of all the read codes from the national template.</td><td>Sarah Vickers</td></tr>
</table>

		Training has been provided to GP's and Practice Nurses to assist their understanding of what a Learning Disability is and how best to support their patients attending their practice. Administration and Reception staff received training from Self-advocates from Halton Speak Out to increase their confidence is assisting a patient with a Learning Disability within the practice. Communication and Engagement has been taking place with parent and carer groups in Halton and an engagement plan has been developed to increase awareness of the health checks. Alongside this an easy read comic has been reproduced to be distributed within community services. A short film to promote the health checks is under developmental with Bright Sparks The adult Learning Disability Nursing Team are reinvigorating their link worker role within GP practices to support with the Learning Disability registers and promotion of health checks	
	Step change towards achieving timely diagnostic assessments for people with Autism in line with best practice guidelines to reduce waiting times for specialist services **(Building the Right Support & NHS Plan)**	Mid-Mersey made a successful bid to NHS England for monies to reduce the current waiting list time for adult diagnostic assessments. The investment has assisted to reduction of the waiting list. It is evident that Halton would benefit from an increase in the number of assessments completed. This will be reviewed following the project. Woodview are in the process of improving their diagnostic pathway for children. Woodview have reviewed their multi-agency panel and pathway. A new process has been implemented and being audited. Woodview have a team of Neurodevelopmental Nurses who are offering support around the time of assessment and diagnosis.	Lisa Birtle-Smith
	Pilot the introduction of a specific health check for people with autism, and if successful, extend it more widely. (**NHS Plan)**	Wirral CCG is piloting the health check. Learning will be shared with all CCG's in Cheshire & Merseyside for roll out.	Lisa Birtle-Smith
	Investment to ensure that children with learning disabilities have their needs met by eyesight, hearing and dental services and include in health check screening (**NHS Plan)**	To be scoped	Lisa Birtle-Smith
	Together with local authority	To be scoped	Lisa Birtle-Smith

<table>
<tr><td></td><td>children's social care and education services as well as expert charities, jointly develop packages to support children with autism or other neurodevelopmental disorders including attention deficit hyperactivity disorder (ADHD) and their families, throughout the diagnostic process. (NHS Plan)</td><td></td><td></td></tr>
<tr><td>4</td><td>By 2023/24 children and young people with a learning disability, autism or both with the most complex needs will have a designated keyworker. (NHS Plan)</td><td>To be scoped</td><td>Lisa Birtle-Smith</td></tr>
<tr><td rowspan="3">5
6</td><td>Where possible, people with a learning disability, autism or both will be enabled to have a personal health budget (PHBs) (Building the Right Support & NHS Plan)</td><td>PBH's are currently available.

Q2 data shows there are currently 39 individuals, with Learning Disability/Autism who have opted for a PHB</td><td>Jonathan Murray-Seddon</td></tr>
<tr><td>10-15 inpatients in CCG-commissioned beds (such as those in assessment and treatment units) per million population (Building the Right Support & NHS Plan)</td><td><table><tr><th></th><th>Target</th><th>Achieved</th></tr><tr><td>2018/19</td><td>1.5</td><td>1.5</td></tr><tr><td>2019/20</td><td>1.5</td><td></td></tr></table></td><td>Lisa Birtle-Smith</td></tr>
<tr><td>Since 2015, the number of people in in patient care has reduced by almost a fifth. By March 2023/24 inpatient care will have reduced by half the 2015 levels:</td><td>Number of Adults in an In-patient setting

<table><tr><th>2019/20</th><th>Target</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th><th>Achieved</th></tr><tr><td>CCG</td><td>0</td><td>1</td><td>1</td><td></td><td></td><td></td></tr><tr><td>Spec Comm</td><td>2</td><td>2</td><td>1</td><td></td><td></td><td></td></tr></table></td><td>Lisa Birtle-Smith</td></tr>
</table>

<table>
<tr>
<td></td>
<td>For adults (per million population) there will be <30 people with learning disabilities and/or autism in an inpatient bed. (Building the Right Support & NHS Plan)</td>
<td>
<table>
<tr><td>TARGET</td><td>2</td><td>3</td><td>2</td><td></td><td></td><td></td></tr>
</table>

Number of Adults currently in in-patient setting is: 2

NHS Halton CCG have concluded a Learning Disability Review and benchmarked Halton against the revised adult Learning Disability Community Team specification including the enhanced specification with all stakeholders in the Halton. Halton is well resourced across Halton Borough Council, North West Boroughs Healthcare (NWBH) and Bridgewater Community Healthcare Community Trust. Adult teams have been increasingly responding to crisis, which has limited some preventative interventions.
The community Infrastructure is being explored within Halton to consider remodelling the community services thus reducing the reliance on inpatient beds.
Halton have been successful in a bid to develop an Intensive Support Function (ISF) within the NWBH Community Team. The ethos of the ISF it to reduce inappropriate admission to mental health beds and provides intensive support in place. This function is currently being mobilised.
</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For children (per million population) there will be < 12-15 with LD and/or autism in an inpatient facility. (Building the Right Support & NHS Plan)</td>
<td>Number of Children & Young People in an In-patient setting

<table>
<tr><th>2019/20</th><th>Target</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th><th>Achieved</th></tr>
<tr><td>Spec Comm</td><td>0</td><td>0</td><td>0</td><td>1</td><td></td><td></td></tr>
</table>
</td>
<td>Lisa Birtle-Smith</td>
</tr>
<tr>
<td>7</td>
<td>Increased investment in intensive, crisis and forensic community support (NHS Plan)</td>
<td>The ISF in Halton has forensic practitioner posts within the structure.</td>
<td>Lisa Birtle-Smith</td>
</tr>
<tr>
<td>8</td>
<td>Number of people with learning disabilities and/or autism currently in an in-patient setting</td>
<td>3 people</td>
<td>Lisa Birtle-Smith</td>
</tr>
<tr>
<td>9</td>
<td>Number of people currently in an in-patient setting with an expected date of discharge in place</td>
<td>3 people</td>
<td>Lisa Birtle-Smith</td>
</tr>
<tr>
<td>10
11</td>
<td>Care and Treatment Reviews to be undertaken to prevent an avoidable</td>
<td>Halton has Dynamic Support Databases (DSD) for both adults and children. This focusses on those individuals who are at risk of admission. The intended outcome is to</td>
<td>Lisa Birtle-Smith</td>
</tr>
</table>

<table>
<tr>
<td></td>
<td>admission (Blue Light CTR), post admission to plan for discharge and 6 monthly to review care planning. (Building the Right Support & NHS Plan)</td>
<td>avoid an avoidable admission.

Adult Care and Treatment Reviews

<table>
<tr><th>2019/20</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td>Number of admission avoidance CTR’s</td><td>0</td><td>1</td><td></td><td></td></tr>
<tr><td>Number of post admission CTR’s</td><td>0</td><td>0</td><td></td><td></td></tr>
<tr><td>Number of CTR’s at 6 months</td><td>0</td><td>1</td><td></td><td></td></tr>
<tr><td>Total Number of C(E)TRs undertaken</td><td>0</td><td>2</td><td></td><td></td></tr>
</table>

Children’s Care and Treatment Reviews

<table>
<tr><th>2019/20</th><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td>Number of admission avoidance CTR’s</td><td>0</td><td>1</td><td></td><td></td></tr>
<tr><td>Number of post admission CTR’s</td><td>0</td><td></td><td>1</td><td></td></tr>
<tr><td>Number of CTR’s at 6 months</td><td>0</td><td></td><td></td><td></td></tr>
<tr><td>Total Number of C(E)TRs undertaken</td><td>0</td><td>1</td><td>1</td><td></td></tr>
</table>
</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of deaths reported via the Learning Disabilities Mortality Review (LeDeR) Programme

(post January 2019)

(NHSE/Local)</td>
<td>
<table>
<tr><th>2019/20
Halton</th><th>Q4
2018-19</th><th>Q1 2019-20
April-June</th><th>Q2
July-sept</th><th>Q3
Oct-Dec</th></tr>
<tr><td>Number of deaths of people with learning disability reported via LeDeR</td><td>1</td><td>1</td><td>2</td><td>1</td></tr>
<tr><td>Number of reviews allocated for review</td><td>1</td><td>1</td><td>2</td><td>1</td></tr>
<tr><td>Number not allocated for review</td><td>0</td><td>0</td><td>0</td><td>0</td></tr>
<tr><td>Number of reviews undertaken/completed</td><td>Scheduled to panel</td><td>Scheduled to panel</td><td>Scheduled to panel</td><td>Scheduled to panel</td></tr>
</table>
</td>
<td>Sam Atkinson</td>
</tr>
</table>

		In addition to data above: • Panel pilot commenced from November 2019 • there are currently x1 case still with an individual reviewer for completion and this is in progress • there are 3 Halton cases that need final QA- these are all scheduled for the December panel • are on target to be in trajectory for completion of reviews back within the 6 month performance threshold by end March 2020 • a panel is scheduled monthly for all new cases to be reviewed from Jan 2020 and all current notified deaths have been allocated to a panel date.	
12	Accelerate the LeDeR initiative to identify common themes and learning points and provide targeted support to local areas. (**NHS Plan**)	Thematic Lessons Learned: • 2 learning into action conferences planned for February 2020 to support local learning and use of themes and trends information from leder • Process in place to collate learning from the panel reviews and systematically share any local /regional key points. • Local learning into action group to be established to ensure system wide use of the information and service improvement	Sam Atkinson
	Stopping over medication of people with a learning disability, autism or (STOMP) **(Building the Right Support & NHS Plan)**	Halton CCG have undertaken a review of all patients on the GP Learning Disability register in line with STOMP. Recommendations were made and a follow up audit showed a high percentage of cases had their medication reviewed. In Q4 a NHS Halton CCG plans to revisit the STOMPLD audit to highlight areas for the prescribers to review. NWBH have a STOMPLD group. An Autism only audit has been tested in 1 practice and a search will be performed with each practice for prescribers to review.	Lucy Reid
	Expand the Stopping over medication of people with a learning disability autism or both and Supporting Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP) programmes **(Building the Right Support & NHS Plan)**	As above Positive Behaviour Services are increasingly working with younger Children and parents to provide early intervention training and support. A case study has demonstrated the difference this intervention has made to children and families. Woodview has a full complement of Neurodevelopmental Nurses who will support children and families regarding appropriate interventions.	Lucy Reid
13	Local councils and NHS bodies to join together to deliver better and	Halton has a joint Strategic commissioning group. The main purpose of the group is to commission and develop services for adults with a learning disability and/or autism in	Sue Wallace Bonner

	more coordinated services **(Building the Right Support & NHS Plan)**	Halton. The group will maintain a focus on people placed out of borough with the aim of enabling them to return to the borough by ensuring sufficient and appropriate commissioning of services to meet needs. The principal focus of the group is those with learning disabilities and/or autism, however, the group also may also consider the needs of people with physical disabilities and mental health conditions if they are placed out of borough (or at risk of being). The group is led by the DASS for Halton and is developing a joint all age LD strategy. The LD Partnership Board is active in Halton which has representation across local councils, NHS providers and CCG, plus 3rd sector, education the police The Autism Action Alliance is active within Halton to promote the health and well-being of those with a diagnosis of Autism in Halton. The alliance holds the action plan resulting from the completed Autism Self-assessment. This has wide representation from people with liven experience, Health, Social Care and 3rd sector	Strategic commissioning group
14	Local housing that meets the specific needs of this group of people, such as schemes where people have their own home but ready access to on-site support staff **(Building the Right Support & NHS Plan)**	The housing panel, chaired by HBC, meets monthly to discuss housing needs of individuals'. The LD review has a focus area in the plan regarding housing particularly around the commissioning of ground floor accommodation. Halton was successful in obtaining capital funding from NHS England. This is to refurbish a property into 2 ground floor apartments for those individuals who engage in behaviour which is deemed as challenging, as a step up/down model. The refurbishment of the building will commence in January 2020 There has been the development of 3 crisis flats on the site of Bredon Respite service. This service will be appointing specialist staff to support individuals within the flats if needed. There is an option for individuals' to bring their own staff.	Local Authority
15	A rapid and ambitious expansion of the use of personal budgets, enabling people and their families to plan their own care, beyond those who already have a legal right to them **(Building the Right Support & NHS Plan)**	A **Personal Budget** is an allocation of funding given to a service user after an assessment of **social care need** which should be sufficient to meet their assessed needs. Users can either take their personal budget as a direct payment, or – while still choosing how their care needs are met and by whom – leave councils with the responsibility to commission the services. Or they can take have some combination of the two. A **Personal Health Budget** (PHB) is an allocation of resources made to a person with an	Local Authority

		established **health need**. The purpose of the budget is to ensure the person is able to call upon a predefined level of resources and use these flexibly to meet their identified health needs and outcomes. In order to be eligible to receive a Personal Health Budget, the individual must reside and be GP registered in Halton and must be assessed as eligible for NHS Continuing Care. **Number of people with learning disabilities and/or autism with a personal health budget is 39 at Q3**	
16	People to have access to a local care and support navigator or key worker, and investment in advocacy services run by local charities and voluntary organisations so that people and their families can access independent support and advice **(Building the Right Support & NHS Plan)**	With the development of the Adult Dynamic Support Database (DSD), all individuals at risk of an admission into a mental health hospital have a lead professional. The C&YP DSD being embedded together with all partners across education, social care and health. Halton Speak Out offer Person Centred Planning and Self-advocacy support to people with a Learning Disability. Independent advocacy is commissioned in Halton. Halton have Community Bridge Builders who connect individuals to activities and services in their local area. Halton has an LD community Matron, who is a lead professional for individuals with complex health needs.	Sue Wallace Bonner Strategic Commissioning Group
17	Pooled budgets between the NHS and local councils to ensure the right care is provided in the right place **(NHS Plan)**	Halton has a pooled budget	Sue Wallace Bonner
18	Using the nine principles set out in the 'New Service Model' (2015) TCPs should have the flexibility to design and commission services that meet the needs of people in their area. **(Building the Right Support)**	As section 6	Lisa Birtle-Smith

19	**NHS STANDARD CONTRACT and GP CONTRACT**		
	A new National Learning Disability Community Specification and Learning Disability Assessment & Treatment Specification has been developed for implementation.	The three trusts, Mersey Care, NWBH & CWP have been involved in the localising of the specification, alongside CCG's and Local Authorities.	Lisa Birtle-Smith Quality Contract Lead
	By 2023/24, a 'digital flag' in the patient record will ensure staff know a patient has a learning disability or autism **(Building the Right Support & NHS Plan)**	Cheshire and Merseyside have a digital strategy and will be an early adopter for a flag in care records of those with a Learning Disability, Autism or both.	Lisa Birtle-Smith Quality Contract Lead
	NHS Improvement has recently published improvement standards, and NHS England is about to publish good practice guidance, for providers of NHS services in respect of care and treatment of people with learning disabilities and autism. NHSE proposes to add a new requirement to the Contract for providers to have regard to these documents. **(Building the Right Support & NHS Plan)**	There are Learning Disability and Autism indicators contained within the Quality Schedules in the contracts are monitored via the contract review meetings with providers. We will continue to develop them year on year	Lisa Birtle-Smith Quality Contract Lead
	Service Conditions 6 and 11 Health inequalities - include a high-level requirement in the Contract for the provider to support the commissioners in carrying out their duties in respect of the reduction of inequalities in access to health services and in the outcomes achieved from the delivery of health services. **(Building the Right Support & NHS Plan)**	There are Learning Disability and Autism indicators contained within the Quality Schedules in the contracts are monitored via the contract review meetings with providers. We will continue to develop them year on year	Lisa Birtle-Smith Quality Contract Lead
	Following a consultation on the	There are Learning Disability and Autism indicators contained within the Quality	Lisa Birtle-

	options for delivering awareness training, NHS staff will receive information and training on supporting people with a learning disability and/ or autism. (**NHS Plan**)	Schedules in the contracts are monitored via the contract review meetings with providers. We will continue to develop them year on year	Smith Quality Contract Lead
	Integrated care systems ICSs will be expected to make sure all local healthcare providers are making reasonable adjustments to support people with a learning disability or autism. **(Building the Right Support & NHS Plan)**	This will be a component of the ICS as it evolves. These are also in the current quality schedule	Lisa Birtle-Smith Quality Contract Lead
	All areas of the country will implement and be monitored against a '12-point discharge plan' to ensure discharges are timely and effective. (**NHS Plan)**	Halton CCG is aware of this and gives consideration to this during the inpatient stay and discharge planning.	Lisa Birtle-Smith Quality Contract Lead
	2019-2024 national learning disability improvement standards will be implemented and will apply to all services funded by the NHS. **(NHS Plan)**	These are currently in place in the contract quality schedule in commissioned services.	Lisa Birtle-Smith Quality Contract Lead

REPORT TO:	Health and Wellbeing Board
DATE:	15th January 2020
REPORTING OFFICER:	NHS CCG Accountable Officer and Director of Public Health
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Cheshire and Merseyside working together as a Marmot Community: Strengthening system leadership for population health and reducing health and wellbeing inequalities.
WARDS:	Borough Wide

1.0 PURPOSE OF THE REPORT

The purpose of this paper is to set out the benefits to Halton and Cheshire and Merseyside of becoming a Marmot sub region.

2.0 RECOMMENDATION: That

Halton Health and Wellbeing Board supports this proposal of Cheshire & Merseyside becoming a Marmot Community.

That the Cheshire and Merseyside Health and Care Partnership will finance, oversee and assure this initiative with the support of partners.

3.0 SUPPORTING INFORMATION

3.1 Introduction:

In common with Halton's Health and Wellbeing Board the Cheshire and Merseyside (C&M) Health and Care Partnership has identified tackling the difference between England and C&M in life expectancy and healthy life as its core purpose. Aligned to this there is an ambition to reduce inequalities in health outcomes within C&M. In order to achieve this ambition, it is proposed that the C&M Health and Care Partnership become a Marmot Community.

The landmark Marmot Review: Fair Society, Healthy Lives outlined the causes of health inequalities and the actions required to reduce them. The Review proposes an evidence-based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.

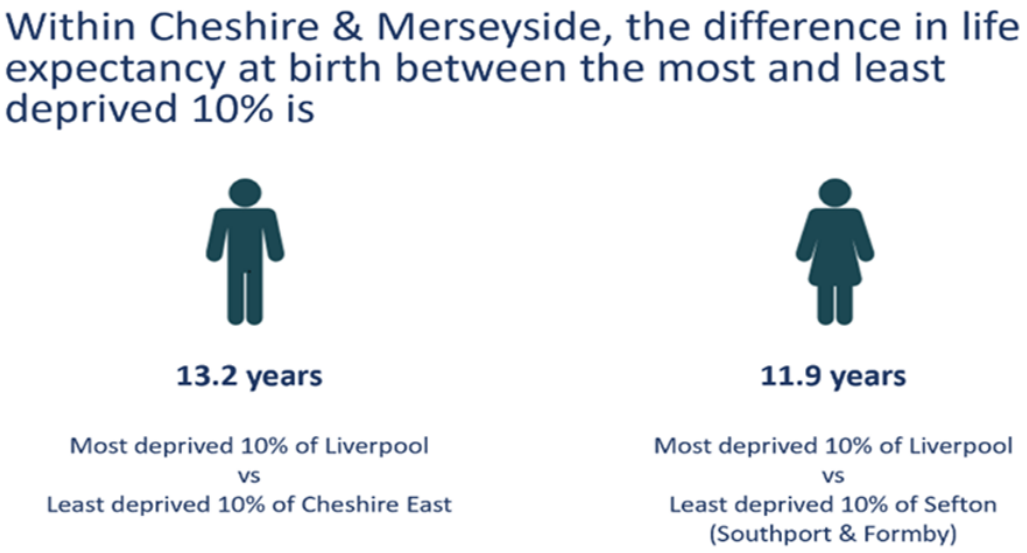
Evidence tells us that health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case due to lost taxes, welfare payments and costs to the NHS.

The Partnership and the 9 local Places are already working to reduce health inequalities. This paper outlines how becoming a Marmot Community will enhance and enable this approach so we drive out inequalities through the C&M 5 Year Strategy, the chosen priorities, the cross cutting themes and the Place Based Plans.

3.2 Health Inequalities in Cheshire and Merseyside remain a challenge

Inequalities in health persist both between C&M, and within C&M. Despite improvements in life expectancy within most local authorities in C&M, the region remains below the England average. In addition, within C&M, as with the rest of England, there is a social gradient in health – the lower a person's social position, the worse his or her health.

Considerable work remains to be done to reduce health inequalities within C&M:



- Male life expectancy at birth (2015-17) was lower than England in 7 out of 9 Local Authorities within C&M (Only Cheshire West and Chester and Cheshire East being above the national rate).

- Female life expectancy at birth (2015-17) was lower than England in 8 out of 9 Local Authorities within C&M (Only Cheshire East being above national rate).

- Men living in the poorest neighbourhoods in C&M will on average die between 9 and 13 years earlier than men living in the richest neighbourhoods.

- Women living in the poorest neighbourhoods in C&M will on average die between 7 and 11 years earlier than women living in the richest neighbourhoods.

- People living in poorer areas of C&M not only die sooner, but spend more of their lives in poor health:
  - Men living in the poorest neighbourhoods in C&M Local Authorities will spend on average an additional 14 - 22 years in poor health.
  - Women living in the poorest neighbourhoods in C&M Local Authorities will spend on average an additional 13-21 years in poor health.

The examples outlined above highlight the stark differences between the poorest and richest 10% of our population. However, the social gradient in health affects all of those except those at the very top. This means most people in C&M are not living as long as the best off in society and are spending longer in ill-health.

The Marmot Indicators measure inequalities in health and life expectancy in every local authority in England. They also track the 'social determinants of health' which drive how healthy we are and how long we are likely to live. An overview of the Marmot indicators for C&M is provided in Appendix 1. For many indicators, local authorities within C&M are currently below the England average.

3.3 Vision for Cheshire and Merseyside

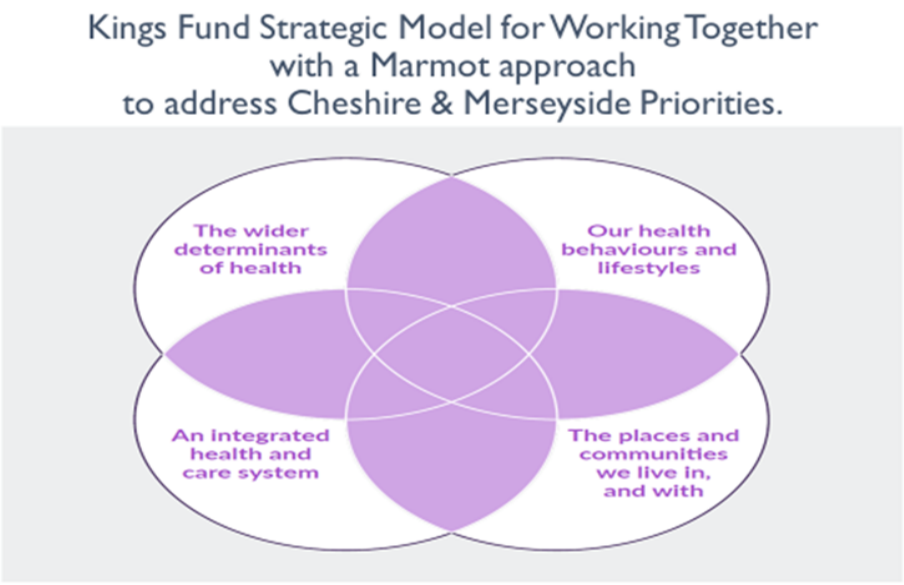
The C&M Partnership strategy – Better Lives Now – sets out the case for taking action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the social determinants of health.

The C&M Health and Care Partnership has committed to:

1. Focusing on population health to achieve our universal goal of reduced health inequalities for C&M.
2. Addressing the social determinants of health and wellbeing.
3. Working with local communities and partners.
4. Aligning our strategy and efforts with those who share our goal to make a bigger impact towards better lives.

In September 2019, the Partnership held an event co-hosted with Sir Michael Marmot, the Local Government Association, Champs, and The King's Fund to bring together over 150 system leaders from a wide range of backgrounds and across the political spectrum to explore opportunities and priorities for our population's health. At this event the Partnership endorsed taking a "whole population, whole system" approach as outlined in Figure 1.

Figure 1: Kings Fund Strategic Model for Population Health



The advantages of this approach are:

• A clear focus on reducing health inequalities.

• Driven by intelligence and evidence.

• Whole system engagement.

This approach will enable us to examine and drive forward local and joint C&M Health Care Partnership priorities through this prism. They are:

• Improved mental health & wellbeing -Zero suicide

• Preventing cardiovascular disease (CVD) - Zero stroke.

• No harm from alcohol.

3.4 A Whole System Approach

The Partnership recognises that good quality health care is a determinant of health. But that most of the determinants of health lie outside the health care system. It recognises that the NHS cannot resolve its problems on its own and cannot deliver population health improvements or reduce health inequalities without trusted and effective working relationships between NHS and Local Authority colleagues, with the broader system. As Sir Michael Marmot himself puts it:

'..why treat people and send them back to the conditions that made them sick?'

In order to reduce health inequalities a broad range of actions are needed involving stakeholders from across the system. The whole system approach required is outlined within Figure 2.

Figure 2: A whole system approach (Source: PHE)

Local Authorities are key leaders in any place-based actions as they are already acting on Marmot's key policy objectives:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill-health prevention.

They do this through a range of drivers for health inequalities including:

- Best start in life including children's services and 0-19 Healthy Child Programmes
- Healthy schools and pupils
- Jobs and work
- Active and safe travel
- Warmer and safer homes
- Access to green spaces and leisure services
- Public protection
- Regeneration
- Health and spatial planning
- Strong communities: wellbeing and resilience

In addition, local authorities have a large web of interactions and linked responsibilities with other public-sector bodies including police, fire and rescue, welfare agencies, education and housing.

Research from developing whole system approaches highlights the importance of 'disrupting the system' which involves partners collectively identifying the most likely and productive areas of activity in the local system, agreeing and aligning actions.

Within C&M, we already have really good examples of activities we are delivering at scale that we can build upon as a Marmot Sub-Region. This includes (but is not limited to):

- Taking a Place Based Approach. Place at the local authority level is the primary building block for integration between health and care and other sectors of the service system.
- Development of a Cheshire and Merseyside Population Health Framework.
- Collaborative work to reduce child poverty.
- Work around social value and the role of the NHS as anchor institutions.
- Strong links to LEPs within the Liverpool City Region and Cheshire and Warrington -with a focus upon the links between "wealth and health".
- Cheshire and Merseyside FRS have received a 'Marmot Partnership Award'.
- Examples of asset-based community development activities.
- Taking a public health approach to violence prevention.
- Utilising Behavioural Sciences to Improve Health and Wellbeing.

3.5 Key benefits of becoming a Marmot Community:

- Access to international expertise:

Being part of the Marmot Network will provide us with access to the international expertise of the Institute for Health Equity (IHE) based at University College London (UCL). We will be able to use their expertise and resources in supporting us in our plans for accelerated action on the social determinants of health in the region.

- Developing excellence in systems leadership for Population Health:

IHE can help to inspire and shape C&M strategic direction and implementation of place based, population and prevention focussed approaches, which maximise fully the opportunities in C&M and ensure a strong focus on health equity. The team could deliver workshops and attend key strategic events to enthuse and build the knowledge and skills of particular key groups such as senior leaders in health and social care including the HCP Board, NHS and Local Authority CEOs, Leaders and elected members. Practice based

resources and tools could be shared both in workshops and online including webinars to enhance knowledge across the system with practitioners.

- Strengthening joint working with the NHS and local authorities:

IHE can work with Cheshire and Merseyside local authorities and the Health and Care Partnership to further develop a whole system approach to tackling health inequalities and governance and partnership arrangements to facilitate it. This will strengthen joint working with local government to enhance openness, coproduction and dialogue at both a local and sub-regional level. An effective engagement plan will be developed with advice from the lead local authority CEOs and the LGA.

- Maximising our impact on health inequalities together:

IHE can work across Cheshire and Merseyside to build upon existing strategies and policies to develop future plans and strategies which can make real impact across health inequalities – including providing evidence about what would make the difference, and how to do it in practice and evaluation of outcomes. Examples from other areas in England and internationally will be drawn on and from a range of relevant stakeholders from statutory, voluntary and community sectors across early years, education, housing, employers, environment, culture and leisure, transport, police and fire services and others.

- Promoting excellence in practice in Cheshire and Merseyside:

IHE will help to raise the profile of the strategic ambition and achievements in Cheshire and Merseyside in national and international forums. Becoming a Marmot sub-region provides the opportunity for national and international recognition for our local work to reduce health inequalities.

3.6 Role of CM Partnership

Cheshire and Merseyside Health and Care Partnership will build on current work and:

- Collaborate with the Marmot Team including providing all relevant documents and strategies.
- Identify and collaborate with key stakeholders from across the system including regular engagement and workshop sessions.
- Develop a steering group and implementation group to oversee this work.
- Work with the political and executive leadership to support this work.
- Provide the capacity and capability to input into the development of strategies by the IHE and to support the implementation of the work.
- Identify and collaborate with key stakeholders from across the system including regular engagement and workshop sessions, developing a strong engagement plan.

3.7 Summary

Being part of the Marmot Network provides Cheshire and Merseyside with the opportunity to work with international experts to accelerate action on the social determinants of health and to learn from other areas in England and internationally about the most effective ways to take action within the region

IHE will enhance the C&M HCP strategic direction, providing advice and supporting delivery on the agreed priorities, implementation strategies and monitoring outcomes.

It also provides the opportunity for national and international recognition for our local work to reduce health inequalities.

4.0 POLICY IMPLICATIONS

4.1 Working as a Marmot Community will inform collaborative action for the Council, NHS, Social Care, Public Health and other key partners as appropriate.

5.0 FINANCIAL IMPLICATIONS

5.1 No additional funding required.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People

The best start in life is essential if children and young people are to have good physical, social and emotional health. A Marmot model will ensure this is embedded throughout the system.

6.2 Employment, Learning and Skills

Working with the Marmot team will provide additional focus to enable all children, young people and adults to maximise their capabilities and have control over their lives.

6.3 Health

Becoming part of a Marmot Community will accelerate work on tackling health inequality.

6.4 Safer

Working on a Marmot model will help us tackle the root causes of crime and inequality.

6.5 **Urban Renewal**

The Marmot model supports us to create and develop healthy and sustainable places and communities.

RISK ANALYSIS

Agreeing to become a Marmot Community does not present any risk.

7.0 EQUALITY AND DIVERSITY ISSUES

This is in line with all equality and diversity issues.

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

None within the meaning of the Act

REPORT TO:	Health and Wellbeing Board
MEETING DATE:	15 January 2020
REPORTING OFFICER:	David Parr Senior Responsible Officer, One Halton Chief Executive, Halton Borough Council
PORTFOLIO:	Health and Wellbeing
SUBJECT:	One Halton - Update Report (December 2019)
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is to provide the Health and Wellbeing Board with an update on matters relating to the development of One Halton, including the work of the One Halton Forum, the Integrated Commissioning Group and the Provider Alliance.

2.0 RECOMMENDATION: That

1) **The contents of the report are noted;**
2) **The final version of the One Halton Plan 2019-2024 is endorsed;**
3) **The One Halton Plan on a Page is approved;**
4) **The initial priorities for a One Halton Delivery Plan are agreed as Cancer and Cardiovascular Disease;**
5) **One Halton Funding requests have been noted;**
6) **The budget statement is noted.**

3.0 SUPPORTING INFORMATION

One Halton Forum

3.1 The One Halton Forum took place on 11th December 2019.
A summary of the key points/actions from these meeting are as follows:

One Halton Plan

3.2 At the last Health and Wellbeing Board, it was agreed that David Parr (Senior Responsible Officer for One Halton) and Rob Polhill (Chair of Health and Wellbeing Board) would have delegated authority to sign off the One Halton Plan without the need to convene another meeting.

3.3 Feedback from Cheshire and Merseyside Health and Care Partnership, along with any final inclusions from the Providers and Commissioners were considered and included in the Final Version.

3.4 The One Halton Plan 2019-2024 was finalised and approved on 30th October 2019. The final version is available as Appendix 1

3.5 The One Halton Plan was submitted to Cheshire and Merseyside Health and Care Partnership on the 31st October 2019 as required. Positive feedback has been received since then stating they were impressed with the plan, recognising the hard work that been undertaken to produce. They made particular reference to the collaboration and integration work taking place, advising the plan gave them a positive impression of the local partners working together to improve the lives of people in Halton and reduce inequalities.

3.6 Organisations within One Halton have been asked to share the One Halton Plan through their relevant Boards/Accountability Body for endorsement.

3.7 **The Health and Wellbeing Board are asked to endorse the final version of the One Halton Plan.**

3.8 A plan on a page has been created as a summary document and is available as Appendix 2. This has been produced primarily as a Public document to aide with local engagement on what One Halton plans to do in 2020/2021 and what we need our local people to do to help themselves have longer, healthier, happier lives.

3.9 **The Health and Wellbeing Board are asked to approve the One Halton Plan on a Page document.**

3.10 Due to Purdah it was agreed to delay the public facing communications until early 2020. Work is being undertaken to collate details of events scheduled by stakeholders and partners during early 2020.

One Halton Delivery Plan

3.11 A One Halton Delivery Plan is currently in production. A discussion took place at the last One Halton Forum with a view to translating the One Halton Plan 2019-2024 into a Delivery Plan.

3.12 Currently the Provider Alliance are working on dedicated programmes of work focussed on ways of working and getting the system right through collaboration, these programmes include:

- Urgent Treatment Centres
- Place Based Integration
    - Integrated Frailty Service
    - Primary Care Networks
- Prevention/Making Every Contact Count
- Leadership Development

*Further details on these programmes are included within the separate Provider Alliance Update Report

3.13 Commissioners have identified three areas; Mental Health, Children aged 0-5 and Cardiovascular Disease as three high priority areas that could be considered for a collaborative whole system review to do something differently, remove duplication and improve patient outcomes.

3.14 The One Halton Plan 2019-2024 identifies six priority areas:

- *Children and Young People;* Improved levels of early child development
- *Generally Well;* Increased levels of physical activity and healthy eating and reduction in harm from alcohol.
- *Long Term Conditions;* Reduction in levels of heart disease and stroke
- *Mental Health;* Improved prevention, early detection and treatment
- *Cancer;* Reduced level of premature death
- *Older People;* Improved quality of life

3.15 At the last One Halton Forum a discussion took place which resulted in Cancer and Cardiovascular Disease being identified as the first two programmes of disease specific work to be reviewed collaboratively across Provider and Commissioner. Both of these programmes are priorities identified in the One Halton Plan. It was agreed to identify best practice from other areas and propose a model which could be tested to improve patient outcomes.

3.16 **The Health and Wellbeing Board are asked to agree the initial priorities for One Halton Delivery Plan as Cancer and Cardiovascular Disease.**

3.17 Next steps will involve arranging collaborative workshops to develop each priority further.

Communication and Engagement

3.18 The One Halton website; www.onehalton.uk is live and will act as a central point for patients, residents and stakeholders to find out more information in relation to One Halton. The website currently displays the One Halton Plan and will be developed further during 2020 to include good news stories, case studies and achievements.

3.19 A review is being undertaken regarding existing arrangements that are in place for translation and interpretation services to assess whether there is an opportunity to align and have a single set of arrangements across One Halton. The aim would be to improve the quality of services, reduce costs, and ensuring consistency of provision across Halton. This is early development and currently establishing a baseline of current provision in Halton.

3.20 As part of the winter campaigns for flu, a number of short myth busting videos have been created. These are targeted at population groups where in previous years there has been low take up. The videos have been shared with partners who are encouraged to use them over social media. The videos can be viewed here.

One Halton Finance

3.21 At the Health and Wellbeing Board in July, the Board agreed to delegate authority and management of the budget to the Chief Executive/One Halton Senior Responsible Officer in consultation with the Chair of the Health and Wellbeing Board and the Health and Wellbeing Portfolio Holder.

3.22 Since the last meeting there has been one request for funding from the Provider Alliance, initially it was not supported by the Commissioners and subsequently was declined by the Senior Responsible Officer. The Provider Alliance reviewed, strengthened and resubmitted the funding request which was then approved on the 9th December 2019.
A breakdown summary is shown below:

Funding Amount	Title/Project	Brief Summary	Decision Made	Date of Decision
£23,400	Urgent Treatment Centres	Funding to support collaborative working of the Provider Group to develop a bespoke service delivery model for the Urgent Treatment Centres in Halton.	Approved	09/12/2019

3.23 **The Halton Health and Wellbeing Board are asked to note the funding requests made in this reporting period.**

3.24 As at 12th December there is £212,969 of the One Halton Budget not yet allocated to any particular project. If not spent within this financial year, the money can be moved into the next year and will still be available to use.

3.25 One Halton expects to receive a similar allocation for the next 4 years from Cheshire and Merseyside Health and Care Partnership who top slice funding from all of the NHS organisations in Cheshire and Merseyside. This funding is not guaranteed, nor has been confirmed for 2020/21.

3.26 A One Halton Budget Statement is available as Appendix 3.
The Halton Health and Wellbeing Board are asked to note the contents.

Future Governance Arrangements of the CCG

3.27 As reported at the last Health and Wellbeing Board; following an NHS England directive to Clinical Commissioning Groups to reduce running costs by 20% by 2020/2021, and the publication of the NHS Long Term Plan in January 2019, both NHS Halton CCG and NHS Warrington CCG have been exploring options to address their financial challenges.

3.28 NHS Halton CCG and NHS Warrington CCG wished to progress with a formal merger, however following a practice member ballot process it was not supported by their GP members, therefore the merger application could not submitted to NHS England.

3.29 The financial pressures still remain, to mitigate this NHS Halton CCG are working as an integrated team with NHS Warrington CCG. The two governing bodies will remain, as will two Primary Care Committees, consideration is being made as to whether other committees could be consolidated in some way such having two parts.
The two Clinical Commissioning Groups are aligning their constitutions; they will ensure that place takes primacy.
The two organisations will move offices to one joint building in early 2020.

3.30 The NHS Long Term plan indicates a reduction in Clinical Commissioning Groups across England, with plans to move to strategic commissioning on a larger footprint such as Cheshire and Merseyside.

3.31 Halton Borough Council are working with NHS Halton CCG to produce an Integrated Commissioning Framework for Halton.

Cheshire and Merseyside Health and Care Partnership

3.32 Cheshire and Merseyside Health and Care Partnership have appointed Alan Yates as their new Chair. Alan has over 30 years' experience in the NHS in primary care, community services and mental health, he took up the new position from Monday 4th November. The partnership are currently seeking a replacement for the role of STP Lead; Sam Proffitt is currently the Interim STP lead since Mel Pickup resigned in October 2019.

3.33 Cheshire and Merseyside Health and Care Partnership have produced their own five year strategy; "Better lives now".
The highlights include:

- The universal goal of the Partnership is to improve health and reduce health inequalities across Cheshire and Merseyside, with specific focus on turning around the lives of those who have historically missed out.
- The strategy ***Better lives now*** explains how to deliver the goal, by taking action today to reduce the occurrence of ill health tomorrow; action to deliver appropriate health and care services; and action on the wider determinants of health.

- ***Four local priorities:***
    - Zero suicide: improved mental wellbeing and suicide prevention
    - Zero strokes: Reducing cardio-vascular disease (CVD) and heart attacks
    - No harm from alcohol: reducing alcohol-related harm
    - No harm from violent crime: improving community safety

3.34 Cheshire and Merseyside Health and Care Partnership have identified 21 Programmes which they aim to deliver improvements at a greater pace and scale by adopting a single approach across Cheshire and Merseyside. At the last One Halton Forum, Halton representatives were identified for each of the programmes; they will provide feedback via a short template to highlight any key messages, opportunities etc and these will be circulated via a communications bulletin.

4.0 POLICY IMPLICATIONS

n/a

5.0 FINANCIAL IMPLICATIONS

5.1 One Halton funding is used to provide resource and capacity as well as investing into new schemes. Funding from the Cheshire & Merseyside Health Care Partnership is received with guidance/caveats for how it should be spent. One Halton will ensure any funding received is used for its intended purpose and reported back through the appropriate channels.

5.2 The Health and Wellbeing Board has oversight over all One Halton spend.

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 Council priorities for Children and Young People.

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

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

6.3 **A Healthy Halton**

One Halton supports the Council priorities for a Healthy Halton.

6.4 **A Safer Halton**

One Halton supports the Council priorities for a Safer Halton.

6.5 **Halton's Urban Renewal**

None in this report.

7.0 RISK ANALYSIS

No risk analysis is required for the recommendations in this report.

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

None under the meaning of the Act.

Appendix 1 – One Halton Plan

Please see separate document and available here;
https://onehalton.uk/docs/onehaltonplan.pdf

Appendix 2 – One Halton Plan (Plan on a Page)

To be circulated as a separate document.

Appendix 3 – One Halton Budget

One Halton Budget Statement - Month 8 - to 30 November 2019

19/20 Budget	
HICAT	490,570
Infrastructure 18/19 balance	39,000
0.2% Place Based Allocation	425,000
Leadership Funding	12,000
Total Budget	**966,570**

Committed Expenditure	
Project Manager	56,337
Project Admin	29,294
HICAT	490,570
Named Social Worker Project	92,000
Comms & Engagement	25,000
Leadership Funding	12,000
PBI Project Manager	25,000
UTC Support/Capacity	23,400
Total Committed Spend	**753,601**

Balance Remaining	212,969

Funding Source	Title	Host	Annual Budget	Prior Year Invoices	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	YTD Actuals	YTD Accurals	YTD Total	YTD Forecast	Notes
HCCG	Project Manager - PMO	NHS England	**56,337**	12,562									12,562	37,825	50,387	37,558	Full budget expected to be spent.
HCCG	Project Admin - PMO	Halton Borough Council	**29,294**			2,312	2,312	2,312	2,312	2,312			11,560	4,624	16,184	19,529	Full budget expected to be spent
HCCG	HICAT Project	Bridgewater	**490,570**							6,954		10,897	17,851	0	17,851	327,047	Full budget expected to be spent
HCCG	Named Social Worker	Halton Borough Council	**92,000**										0	61,333	61,333	61,333	Full budget expected to be spent
HCCG	Comms Manager - PMO	Halton Borough Council	**10,000**										0	6,667	6,667	6,667	Full budget expected to be spent
HCCG	Comms & Engagement	Halton CCG	**15,000**										0	0	0	10,000	TBC
WHH	Leadership Funding-PA	Warrington Hospital	**4,000**				684		2,291				2,975	0	2,975	2,667	Full budget expected to be spent
WHH	Leadership Funding-ICG	Warrington Hospital	**4,000**						539			463	1,002	0	1,002	2,667	TBC
WHH	Leadership Funding-1H	Warrington Hospital	**4,000**										0	0	0	2,667	Not identified.
HCCG	PBI Project Manager	Halton CCG	**25,000**										0	0	0	16,667	Starts month 9. Will need £8,333 transferring to 20/21 M1 and M2.
HCCG	UTC Support/Capacity	Widnes Highfield	**23,400**										0	0	0	15,600	Will be paid in full Month 9.
HCCG	Unallocated	Halton CCG	**212,929**										0	0	0	157,579	Not identified.
			966,530	**12,562**	**0**	**2,312**	**2,996**	**2,312**	**5,142**	**9,266**	**0**	**11,360**	**45,950**	**110,449**	**156,399**	**659,980**	

REPORT TO:	Health & Wellbeing Board
DATE:	15th January 2020
REPORTING OFFICER:	Director of Adult Social Services, Halton Borough Council Chief Commissioner for Halton, NHS Halton Clinical Commissioning Group
PORTFOLIO:	Children, Education and Social Care Health and Wellbeing
SUBJECT:	Halton Borough Council/NHS Halton Clinical Commissioning Group – Partnership Working
WARD(S):	Borough-wide

1.0 PURPOSE OF REPORT

1.1 To provide an overview to the Board of the current partnership working arrangements between Halton Borough Council (HBC), Adult Social Care and NHS Halton Clinical Commissioning Group (CCG).

2.0 RECOMMENDATION: That the Board note the contents of the report

3.0 SUPPORTING INFORMATION

3.1 Introduction

Halton began its journey of joint working/integration between Health and Adult Social Care back in 2003 with a pooled budget being established for Intermediate Care and Equipment services, in addition to specific grants allocations.

Following the emergence of NHS Halton CCG further work progressed to establish/consolidate joint working arrangements between HBC and NHS Halton CCG, which culminated in the organisations entering into an initial 3 year Joint Working Agreement (hosted by HBC) from April 2013 (Pursuant to Section 75 of the National Health Service Act 2006) for the commissioning of services for people with Complex Care needs.

With the introduction of the Better Care Fund (BCF) during 2015, a revised Joint Work Agreement took effect from April 2015 which included the BCF allocation for 2015/16, along with the Disabled Facility Grant for capital projects.

3.2 Joint Working Agreement (JWA) & Governance Arrangements

This Agreement provides the legal framework in which HBC and NHS Halton

CCG work together in order to achieve their strategic objectives of commissioning and providing cost effective, personalised, quality services to the people of Halton. As part of the Joint Working Agreement, HBC and NHS Halton CCG entered into a Pooled Budget arrangement. This pool currently contains the expenditure on delivering care and support services for adults with complex needs. During 2014, partners within Halton worked collaboratively, within the national guidance and framework to develop Halton's original Better Care Fund (BCF) Plan, at which point it was agreed that the BCF would be incorporated into the existing Pooled Budget arrangements.

There is a robust governance framework in place for the JWA and Pooled Budget, which includes the:-

- *Executive Partnership Board* (EPB) – whose overall aim is to ensure that an integrated system is developed and appropriately managed to ensure that the resources available to both Health and Social Care, including the BCF, are effectively used in the commissioning of delivery of personalised, responsive and holistic care to those who are most in need within our community.

  The EPB regularly provides reports on relevant issues to the Health and Welling Board.

- *Operational Commissioning Committee* (OCC) – whose key responsibilities include:-

  - Developing and making recommendations to the EPB on the strategic, commissioning and operational direction of the Services in Halton; and
  - Being responsible for oversight of the management, monitoring and use of the Pooled Fund by the Pool Manager.

3.3 **Examples of Joint Working Arrangements**

3.3.1 Responding to System Challenges – We have been able to effectively respond to challenges within the system, such working with colleagues in both Acute Trusts on a daily basis to work through issues with the aim of discharging patients as soon as possible, to support flow through the system. NB. Since December 2018 we have achieved the national Delayed Transfers of Care (DTOC) monthly target set for Halton.

Another example of this is in relation to Halton's Intermediate Care services, which is jointly commissioned. We didn't feel that the intermediate care services were being used to the potential they could be and as such, with the support of the Local Government Association and North West Association of Directors of Adult Social Services, a review of Intermediate Care Services is currently being undertaken. The purpose of which is to develop a clear understanding of the current intermediate care offer for adults in Halton. This includes reviewing the pathways into and out of Intermediate Care and Reablement support services, in order to assess how effectively they meet

and support the needs of our adult population. This will ultimately lead to better outcomes for our Service Users.

3.3.2 Better Care Fund Plan – Extensive work has taken place to review the BCF Plan including the Plan's associated schemes to determine which were most appropriate for inclusion, ensuring that the plan was fit for purpose in being able to have a positive impact on the four national metrics set by NHS England, including non-elective admissions and delayed transfers of care. This has involved discussions between Executive and Finance leads from both organisations. As mentioned in 3.3.1 above Halton continue to meet DTOC targets, we continue to be at the lower end for rates of admission into long term residential and nursing placements across the north west and through strengthening both the multi-disciplinary aspect of reablement and providing an increase in capacity this has positively affected the proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services.

3.3.3 Post Diagnosis Dementia Pathway – The provision of post diagnosis dementia community support has a direct impact on the health and wellbeing outcomes of people with a dementia diagnosis, their families and carers through providing information, advice and practical support and connecting them to appropriate voluntary, community, health and social care services at the right time. As such HBC and NHS Halton CCG have worked together to modify the current specification in place with the Alzheimer's Society which has resulted in a saving (6% saving per annum on the current annual contract value) and provided a refocusing of activity to concentrate on the specialist 1:1 Dementia Advisor Support Service that they already deliver, and where demand for the service currently lies.

3.3.4 Value for Money – We are working effectively across both organisations to review high cost packages of care, to ensure that we are not only receiving value for money but also that the packages of care being delivered are effectively meeting the outcomes required by our Service Users.

3.3.5 Continuing Health Care - As a system, we have a number of individuals who have disputed Continuing Health Care eligibility and as such we are working together to agree a dispute policy to ensure that this approach is managed jointly with full engagement and consultation between both organisations. In addition to this we are working collaboratively on a revised Section 117 policy, which will provide an enhanced framework for the management of 117 cases as a partnership.

Attached at *Appendix 1* are details of a couple of cases where there has been clear benefits of working in partnership/collaboratively which has impacted positively in terms of outcomes for individuals and at the same time as achieving cost savings.

3.4 **Benefits of Joint Working**

By working together collaboratively and in partnership we are able to achieve

and sustain good health and wellbeing for the people of Halton and are able to provide a range of options to support people in their lives by jointly designing and delivering services around the needs of local people rather than focusing on the boundaries of our individual organisations. This aids in our ability to be ensure that services are sustainable, particularly with the continued challenges that we are presented with.

If we didn't undertake this approach then it has the potential to have a negative impact on the Health & Social Care system within the Borough, for example:-

- A lack of cohesive approach could lead to fragmentation of service delivery and lack of ownership.
- No clear picture of the demand and capacity on services shared by system leaders, which could lead to our inability to develop robust plans for the future service needs of local people.
- Lack of choice/information for service users and possible duplication of provision.

This would have the potential to ultimately lead to a lack of confidence in the system and our inability to deliver high quality services in order to ensure that service users receive the outcomes that they want.

3.5 **Future Opportunities**

Working jointly/collaboratively is key to our approach in Halton.

We will continue to work together to redesign health and social care services as we appreciate that by working together this will make the biggest impact on our residents.

This includes ensuring that we work more closely with providers. The One Halton Place based approach supports this and as such we will be taking the opportunity to review our current governance structures associated with the joint working arrangements between HBC, NHS Halton CCG and providers to ensure that they can continue to our joint vision i.e. Working better together to improve the health and wellbeing of the people of Halton, so they live longer, healthier and happier lives.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Although the JWA was working well, and pressures within pooled budget were managed effectively as a system, during the past two years considerable pressures have been placed onto the pool. In the main this was in relation to an overspend position on Continuing Health Care (CHC).

As such both organisations have agreed to separate out the CHC and

community care budget elements, from the pooled budget arrangements.

5.2 Each organisation will be responsible for delivering their own duties against these areas of work and we are currently working together as a system to make a number of changes to the current ways of working, including transfer of care management responsibilities, contract management, performance management, IT documentation and budget responsibilities.

5.3 The revised pooled budget will include:

- Better Care Fund
- Improved Better Care Fund
- Disabled Facility Grant
- Winter pressure funding (LA/CCG)
- Equipment services
- Intermediate Care Services
- LA/CCG joint funded packages
- Section 117 joint funded packages
- Funded Nursing Care

And the aim is to implement a revised JWA from 1st April 2019 to reflect the new arrangements, to ensure we continue to work jointly/collaboratively on the challenges that face the health and social care system within Halton.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
None identified.

6.2 **Employment, Learning & Skills in Halton**
None identified.

6.3 **A Healthy Halton**
This report is associated with this priority.

6.4 **A Safer Halton**
None identified.

6.5 **Halton's Urban Renewal**
None identified.

7.0 RISK ANALYSIS

7.1 None associated with this report.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None associated with this report.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE

LOCAL GOVERNMENT ACT 1972

9.1

Document	Place of Inspection	Contact Officer
Joint Working Agreement – HBC & NHS Halton CCG	Available on request	Sue Wallace Bonner Susan.Wallace-Bonner@halton.gov.uk

Appendix 1

Appendix 1.doc

Appendix 1: Case Study – Alison and Robert

**Note that the names have been changed for the purposes of the case study presented below.*

Alison and Robert are both 22 years old and have similar support requirements in relation to their visual impairments and care needs. They have known each other for a long time having attended the same primary/secondary schools (Brookfields and The Royal School for the Blind). They have always been friendly towards each other.

When the Transition Team became involved, Alison was attending an educational placement at the David Lewis Centre in Alderley Edge (term-time Mon-Thu, including overnight stays) and Robert was living at a specialist, out-of-area educational placement, The Seashell Trust in Cheadle Hulme.

Given the close relationship between Alison and Robert and their families, it was felt that they may be compatible to share a tenancy. Other options for both of them had been considered, including long-term placements out-of-borough, however, after working very closely with Alison and Robert and their families, it was felt that Alison's and Robert's outcomes would be more positive and least restrictive to live in their own communities and near their families.

As a result of the approach taken by the Transition Team, a shared tenancy was arranged for Alison and Robert, in Runcorn, keeping them within the borough close to their families rather than in an out-of-borough placement. The Transition Team ensured that the accommodation and package of support was appropriate to meet Alison's and Robert's needs, which are described further below:

About Alison…

Alison has complex health and behavioural needs as a result of the following conditions – learning disability, autism, Attention Deficit Hyperactivity Disorder, Retts Syndrome, visual impairment, unstable gait due to toe walking and stomach pain which causes distress (thought to be due to Retts Syndrome).

Alison needs support with personal care and is doubly incontinent. Alison is not able to verbally communicate, requiring someone who can effectively interpret her needs. All care needs are pre-empted and assistance of 2:1 is required on intervention, when distressed and in the community.

Alison can display behaviours such as head banging/butting (wears head protection), hitting herself in the face/head/stomach/legs, screaming, rocking and pacing. The triggers can include hunger, boredom, pain, refusal, communication and, more likely, bowel movements.

About Robert…

Robert has diagnoses of autism, severe learning disabilities and cortical visual impairment with difficulty in his lower field of vision. Robert also has epilepsy; he does not take medication for this, however, he does need monitoring for seizures.

Robert needs support with all personal care tasks and is doubly incontinent. Robert has limited speech and is mainly non-verbal. He can experience anxiety at times such as when his personal space is invaded, which in the past has resulted in destructive behaviour.

Robert is constantly on the move and exploring his surroundings; he requires support to remain focused on an activity for any length of time. He has very little danger awareness and requires support on hand to ensure he is safe at all times. He has 2:1 support in the community and at times of intervention and distress.

Bungalow accommodation was identified via Housing Panel and the Transition Team engaged with the housing provider to make the necessary adjustments and adaptions that were needed with support from the Occupational Therapist. The Team made sure that the major works and adaptations were complete prior to the start of the tenancy because both Alison and Robert have autism and would therefore need to experience as little disruption as possible.

The Transition Team also ensured that the right package of support would be in place for Alison and Robert. A provider was established that could offer the high level of support required. It was also arranged for the provider to visit Alison and Robert within their existing placements in order to shadow the staff, share information and develop plans. Following assessment, day services were also arranged to support their day time activities.

A number of transition planning meetings were co-ordinated by the Transition Team, which have included both Alison's and Robert's parents and the multi-disciplinary team (MDT) – Social Workers, Learning Disability Occupational Therapist, Children's Complex Needs Nurse, Community Matron, the housing provider, Domiciliary Care Provider, day service providers and Community Bridge Builders to advise on local services and resources. Support has also been given for Robert from speech and language therapy (SALT) and learning disability nursing in relation to health action planning.

The package of support so far has been successful; both Alison and Robert have settled in their new house, which their parents have made into a home. The funding of the placement is via HBC Social Care, CHC, a personal health budget, direct payments and the use of a local Domiciliary Care Provider and a supporting care agency. There have been positive reports/reviews in terms of compatibility and the level of support in place. The provider staff have been pro-active; their management team has ensured that the staff in place are appropriately trained. They have also shown a high level of commitment and flexibility to the transition process and demonstrated effective person-centred support.

As well as improved outcomes for Alison and Robert, the following cost savings have been achieved:

Annual costs	**Alison**	**Robert**	**Total**
Previous costs (David Lewis / Seashell)	£168,169.00	£170,065.70	£338,234.70
New costs (in borough)	£158,984.28	£169,598.52	£328,582.80
Annual saving	£9,184.72	£467.18	£9,651.90

REPORT TO:	Health and Wellbeing Board
MEETING DATE:	15th January 2020
REPORTING OFFICER:	Simon Barber, Chair of the One Halton Provider Alliance and CEO at North West Boroughs NHS Foundation Trust
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Provider Alliance Update Report
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is for the One Halton Provider Alliance to provide an update to the Health and Wellbeing Board. To provide assurances, document decisions made and where applicable seek approval.

2.0 RECOMMENDATION: That the report be noted.

3.0 SUPPORTING INFORMATION

3.1 **Provider Alliance Meetings**:
Since the last report, the Provider Alliance has met on three occasions; on the 9th October, 6th November and 4th December 2019.

3.2 **Provider Alliance Workstreams**
The Provider Alliance has identified key workstreams and dedicated projects which are included in the One Halton Plan 2019-2024. Specific updates in relation to those areas are as follows:

3.3 **Urgent Treatment Centres:**
Summary:
The aim is to deliver a collaborative, safe and effective urgent care service in Halton. A Project Initiation Document was approved in the previous reporting period which detailed the plan to reconfigure the current service model to integrate with primary care and offer a same day service for the population.

In October 2019 NHS Halton Clinical Commissioning Group decided to suspend the current procurement in relation to the Urgent Treatment Centres. The incumbent Providers agreed to implement an improvement plan whilst the Commissioners considered the future requirements in line with the ambitions included in the NHS Long Term Plan.

Progress to date:
A core task and finish group was established; to develop the model, progress engagement plans, undertake gap analysis and progress implementation.

Gap analysis has now been completed to ensure the new services are compliant with the national specification.

An Operational Plan (also referred to as the Must Do Plan) prioritises the work areas with timelines and identified leads in association with the Service Delivery and Improvement Plan, which has been developed by the CCG.
It was agreed to prioritise areas that improve patient access and patient flows.

Visioning workshops have taken place to help develop the model and aide the production of a prospectus.

To support collaborative working arrangements at pace and provide the capacity to implement the improved model in time for winter, **the Provider Alliance agreed to purchase additional resource** from an external company. This dedicated support would last for 10 weeks through to the commencement of the new model. A funding request was submitted through One Halton and initially declined, a revised request was submitted 25th November 2019 and confirmation of approval was received on the 9th December 2019.

Next Steps:
The next steps are to continue to address the action plan and prioritise the objectives within the Commissioners System Development Improvement Plan.

A Prospectus is currently being created and will consist of four sections:

- Collaborative arrangements in place through the Provider Alliance
- Map of Service Provision (This is available as Appendix 1)
- The future services of the Urgent Treatment Centre
- A roadmap including timelines.

The key ambition is to ensure that bookable appointments are in place as soon as possible in line with the Service Delivery and Improvement Plan (1st February 2020).

3.4 **Place Based Integration:**

Summary
The aim is to implement integrated, multidisciplinary health, social care and wellbeing services based on the community hub model. A Project Initiation Document was approved in the previous reporting period.

Place Based Integration comprises of multiple phases, recognising the number of partners involved; Phase 1 has already commenced and concentrates on the integration of General Practice and Community Health teams. The next phase focuses on the alignment of Adult Social Care.

.

Further stages are being developed that include Mental Health, Voluntary Sector, wider Primary Care and many more.

Progress to date:
Progress includes alignment of staff and co-location into four virtual hubs. There is a fifth central hub which is the alignment of specialist services.
A soft launch of the hubs took place on 1st October 2019; specifically this relates to improved ways of working, teams across General Practice and Community working together.
As at 1st November; 77% of adult nursing staff are co-located within General Practice across the hubs. There is no change to the patients regarding service provision but with collaborative working there will be improved patient outcomes.

Following the approval to use One Halton funding to support additional capacity a Project Manager has been successfully recruited and commenced in post on the 1st December 2019 for a duration of up to six months.
In addition, this Project Manager role is also testing a new model for utilisation of Provider staff across a One Halton footprint.

At the 4th December 2019 Provider Alliance meeting a Visioning Session took place to discuss the ten year vision for Integration in Halton.
A draft vision document (Appendix 2) provided a visual aid to discuss and define the future of place based integrated care in Halton. Following the session a number of improvements were suggested and further work will be undertaken to improve the document and define the vision.

A report documenting the alignment of Adult Social Care was reviewed and supported by the Provider Alliance.

Next Steps
To develop phase 2 to include the alignment of Adult Social Care, to undertake a stock take on current estates and understand the core offer for each hub.

The Project Team will support the development of the each phase and produce a timeline to enable Halton to achieve that ten year vision.

3.5 **Halton Integrated Frailty Service:**

Summary
The Halton Integrated Frailty Service is an urgent crisis intervention and support service, provided by a multidisciplinary team, aiming to prevent admissions into secondary care, collaboratively managing frailty as a long term condition to optimise independence, health and wellbeing.

Progress to date
During the last quarter, significant recruitment issues have been encountered resulting in service implementation being delayed.

The service model was reviewed by the Project Group in November 2019, with particular reference for alignment of clinical responsibility to the Geriatricians rather than GPs. Subsequently the Geriatrician capacity was increased from 0.5 to 1.0 (whole time equivalent) to fulfil this, however this presented a funding gap. **The Provider Alliance considered and agreed to support the increase and continue to review funds throughout the project,** savings may be identified through other areas, if not then additional funding may be sourced at a later date if required.

The team are currently being mobilised and the service has been aligned to the Geriatrician model through St Helens and Knowsley NHS Foundation Trust.

Staffing issues still remain, but **it has been agreed the service will commence on the 19th December 2019** with a focus on low risk**,** lower acuity patients in collaboration with the Rapid Access Rehabilitation Service, Appleton Village Surgery and North West Ambulance Service. This will allow the team and pathways to be developed and for the service model to be tested.

The project is still expected to spend the full investment of £490,570

Next Steps
To test the model, **it was agreed to undertake case studies to measure the successfulness of the project.**

3.6 **Primary Care Networks:**

Summary
Primary Care Networks are being developed in accordance with NHS England requirements to deliver the ambitions included in the NHS Long Term Plan.

The Primary Care Network Vision and Strategic Goals are included in the One Halton Plan 2019-2024 and focus on delivering integrated primary and community health care services in Halton supported by an integrated workforce team.

The Primary Care Network Clinical Directors are Dr Paul Hurst (Widnes Primary Care Network) and Dr Gary O'Hare (Runcorn Primary Care Network).

Primary Care Networks are held to account by NHS England and the Commissioners

Progress to date
Primary Care Networks in Halton have established two network boards, comprising of senior GP representatives from every practice within the Borough.

A Senate has been established to drive design and operational delivery, to ensure the objectives of the Primary Care Networks are achieved and provide oversight, consistency and alignment.

.

The Senate will act as the delivery engine to provide the opportunity to connect workstreams together at an operational level.

Both Primary Care Networks are delivering Direct Enhanced Service contracts to the population and have set priorities and work plans in line with the vision.

The Primary Care Networks have recently completed a matrix to assess their maturity levels, these have been submitted to NHS England who will review and consider what support each Primary Care Network may need to develop.

Next Steps
It was agreed that the Primary Care Networks report their updates to the Providers Alliance through the Place Based Integration workstream, recognising they are a key partner in the successful delivery of that workstream.

3.7 **Prevention / Making Every Contact Count:**

Summary
The purpose of Making Every Contact Count is to ensure a collaborative approach to training is delivered across all Providers in Halton.

Making Every Contact Count training will support employees to discuss lifestyle choices and signposting opportunities with patients and the pubic that encourage behavioral changes with a focus on prevention.

Making Every Contact Count tools and materials have been developed and are available online https://mecc-moments.co.uk/

Progress to date:
A Project Initiation Document has been created, shared, strengthened and agreed by the Provider Alliance during the last quarter.

Previously Making Every Contact Count had been a voluntary offer from Public Health Teams, **the Provider Alliance agreed it would be mandatory for all of the Providers** and collaborative workshops would be scheduled from January to April 2020 to allow employees from all the Provider Organisations to participate. **(**NHS, Local authority and third sector)

The outcomes agreed include; reduction in smoking prevalence, reduction in excess weight, increase in physically active adults, reduction in alcohol admissions, increased mental wellbeing and reduction in suicide rate.

There are some issues with regards to interoperable technology for monitoring and tracking the specific interventions, currently the Provider can be identified but not the specific employee. Conversations are taking place to resolve this, however it does not delay the implementation of the project.

Next Steps
To confirm the schedule of training dates, encourage uptake across all Providers, continue to address the technology issues and develop the plan for "Train the Trainer sessions"

3.8 **Additional Updates/Other Activity:**
Other business discussed and progressed by the Provider Alliance in this reporting period includes:

3.9 **Leadership Development:**
NHS NW Leadership Academy have offered additional support throughout 2019-20. **The Provider Alliance agreed to create a Project Group to review and scope possible options in relation to a Development Programme.**

The Provider Alliance have £1,025 remaining from their initial £4,000 budget specifically for leadership development. The remaining funds may help to support the implementation of this programme.

3.10 **Workforce**
This remains a priority area for One Halton, a scoping exercise and a Project initiation Document are yet to be developed. The current focus has been supporting the immediate workforce requirements in relation to the specific projects such as Urgent Treatment Centres.

3.11 **Information**
This remains at the forefront of the projects being undertaken and is referenced throughout this existing projects, however there is no separate Project Initiation Document at this time.

3.12 **Place Five Year Strategic Plan – One Halton Plan 2019-2024**
The One Halton Plan was finalised on 30th October 2019 and shared with Cheshire and Merseyside Health and Care Partnership on 31st October 2019. **Providers agreed to endorse the plan and progress through their appropriate board meetings.**

4. POLICY IMPLICATIONS

n/a

5. FINANCIAL IMPLICATIONS

The Provider Alliance will need financial investment into some of the workstreams/projects. This will be formalised through Project Initiation Documents to identify specifically what is required, when and potentially where from. It is expected that this funding will come from the Place-based funding that has been approved by the Cheshire & Merseyside Health Care Partnership.

.

6. IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

The Provider Alliance will strive to improve outcomes for Children and Young People in Halton. It will move away from individual organisations focussing on specific conditions, to a population health focus, delivered in a collaborative approach.

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

The Provider Alliance has identified Workplace as a key priority area. To make Halton a preferred place to work, Providers have agreed to adopt shared workforce roles which could see employees working across multiple different employers in Halton, whilst maintaining the one contract.

6.3 **A Healthy Halton**

The Provider Alliance priorities identify workstreams specifically to achieve a Healthy Halton. Population Health and Prevention projects will be delivered collaboratively across Halton.

6.4 **A Safer Halton**

None

6.5 **Halton's Urban Renewal**

None

7. RISK ANALYSIS

n/a

8. EQUALITY AND DIVERSITY ISSUES

n/a

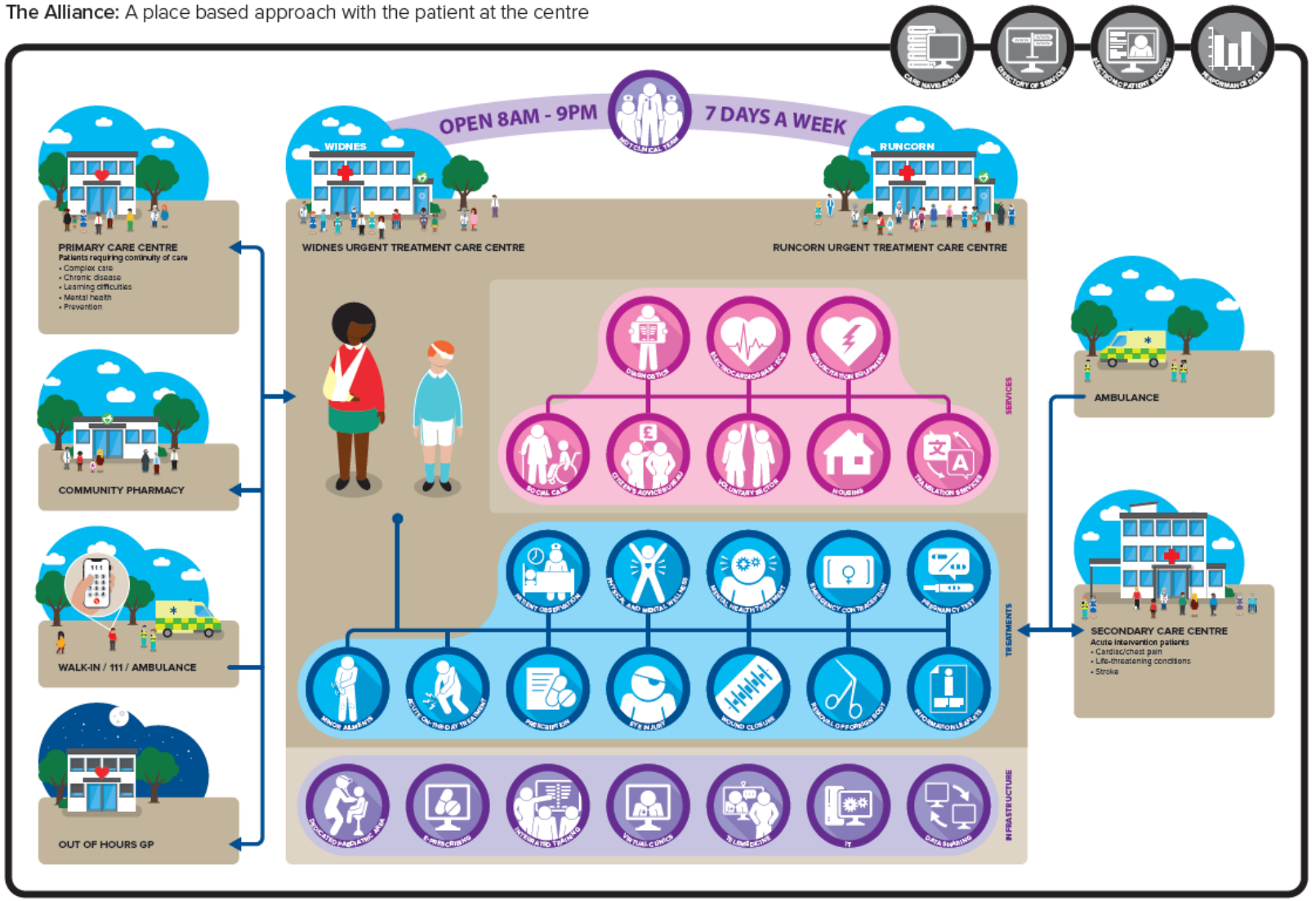
---

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

None under the meaning of the Act

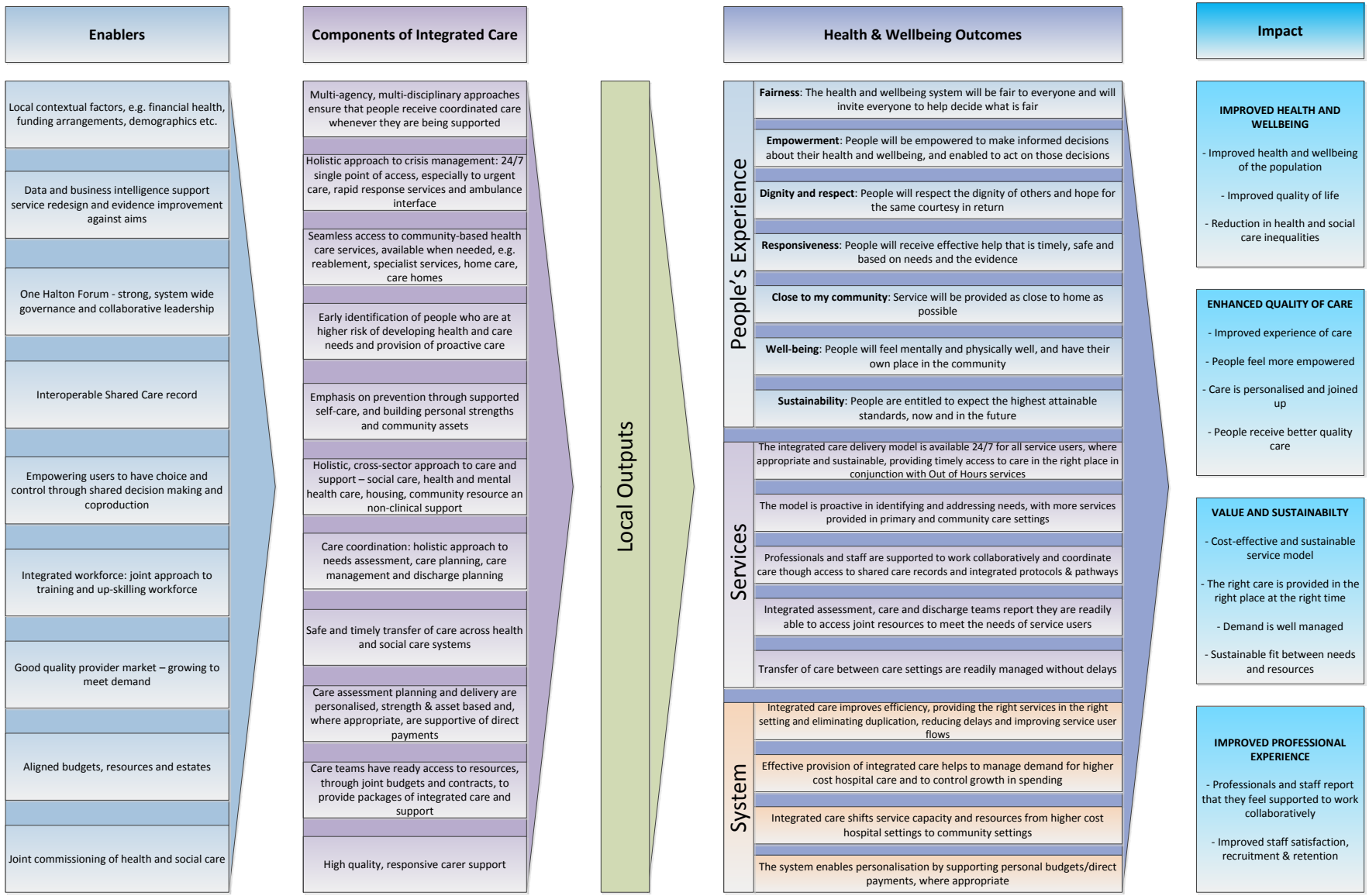
.

Appendix 1 – Map of Service Provision



Appendix 2 - DRAFT

Halton Place Based Integration – Our Ten Year Vision



REPORT TO:	Health and Wellbeing Board
MEETING DATE:	15 January 2020
REPORTING OFFICER:	Mil Vasic and Leigh Thompson Joint Chair of One Halton Integrated Commissioning Group
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Integrated Commissioning Group Update Report
WARDS:	Borough wide

1.0 PURPOSE OF THE REPORT

1.1 The purpose of this report is for the One Halton Integrated Commissioning Group to provide an update to the Health and Wellbeing Board.

2.0 RECOMMENDATION: That the report be noted.

3.0 SUPPORTING INFORMATION

3.1 **Summary of Recent Meetings**

Since the last report there has been two formal meeting of the Integrated Commissioning Group which took place on 15th October and 27th November 2019.
In addition to this an Integrated Commissioning Workshop took place on 12th November 2019.

3.2 **Integrated Commissioning Group – 15th October 2019**

The following key points are to be noted:

- In accordance with the Terms of Reference the role of Chair rotates every six months; Mil Vasic has now undertaken this role with effect 1st October 2019.
- The One Halton Plan was reviewed with some amendments suggested for consideration before finalising end of October.
- Leadership development was discussed and Commissioners nominated representatives to work with Providers on a system leadership training programme.
- A funding request from the Provider Alliance in relation to the Urgent Treatment Centres was reviewed and not supported at this stage.

3.3 **Integrated Commissioning Workshop – 12th November 2019**

The workshop provided an opportunity for the borough commissioners to some together to further develop Integrated Commissioning in Halton. The following was noted:

- There are a number of challenges such as Communication, Complexity, Governance and Accountability; however there was an agreement to address those challenges.
- The Commissioners reviewed the pathways for Mental Health, Children (0-5) and Cardiovascular Disease and the following observations were drawn:
    - Duplication (including meetings, accountability and sign off)
    - Positive working relations in place between the Commissioners.
    - Contract focussed and should be more relationship focussed.
    - Same themes arose in all three programmes.
- Specifically it was agreed;
    - Leaders to set the strategic direction and to support prioritisation
    - To create a joint implementation plan
    - Have an integrated Governance and Accountability Framework
    - Clearly identified leads

3.4 **Integrated Commissioning Group – 27th November 2019**

The following key points are to be noted:

- The outcomes and feedback from the workshop on the 12th November were considered with recommendations to discuss further with Providers about One Halton priorities.
- A revised funding request in relation to the Urgent Treatment Centres was considered. The Provider Alliance demonstrated further details on the support needs they required and how that is supported by the original bid. The bid was reassessed on that basis and support was agreed.

4.0 POLICY IMPLICATIONS

n/a

5.0 FINANCIAL IMPLICATIONS

The Integrated Commissioning Group has £4,000 allocated from the NW Leadership Academy which was given to One Halton to specifically invest in the development, leadership and collaboration. £1,002 has been spent so far.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

Commissioning plans will include Children and Young People.

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

None

6.3 **A Healthy Halton**
None

6.4 **A Safer Halton**
None

6.5 **Halton's Urban Renewal**
None

7.0 RISK ANALYSIS

n/a

8.0 EQUALITY AND DIVERSITY ISSUES

None

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

None under the meaning of the Act.