



## **Developing Place**

# One Halton Partnership Shared Vision & Values

## Our Vision

*Working better together to improve the health and wellbeing of the people of Halton so they live longer, healthier and happier lives*



## Our values

*Our values guide the way we work every day. We want to make our services the best they can be for our population. Each value has a series of behaviours behind that we're building into everything we do.*

# One Halton Shared Purpose



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

# Shared Principles

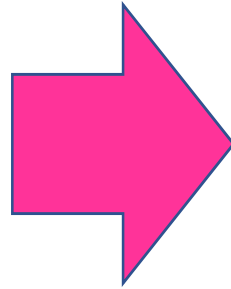


Make decisions solely in terms of the patient/resident's best interest and not that of self or organisation.

Work together to develop over time and adopt, where appropriate and reasonable, mechanisms for collective ownership of risk and reward, including identifying, managing and mitigating specific risks and the implementation of an outcomes framework in respect of their performance of the obligations under Service Contracts.

Achieve continuous, measurable and measured improvement in Outcomes. Agree improvements which are specific, challenging, add value and eliminate waste.

Always demonstrate that the best interests of people resident within Halton are at the heart of the activities which they undertake under this Agreement and the Services Contracts and not organisational interests, and engage effectively with the Population



- ✓ **Selflessness** – act solely in the public interest
- ✓ **Integrity** – avoid placing themselves under any obligation to people or organisations that might try to influence them in their work. Not act or take decisions to gain financial or other material benefit for themselves or their family / friends. Declare and resolve interests and relationships
- ✓ **Objectivity** – act and take decisions impartially, fairly and on merit, using best evidence with without discrimination or bias
- ✓ **Accountability** – accountable to the public for their decisions and actions and must submit themselves to scrutiny necessary to ensure this
- ✓ **Openness** – act and take decisions in an open and transparent manner. Not withhold information from the public unless there are clear and lawful reasons for so doing
- ✓ **Honesty** – be truthful
- ✓ **Leadership** – exhibit these principles in their own behaviour. Actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs

# Objectives (from MoU)



Develop an Outcomes Framework for the Priority Areas and an implementation plan in respect of these outcomes.

Consider lessons learned by the partners during the Covid-19 pandemic and build upon the collaborative working arrangements developed during this period.

Establish and operate collaborative governance arrangements in respect of the One Halton ICP.

Ensure robust quality, performance and financial systems and frameworks are in place

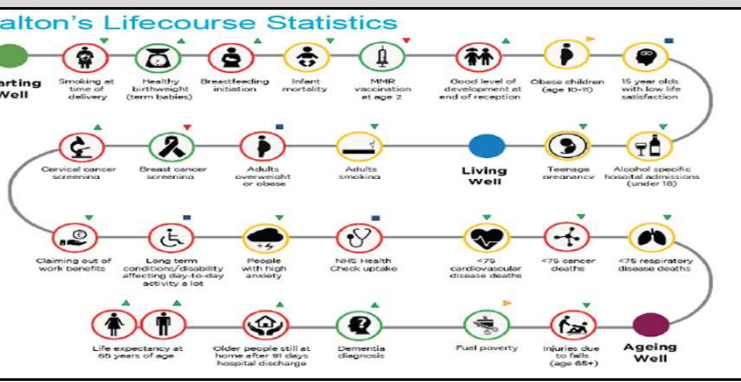
Develop population health management systems and intelligence which use health, social and economic population measures to ensure high quality health, care, support and community services which improve health and wellbeing and reduce health inequalities.

Develop a strong research and development culture in the One Halton ICP, with Primary Care taking a leading role.



# One Halton Partnership – Developing place

## Where are we now?



## Direction of travel

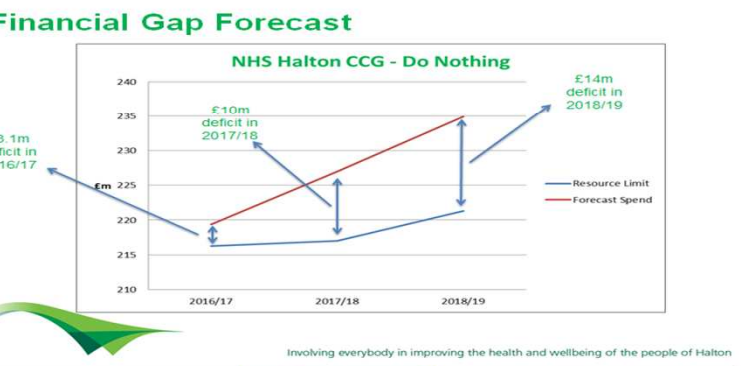
### ACCOUNTABLE CARE SYSTEM GOALS

- 1** Enable people to take more responsibility for their own health and wellbeing  
 self-care
- 2** Stay well in own homes and communities as far as possible
- 3** When complex care is required it should be timely and appropriate  
 timely & appropriate

## How we will get there

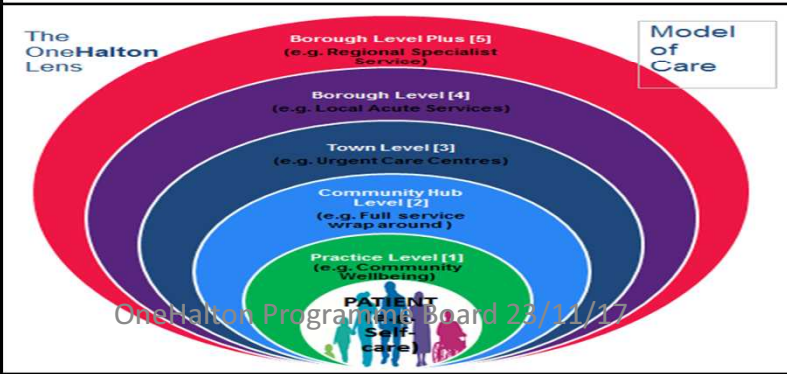
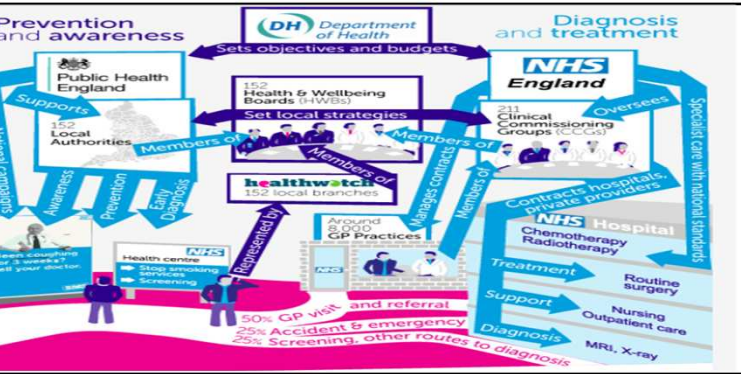
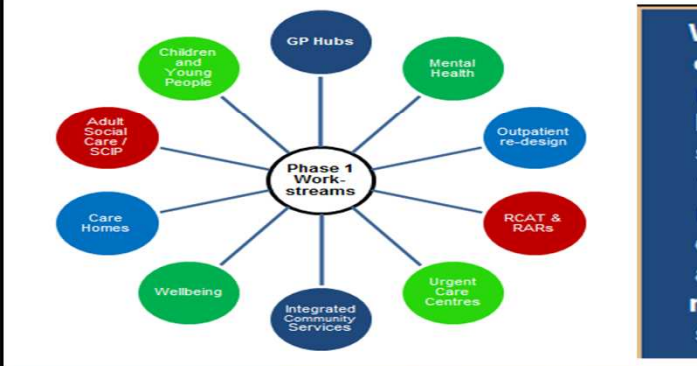
### Our Six Priorities for 2017/2022

- Children and Young People
- Generally Well
- Long-Term conditions
- Mental Health
- Cancer
- Older People



### OneHalton key design principles and objectives

- Objective 1:** Manage demand for services by promoting self-care independence and prevention
- Objective 2:** Enable health and Social Care integration wherever possible and appropriate
- Objective 3:** Design services around users and not organisations
- Objective 4:** Incentivise Providers to work together to meet the needs of the whole person
- Objective 5:** Treat people in the home and community for as long as it is appropriate and possible



# Progress on Must Have's

- Shared vision, purpose and behaviours – ✓
- Clarity on scope: what will be done at Place, and what will be done at ICS level – ✓
- Clear **leadership** ✓
- Shared **measures of key health outcomes** developed in line with the JSNA / JHWS and the ICS plan ✓
- Clarity on how **subsidiarity** will be enshrined at Place – decision-making devolved to lowest possible level (including with localities) ✓
- Supporting **delivery** of the shared endeavour e.g. business intelligence, shared resources in enabling functions (e.g. joint appointments), ultimately a 'place team'? ✓
- Enable local **provider collaboration** for delivery ✓
- A way of providing ongoing assurance to the ICS about accountability for the **delivery, quality and value for money** of NHS services at Place ✓
- An **enabling governance** structure at Place that has a **point of delegation** with the ICS:
  - through which **integrated commissioning** can be enabled ✓
  - which has clear alignment with the **Health & Wellbeing Board**, with clarity on remits ✓
  - which has a clear mechanism for dealing with disagreements ✓

# Progress on Must Have's

- **Financial governance** at Place that enables the funds provided to be allocated between Place partners according to priorities. ✓
- Ways of holding one another to account regarding **performance** and **quality** of services ✓
- Ways of ensuring **inclusivity** of partners in the arrangements and wider **public involvement** ✓
- **Keep the governance as simple as possible** ✓

Core Features	Ref	Brief Detail	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.	1a	Outline the Link to HWBB	Achieved
	1b	Inclusion of wider partners beyond health and social care	Achieved
	1c	Governance Framework Document MoU across One Halton MoU with the ICS	Achieved
	1d	Governance Framework signed off by all partners	
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)	3a	Shared vision and plans / strategies aimed at reducing inequalities & improving outcomes.	Achieved
	3b	Local population health and socio-economic intelligence (real time)	
	3c	Up to date JSNAs	
	3d	Plans and Strategies created using robust engagement with local people	Completed but refreshing
4 Agreed ICP development plan	4a	ICP Assurance framework	Not yet available
	4b	Organisational Development Plan	
	4c	Staff Development to work differently	



# One Halton a developing place

We consider ourselves to be a developing place. ICB not yet fully 'assured'. We aim to meet the Place thresholds to operate as a functioning place with some delegation a plan during 2022 to move to a fully delegated approach.

Key areas to be developed at Place are the ability to collectively manage finance, take decisions about the shape of services and to be held accountable for delivery.



# Developing Integration at Place



Integrated working and partnership working is effective and well established, health and social care teams to be co-located. ✓

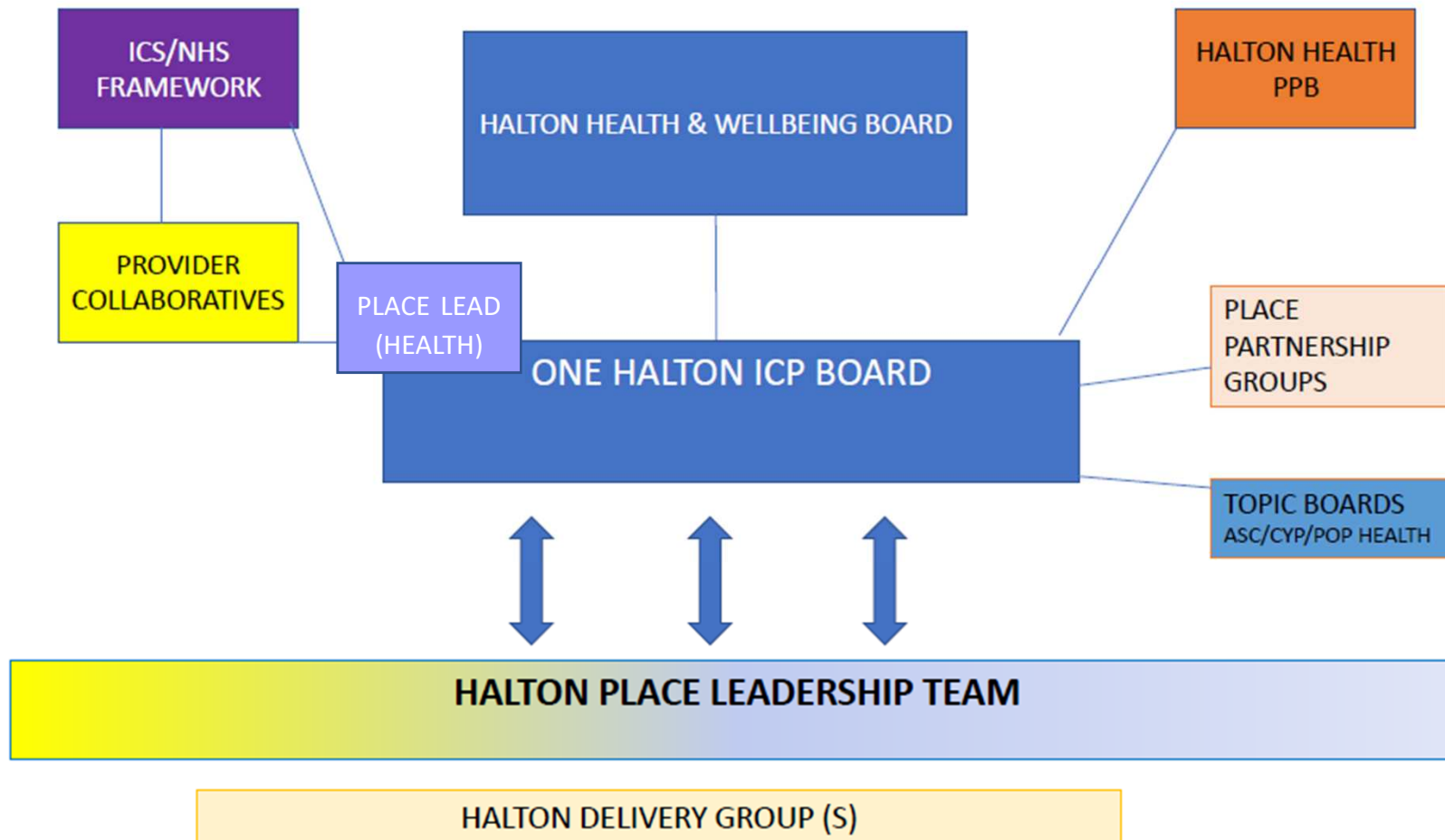
The Place Director is appointed by the ICS Chief Officer with the full support of local authority (joint appointment process) and other key place partners / stakeholders and is recognised as 'place lead' – On track

Place Director is accountable to ICS Chief Officer and works closely and collaboratively with LA Chief Executive and other place leaders. They will have some accountability to LA Chief Executive. On track

Place Director will have some delegated authority from the ICB which can be discharged through a place 'committee' On track

# Governance Structure

Approved by H&WBB



# Halton Place Lead

(Executive Director – Health)



Executive Director for Health

Joint Appointment – ICB & HBC involvement

Follow NHS & HBC HR requirements

Person Spec/JD – to be finalised by ICB & HBC

Contracts – to be finalised by ICB & HBC

ExDH will be an NHS employee

ExDH responsibilities – ALL health matters

- Commissioning
- Contract management
- Delivery/Performance
- Quality
- Oversight
- Finance/Audit
- Workforce
- etc

ExDH accountable to

- ICB CX
- LA CX

- SD (People) to work with the ExDH, DASS, DCS, DPH & other partners
  - to coordinate and develop the wider integration, alignment of outcomes and improved service delivery/efficiencies in respect of
    - Health
    - ASC
    - CYP
    - PH / Population Health
- DASS, DCS, DPH to remain accountable to SD (People) LA CX
- ASC to remain responsibility of DASS
- CYP to remain responsibility of CYP
- PH to remain responsibility of DPH
- All Halton partners to contribute to the effective delivery and integration of health and social care
- All Halton partners to ensure effective communication and the One Halton principles and values

## HALTON HWBB

## ONE HALTON EXECUTIVE BOARD

Health and social care integration to be delivered and accountable in Halton through the

- One Halton Executive Board; and it's
- Sub-committees.

Chaired by the LA CX

Place Convener = LA CX

The Board will be inclusive and comprise of

- ExDH
- SD (People)
- DASS
- DCS
- DPH
- DON
- DOF
- PCNs
- Providers
- VCFS

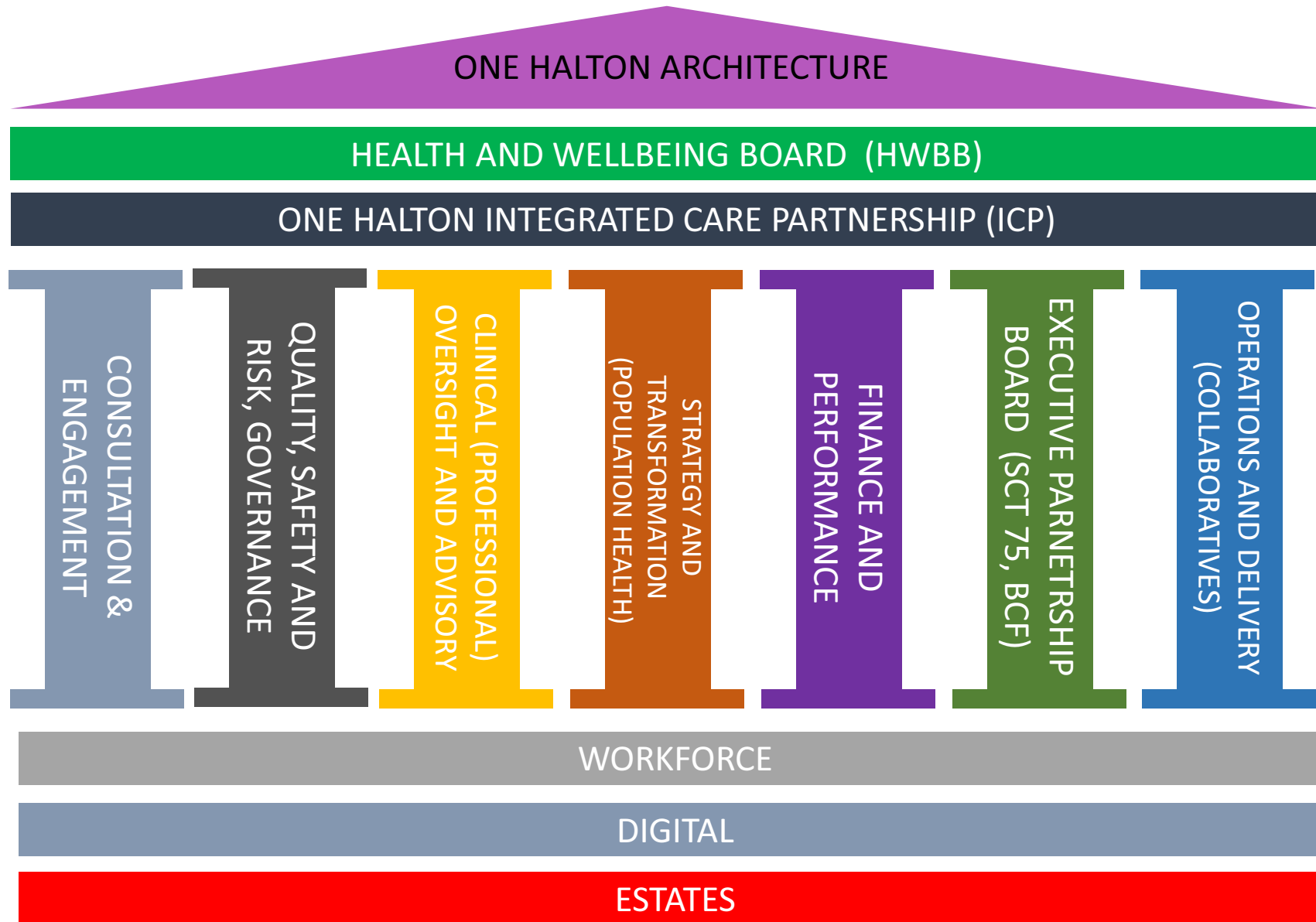
Will also have a relationship with the ICB on health delegation, responsibilities & accountabilities

- The Halton HWBB will set the strategy, policy and direction for One Halton based on the Halton JSIP
- Provide oversight, scrutiny, checks and balances
- Chaired by Health Portfolio Holder
- The Board will be inclusive and comprise of
  - Elected members
  - Health partners (locally and sub-regionally)
  - Health providers
  - HBC and
  - the wider partnership e.g.
    - Healthwatch
    - Housing
    - Education
    - Employment
    - Police
    - Fire
    - VCF
    - etc



# Rationale

- This approach will build on the existing One Halton Model which has served Halton well and has already aided joint working and integration.
- It is operationally robust so de-risks service delivery, quality and efficiency. While providing the strategic leadership to develop and improve services.
- It is outcome / delivery focussed
- It builds on the current strengths in Health, ASC, CYP and PH in Halton
- It is inclusive of the wider health and social care partnership
- It will maintain stability at a time of change which could de-stabilize the ICS and HBC but also offers opportunity for greater integration
- It recognises the statutory and democratic roles, governance, oversight and accountability of both the ICS and HBC
- It recognises the statutory position and accountability of the Health Lead, DASS, DCS and DPH



Effective governance is an ongoing effort, executed by people enabled by processes and supported by technology

# Our Priorities



Population health : Giving every child the best start in life; enabling all people to maximise their capabilities, ensure a healthy standard of living

Children & Young People: Improved level of early child development

1.LTC – Reduction in levels of heart disease and stroke

1.Cancer – Early diagnosis and treatment, reduce premature death

1.Mental Health – Early detection & intervention

Older people – Improving quality of Life

# One Halton Life Course Statistics

