

REPORT TO: Health and Wellbeing Board

MEETING DATE: 2 October 2019

REPORTING OFFICER: Leigh Thompson
Chair of One Halton Integrated
Commissioning Group and Chief
Commissioner NHS Halton CCG

PORTFOLIO: Health and Wellbeing

SUBJECT: Integrated Commissioning Group Update
Report October 2019.

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 one formal meeting of the Integrated Commissioning Group which took place on 19th August 2019. The July meeting was cancelled and was used as a planning session for the Integrated Commissioning Workshop, which took place on 15th August. The next Integrated Commissioning Group is due to take place on 15th October 2019.

3.2 Integrated Commissioning Workshop – 15th August 2019

The workshop provided an opportunity for the borough commissioners to explore options of how to progress localised plans and align workforce. Attendees explored;

- What commissioning actually means to individuals
- The challenges commissioners have,
- The principles of joined up working which some specific examples
- Integrated commissioning
- The current landscape of commissioning
- By working together what could be achieved in one years' time
- How commissioning in Halton should look in five years' time.

The actions from the workshop were:

- The Integrated Commissioning Group needs to ensure they are providing collaborative leadership and take responsibility for directing the work.
- The Halton priorities need to be clearly defined with clear processes for implementing projects across organisations.
- Need to explore how the commissioners can work more effectively across the system to ensure a more joined up way of working.

3.3 Integrated Commissioning Group – 19th August 2019

This meeting gave senior leaders the opportunity to review the outcomes of the workshop and agree a way forward. The Integrated Commissioning Group concluded:

- A further commissioning workshop to be scheduled for October 2019.
- In accordance with the One Halton Plan, Commissioners and Providers will have the biggest impact by working together. There is a need for a Commissioner/Provider workshop.

3.4 Place Five Year Strategic Plan – One Halton Plan

Commissioners have supported the development of the One Halton Plan. Cheshire & Merseyside Healthcare Partnership have set a number of audacious goals, Commissioners agreed that “No more suicides” was a goal that Halton should consider prioritising as it cross cuts amongst most of the Health and Wellbeing Priorities and is a goal that can bring the system together to achieve.

3.5 Place Based Matrix

Cheshire & Merseyside Health Care Partnership shared a Place Based Matrix which was recommended to be completed by each place (One Halton) to self-assess against excellence. The matrix has now been completed by Commissioner and Provider and co-ordinated by the One Halton PMO. There was no requirement to return the matrix back to the Health Care Partnership, therefore it will be used as a reference tool by Commissioners when agreeing outcomes.

3.6 Terms of Reference

At the last Health and Wellbeing Board there was an action to include a section on conflicts of interest. This has been actioned and updated Terms of Reference are included as Appendix 1 for information.

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. £600 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.

Appendix 1:

Terms of Reference

One Halton Integrated Commissioning Group

Operative Date: July 2019

PURPOSE

The One Halton Integrated Commissioning Group will:

- be responsible for providing oversight of commissioned services on behalf of One Halton, through review, planning, co-ordination and collation of Halton Borough Council plans and Halton CCG commissioning intentions and operational plans;
- provide advice and guidance on priorities and their alignment with the JSNAs;
- to ensure commissioned services address Health Inequalities and that no service increases disparity;
- determine the parameters, framework and outcomes to support the work of the provider alliance;
- support commissioning organisations in the development of their budget allocations for jointly commissioned services;
- inform commissioning intentions for One Halton;
- support the appropriate commissioning body in the development of service modules, service specification and new models of care developments.

The Integrated Commissioning Group will not:

- act as a commissioner;
- make decisions that impact on or make liable separate commissioning authorities for services, unless instructed to so do;
- commit resources that are not within the One Halton budget allocation.

ACTIVITIES

- a) Will develop the systems and processes for safe and effective integrated commissioning across One Halton;
- b) Will ensure the JSNAs inform commissioning intentions and commissioning plans;
- c) All possibilities for integrated commissioning would support the overall objective of the triple aim; *Better Health, Better Care, Better Value*;

- d) Will ensure co-production plays a central part in the commissioning, design and evaluation of services with the providers;
- e) Commissioners will ensure there is a sufficient assurance framework in place;
- f) Will ensure commissioned services have due regard to safeguarding, prevention and promote equality of access for all regardless of their religion, ethnicity, age, gender, ability, or sexuality;
- g) Will ensure financial integrity and adherence to contractual and financial rules and procedures of integrated commissioned services;
- h) Will ensure the adherence to legislation and statutory guidance, which requires local health organisations and local authorities to collaborate in the provision of education, health and social care services for people across Halton;
- i) Will ensure that mechanisms are in place to provide accurate and timely information between commissioners and providers and;
- j) Will ensure the patient and resident voice is listened to.

LINKED GROUPS

One Halton Provider Alliance
 Health and Wellbeing Board
 One Halton Forum
 Operational Commissioning Committee
 Executive Partnership Board
 Population Health Board
 Children's Health Trust
 Health Policy and Performance Board

LINKED STRATEGIES

The Integrated Commissioning group will link to all relevant strategies, which include, but not limited to:

Health and Well Being Strategy
 Halton JSNA
 Halton CCG Operational Plan & Commissioning Intentions
 Halton Council Corporate Plan
 Adults Social Care Commissioning Plan
 Early Help Strategy
 The NHS Long Term Plan
 Cheshire & Merseyside Health Care Partnership Business Plan and Strategic Plan
 Halton's Long Term Plan (yet to be published).

ACCOUNTABLE TO

Health and Wellbeing Board and Respective Organisations

MEMBERSHIP

The Integrated Commissioning Group shall consist of; Commissioners, Commissioning Portfolio Leads and Commissioning Support Officers from both Halton Borough Council and Halton Clinical Commissioning Group

Finance colleagues will be invited as required.

There should be a minimum of 6 representatives at each meeting to include:

- Clinical Commissioning Group x2
- Public Health x1
- Adult Social Care x1
- Children's Services x1
- One Halton x1

Each member is responsible and accountable for the dissemination of information and decisions from meeting, to their staff as appropriate.

The Chair will rotate over a 6 month period.

Minute taker is appointed and minutes and agenda to be distributed within 1 week of meeting

CONFLICTS OF INTEREST

To ensure that the meeting is managed effectively for conflicts of interest, the following principles will be adopted:

- Chairs must consider any known interests of members in advance, and begin each meeting by asking for declaration of interests.
- Members must take personal responsibility for declaring interests at the beginning of each meeting and as they arise.
- The Vice Chair (or other non-conflicted member) must chair all or part of the meeting if the Chair has an interest that may prejudice their judgement.

If a member has an actual or potential interest the chair must consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.

REPORTING

Reports to Health & Wellbeing Board

FREQUENCY OF MEETINGS

Every six weeks

Revision Date:

December 2019