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.

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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.

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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.

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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.

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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.

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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.

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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

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

None under the meaning of the Act

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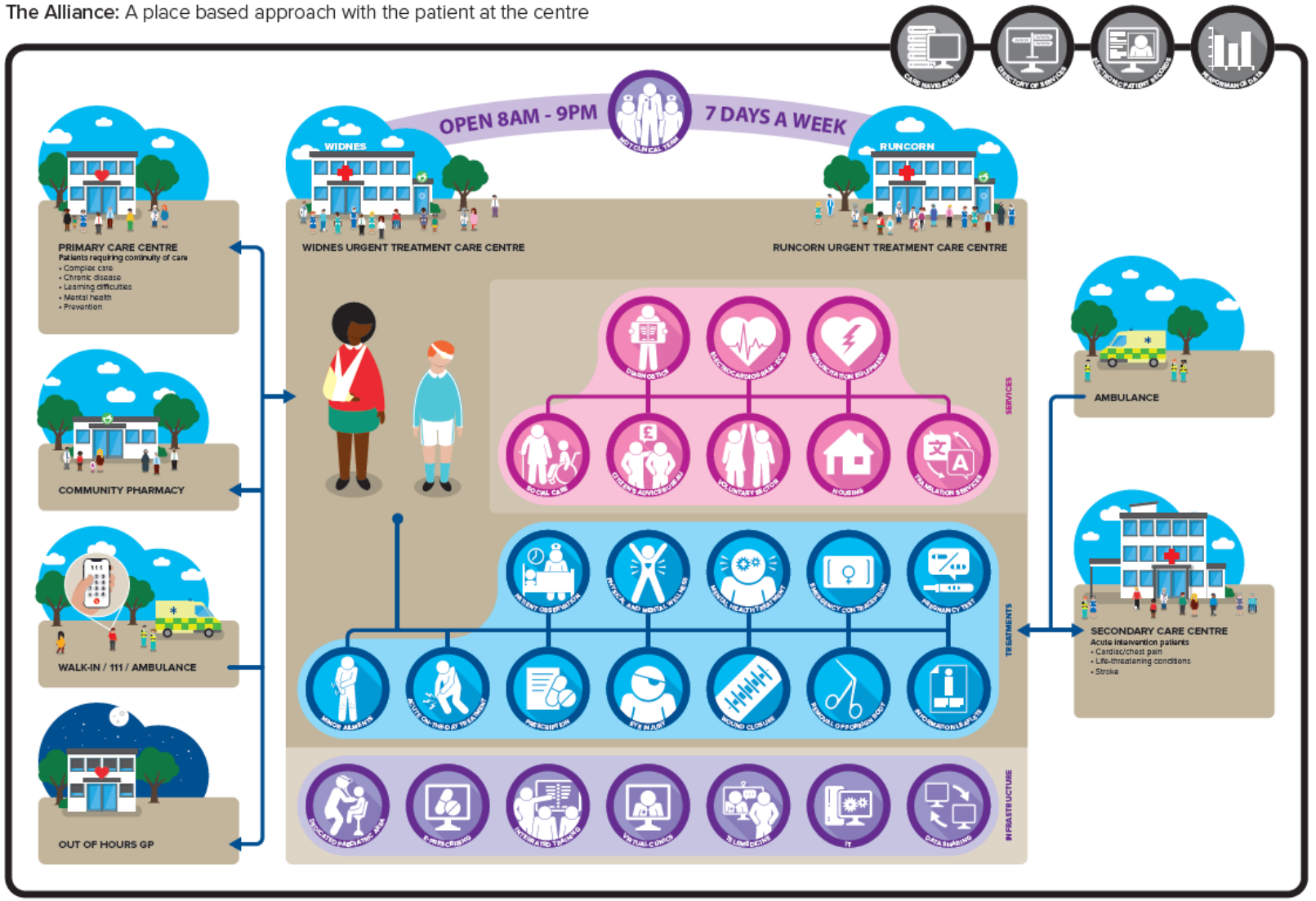
Appendix 1 – Map of Service Provision



Appendix 2 - DRAFT

Halton Place Based Integration – Our Ten Year Vision