

**One Halton ICP Recommendations
Health and Wellbeing Board
07 July 2021**

Appendix 4 – One Halton Stakeholder Briefing June 2021

1.0 PURPOSE

- 1.1 Each month a One Halton Update Report is completed and shared with One Halton partners. It includes relevant updates relating to One Halton, development work relating to One Halton Integrated Care Partnership (ICP) and updates from Cheshire & Merseyside Health and Care Partnership (C&M HCP) which could have an impact on Halton.
- 1.2 Therefore this update is to provide an overview of key information received last three months, which some of Halton Health and Wellbeing Board members may have already seen through other updates and reports.
- 1.3 Moving forward, the aim is to create a One Halton Stakeholder News Bulletin which will contain the majority of these updates, thus removing the need for an update report of this nature in the future, as all information will be shared as soon as it is received.

2.0 ONE HALTON UPDATES

One Halton ICP Meetings

- 2.1 One Halton ICP meetings have been established with membership consisting of the previous One Halton Forum members. Informal meetings are taking place monthly to gain pace and momentum in progressing One Halton to becoming an Integrated Care Partnership. Moving forward these will be replaced by a One Halton ICP Board.

One Halton ICP Framework

- 2.2 Cheshire and Merseyside Health and Care Partnership (also referred to as ICS) have created a framework to support the development of ICPs and have identified seven core features of an ICP with set criteria identified for each feature.
- 2.3 This is an indication of the minimum work required to establish the One Halton ICP in order to receive delegated authority from the ICS to have autonomy for NHS Place Based Commissioning.
- 2.4 An initial assessment of Halton (including gap analysis) has been undertaken and is illustrated below.

Core Features	Brief Detail	Gaps	Overall RAG
1 Integrated Care Partnership (ICP) Governance: clearly defined formal arrangements for place partners to meet and work together to deliver outcomes set by the Health & Wellbeing Board (HWB) and ICS.	Outline the Link to HWBB	N/A	Achieved
	Inclusion of wider partners beyond health and social care	N/A	Achieved
	Governance Framework Document MoU across One Halton MoU with the ICS	To complete and sign off MOU with ICS not yet developed.	In Progress
	Governance Framework signed off by all partners	In development	Started
2 ICP nominated 'Place Lead' with remit for integrated working who will connect with ICS	Place Lead endorsed by members	None	Achieved
	Place Lead main contact for ICS	To check Lead on appropriate meetings.	TBC
3 Shared vision and plan for reducing inequalities and improving outcomes of local people approved by HWB (underpinned by local population health and socio-economic intelligence)	Shared Vision	None. But refresh taking place	Completed, but refreshing
	Local population health and socio-economic intelligence (real time)	Needs work across NHS and LA. How to access and where information is available	In Part
	Up to date JSNAs	Update in progress	In Progress
	Plans and Strategies created using robust engagement with local people	In place. However consider refresh	TBC
4 Agreed ICP development plan	ICP Assurance framework	Await guidance from ICS.	Not yet available
	Organisational Development Plan	Needed	Not Started
	Staff Development to work differently	Needed	Not Started
5 Defined footprints (e.g. neighbourhoods) for delivery of integrated care, clinically led by PCNs working with social care, community, mental health, public health and other community groups.	Neighbourhood Footprints agreed	Yes - however need Comms/Awareness for general public.	TBC
	Place Based Integration Programme (Integrated Community teams, PCN Led)	Needs to restart. Need Clinical Lead	Restart
6 Programme of ongoing public and wider stakeholder engagement at place	Communications team from each organisation working together.	Will need firmer arrangements and understand capacity needs	In development
	Local Engagement	Currently not formally part of One Halton	In development
	Wider Stakeholder and Public Engagement and an ICP Engagement Plan	None. However will require an update	TBC
7 Places will be expected to develop an integrated approach to commissioning between health and local authority (such as shared posts, joint teams and pooled budgets) to underpin and support the work of the ICP	Joint Commissioning Functions at Place Joint Posts	Further work required	Restart
	Integrated Commissioners and Provider Collaborative working together on service re-design.	Further work required	Not Started

2.5 A tracker has been developed to monitor progress and manage the work required to be undertaken. This will be managed through the One Halton ICP Board.

Additional External Capacity

2.6 An offer of support has been available from the Local Government Association (LGA), aimed at supporting places to build system arrangements, strengthen relationships and embed gains achieved from partnership working during the pandemic.

2.7 To support One Halton in developing the governance model at pace, the ICS has also funded a package of support through Mersey Internal Audit Agency (MIAA).

2.8 This support is welcomed as it creates additional capacity. It has been accepted by Halton Borough Council and work is progressing to support the development of the One Halton ICP.

One Halton Leadership Development Programme

2.9 The One Halton Leadership Development Programme started in May 2021. The programme consists of five half-day workshops focussing on collaboration and building trust amongst partners.

2.10 The aim is to collate the learning, themes and ideas from each workshop to support the development of the One Halton ICP.

3.0 LATEST UPDATES ACROSS CHESHIRE AND MERSEYSIDE

Cheshire and Merseyside Health and Care Partnership Bulletin

3.1 Every two weeks, the ICS publishes a news bulletin called Connect, detailed updates are [available here](#)

Cheshire and Merseyside Health and Care Partnership Five Year Strategy

3.2 The ICS have published a new five year strategy which is available [here](#). Summary provided below:

- Vision – we want everyone in Cheshire & Merseyside to have a great start in life and get the support they need to stay healthy and live longer.
- Strategic Objectives (4) –
 1. Improving population health and healthcare
 2. Tackling health inequality, improving outcomes and access to services
 3. Enhancing quality, productivity and value for money
 4. Helping the NHS to support broader social and economic development.

Cheshire and Merseyside Health and Care Partnership Meeting Summaries

3.3 Below summarises the key ICS meetings where there is likely to be a local authority representative required.

3.4 It is noted it is a guide only. Table One summarises those meetings where councillors and officers might be present and Table Two is intended to be more officer focussed.

One:

	Partnership Assembly	Partnership Board	Political Assembly ²	Place Boards
What it is	The Partnership's representative or democratic council, akin to a shareholder AGM. It looks at knotty issues and initiates debate	The governing body of the Partnership (pending govt legislation which may establish and NHS Body and a Partnership Body) ¹	A forum for the Chair and senior ICS leaders to engage with Council leadership (politicians and officers)	Expected to emerge as decision making locations for ICS and partner's functions, including the integration agenda, at a borough level
Why it exists	Without it there would be no scrutiny of the Partnership Board & possibly narrower interests represented	Sets the strategic framework of the Partnership & monitors performance against it; gives authority for expenditure & policy decisions where appropriate	To discuss and explore matters. Assisting Partners in understanding central NHS processes, expectations and initiatives that must be translated locally.	A borough-based decision making vehicle for delegated ICS functions and agreed integrated partner activities. In time replacing CCGs and tbc role and interface with ICP structures and HWB Boards ³
Where it fits	At the top, as the body of last recourse. Provides the context in which the Board works	Accountable to the Partnership Assembly. Holds the Partnership Executive to account	Engagement	Will report to the NHS Board (tbc and to be established following guidance). May be a joint committee of the ICS
Who's on it	Partnership Board, reps of all Partner orgs, stakeholders (open to public as auditors not contributors)	Chair, representation from LAs, CCGs, Trusts, VCSE, Public Health, PCNs, NHSE/I & Partnership Executive	Chief Officer, Chair, , Dir Strategy & System Development, Dir Comms & Engagement. Interested Council representatives	ICS guidance disseminated. To be determined at a borough level
When it meets	Three times a year	Alternate months	As needed (quarterly)	Monthly

Two:

	ICS Development Advisory Group (formerly Partnership Coordination Group)	OOH Cell (emerging Place Forum) 4	ICP Network	ICS Programme Board
What it is	A group of senior system leaders current (and new world) and partners providing advice on ICS Development. Initially established as an ad hoc operational group to coordinate the systems response to Covid-19	This group has been responsible for oversight of the Cell's activities, including monitoring system performance against agreed indicators.	Network to support the development ICPs within C&M	Coordinating and assurance Board for all ICS Programmes.
Why it exists	Provides support and challenge with proposed ICS responses to ICS Development agenda. Provides a coordination forum across the partnership	An NHS command and control structure which has value in defining a shape, going forward, to coordinate place and provider interfaces across C&M.	Provides a forum for sharing, problem solving, sharing of best practice and consistency within a localism agenda	To provide assurance on programmes of: <ul style="list-style-type: none"> • Delivery • Outcomes • Efficiency and value for money
Where it fits	Temporary arm of the Partnership Board	Manages interdependencies within the system covering; capacity and flow; discharge; mental health; Primary Care; Care homes; CIPHA.	Developmental forum. Has potential to provide a compliment to provider collaboration (with a place focus) when these forums are more fully developed	Partnership Board authorises programmes and this Board ensures delivery is achieved in line with scope and commitments
Who's on it	As per approved ToR: CCG and provider, LA, VCSE, PH reps, NHSE and HCP exec	All partners across Health and Social Care at a senior level	ICP representatives within C&M	Programme SROs and ICS Executive. Reports on alternate months to the Partnership Board
When it meets	Monthly	Weekly	Quarterly	Monthly

Cheshire and Merseyside Programmes

3.5 The transformation programmes across Cheshire and Merseyside have been revised and refreshed with a focus on population health and health inequalities. Subject to sign off by C&M Transformation Board in June, the anticipated Programmes have been defined as:

Programme	
1	Mental Health
2	C&M Local Maternity System Board
3	C& M Children's Transformation / Starting Well Board
4	Cardiovascular Disease Programme Board
5	Population Health Management Board
6	Urgent & Emergency Care Programme Board
7	Neuroscience Programme Board
8	Digital Programme Board
9	Corporate Programme Board
10	Medicine & Pharmacy Optimisation Programme
11	Diagnostics Programme
12	Elective Recovery

3.6 Where required, a Halton representative will be present on each of these Programme Boards and relevant feedback will be shared with the One Halton PMO for wider sharing with One Halton Partners.

Future ICS Appointments

3.7 Alan Yates and Jackie Bene, Chair and Chief Officer of C&M HCP have written to stakeholders to advise they will not be putting themselves forward as candidates when formal appointments are being considered for

the statutory ICS, advising the task is significantly different and will require a long term commitment.

- 3.8 It is confirmed that local authorities will be involved in the recruitment of the ICS Chair.

Commissioning Functions Review

- 3.9 Cheshire and Merseyside Health and Care Partnership (C&M HCP) have undertaken a commissioning function review in relation to the work currently undertaken by Clinical Commissioning Groups (CCGs). This is to determine what NHS services may be commissioning at scale (Cheshire and Merseyside) and what they may be commissioning at Place (Local Authority footprints) and shared their plans regarding this.
- 3.10 Approval through the C&M HCP Board is expected in July 2021; C&M HCP will work with NHS England and CCGs on a Transition Plan to move to the new commissioning operating models ahead of April 2022.
- 3.11 Work will continue at Place to explore opportunities for integrated commissioning with an MOU between Place and the ICS by end of September 2021
- 3.12 It is expected that C&M HCP (as the ICS) will delegate functions to Place (the ICP) only when they are satisfied there is an appropriate ICP framework in place.

Memorandum of Understanding (MoU)

- 3.13 All partners across Cheshire and Merseyside have signed the ICS Memorandum of Understanding as of June 2021.

Data Sharing Agreement

- 3.14 An updated Data Sharing Agreement has been circulated by C&M HCP in relation to Share2Care Tier 2 which covers data sharing of information for Direct Care.
- 3.15 Each organisation has been asked to sign and return the agreement. Halton Borough Council has signed this agreement.

4.0 LATEST UPDATES – NATIONAL

Integrated Care Systems: Design Framework

- 4.1 Formal guidance on ICS Partnerships will be developed jointly by the Department of Health and Social Care (DHSC), NHS England and NHS Improvement, and the Local Government Association (LGA), and consulted on ahead of implementation, including on the role and accountabilities of the chair of the Integrated Care Partnership.

- 4.2 On 16 June 2021, NHSE/I published [Integrated Care Systems: design framework](#) which provides an overview of the type of information expected to be included in that guidance.
- 4.3 One Halton ICP Board will review this guidance and act accordingly; a summary slide deck is [available here](#).