REPORT TO:	Health Policy & Performance Board
DATE:	23rd November 2021
REPORTING OFFICER:	Strategic Director, People Chief Commissioner, NHS Halton CCG
PORTFOLIO:	Health & Wellbeing
SUBJECT:	One Halton Update
WARDS:	Borough Wide

1.0 **PURPOSE OF THE REPORT**

1.1 This report will provide a position statement in relation to:

a) The (C&M) ICS developments
b) The Cheshire & Merseyside (C&M) CCG Transition Programme
c) The C&M ICB Constitution consultation
d) The One Halton place self-assessment against the Cheshire & Merseyside Development Framework

2.0 **RECOMMENDATION: That Members of the Board note the report.**

3.0 **SUPPORTING INFORMATION**

3.1 **Cheshire & Merseyside ICS**

Vision: We want everyone in Cheshire and Merseyside to have a great start in life and get the support they need to stay healthy and live longer

Mission: We will tackle health inequalities and improve the lives of our poorest fastest. We believe we can do this best by working in partnership

Aims:

- Improve the health and wellbeing of local people
- Shift from an illness focus to a health and wellbeing model
- Provide better joined up care, closer to home

3.2 **ICS principles and break through goals:**

- Improving population health and healthcare.
- Tackling unequal outcomes and access.
- Enhancing productivity and value for money; and
- Helping the NHS to support broader social and economic

development.

3.3 **The ICS has committed to have a key role in:**

- Providing system stewardship to ensure the nine Places and the rest of the partnership work together to achieve our aspirations. As regulatory responsibilities transfer from NHSE/I we will ensure we are able to participate with system partners in system level assurance
- Overseeing the delivery of NHS standards and improving the health outcomes of the population using robust population health intelligence – CIPHA
- Supporting and deepening relationships between system partners in C&M, acting, if and when necessary, as an “honest broker”
- Engaging the stakeholders, partners, staff and the public, at the C&M footprint level, to identify common and persistent health and well-being challenges and co-produce solutions to address them
- Developing system-wide clinical approaches, enabled by well-populated, high-performing clinical/professional networks that tackle key issues
- Working closely with academic partners to ensure our programmes are underpinned by the latest evidence and evaluated rigorously
- Facilitating and incentivising system working approaches (at ICS footprint, Place and neighbourhood) through learning, communications and development.

3.4 **The ICS Developments:**

- Produced an ICS Development Plan
- Ready to operate Statement
- Integrated Care Board (ICB) & Constitution & wide engagement on this
- Director of Transition – safe closedown of CCG Functions & appropriate transfer into ICS
- Established Provider Collaboration
- Establishing Place Based Partnerships
- Chief Officer recruitment across all 42 ICSs in progress
- David Florry continuing as Interim Chair until March 22
- 4 statutory roles to be recruited too – Chief Officer, Director of Finance, Medical Director, Director of Nursing

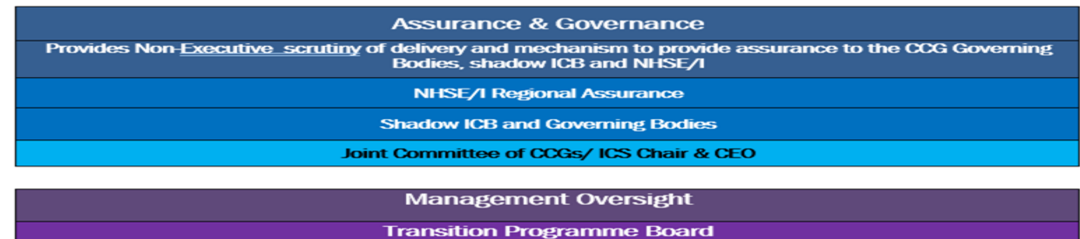
3.5 **Cheshire & Merseyside Transition Programme**

3.5.1 The C&M Transition Programme Board (TPB) has been established and has met twice. Workstreams have been established and are co-led by the CCG Accountable Officers and Cheshire & Merseyside ICS

core team leads.

3.5.2 The TPB is currently reviewing each workstream scope, milestones, deliverables and risks as we develop the more detailed task plans covering the key areas of due diligence, preparation for staff and functions transfer and stand up of the Integrated Care Board (ICB) readiness for Day 1 operation.

3.5.3 The proposed governance is shared below in diagram 1.



Management Oversight

Transition Programme Board

Brings the workstream and enabler leads from across the ICS together to maintain oversight of operational delivery of the plan including management of risks and issues

Workstream Leads

Co-ordinates the delivery of the workstream and all of the tasks identified.

Programme Delivery

Supported by Project Teams and Task & Finish Groups

Project teams and task & finish working groups to oversee specific tasks or themes of work

3.5.4 **Next steps**

- Complete workstreams review by the TPB
- Identify interdependencies across the workstreams to ensure a fully joined up approach and reduce duplication
- Develop a week on week view of key milestones, products and decision required
- Forward plan agreed along with reporting framework and review exceptions and risks at workstream and programme level
- Ensure effective and timely communications with CCG Governing Bodies to provide assurance
- Provide assurance to the ICS team as well as externally to NHSE/I.

3.6 **ICB Constitution**

Establishing the New Integrated Care Board (ICB) for Merseyside and Cheshire

3.6.1 The ICS/ICB wrote to each place within C&M following the publication of national guidance on the establishment of NHS statutory bodies to be known as Integrated Care Boards (ICBs). The ICB are now in the process of developing the new ICB's Constitution and are engaging with our system partners and stakeholders.

3.6.2 The ICB will be responsible for implementing the overall NHS strategy in Cheshire and Merseyside, assigning resources, securing assurance and ensuring - with our partners – that the right activities

are focused on securing the best outcomes for our communities.

3.6.3 The ICB Constitution is heavily prescribed nationally to reflect the need for clear and consistent process on the management of NHS resources and decision making. However, specific choices are required in relation to the membership and size of the ICB including the number of executives, non-executives, and partner members.

3.6.4 **The broad proposals are:**

- Up to six non-executive directors including:
- Chair of the NHS Body and up to five others covering Audit; Remuneration; Patient and Public Engagement, Conflict of Interest Guardian.
- Four executive directors
- Covering the nationally mandated roles of Chief Executive, Executive Medical Director, Executive Director of Nursing and Executive Director of Finance.
- Two additional senior posts
- Focusing on People / Workforce and Performance, Planning, and Improvement.
- Six partner members
- There will be two representatives each from Primary Care, Local Authorities and NHS Trusts.
- This would mean 18 members in total. Whilst national guidance states that an ICB would ideally have no more than 13 members, the rationale for a larger board in Cheshire and Merseyside is linked to the size and diversity of the Cheshire and Merseyside Integrated Care System.
- In addition, the Board may invite specified individuals to be named participants (they would not be voting members of the Board) and they would cover the Voluntary Community and Faith Sector and public health colleagues.
- National timescales are moving rapidly, although they remain subject to legislation. We are asked to submit the first part of our constitution in relation to board membership to the NHS England and Improvement Northwest regional team for approval by 17th November.

CM-ICB-Constitution-Letter-to-Stakeholders-22.10.21-V2.0.pdf Cheshireandmerseysidepartnership.co.uk)

3.6.5 **Our One Halton Response is as follows**:
We broadly agree with the proposals and welcome the 2 x local authority Chief Executive seats on the board.

We would suggest that in line with the ICS focus on health inequalities, a Director of Public Health should have voting rights on the Board and that ChaMPs will support with the recruitment/nomination.

We would also suggest in line with the ICS focus on Health & Social care that either the 2 x local authority Chief Executives have a clear remit to represent all age social care or a DASS or DCS is present.

Voting would be our preference, but we are pragmatic and do appreciate the size of the membership and would suggest that you review the size of the Board to 14.

3.7 **C&M Development Framework**

3.7.1 Each of the 9 places within the C&M ICS have been asked to review the principles of the development framework and undertake a self-assessment.

3.7.2 The goal is to support all Places to move to the most advanced category of development as quickly as possible

3.7.3 **The categories and definitions**

Categories and definitions

Categories		Description
A	Emerging	• Demonstrate some early awareness of needs and priorities, progress that partners are communicating and coming together through informal meetings to focus on how best to go about developing Place. Features such as shared ambition on Place-Based Partnership development and early plan development are key to a foundational Place-Based Partnership. • Has just begun the journey to working together in partnership • Some progress made but not yet moved beyond commitment stage
B	Evolving	• Early stage of Place-Based Partnership development with areas with gaps being addressed through more formal and strategic discussions between partners. Decision making abilities are explored in addressing health needs and priorities with agreed steps to engage all partners in configuring care pathways. • Has set up the foundations needed for the partnership and has identified steps needed to become effective • Plans are in place but have not yet been enacted
C	Established	• There is clear strategy, plans and leadership in place and where delivery is starting to occur with evidence of the Place-Based Partnership taking responsibility for some elements of commissioning such as, clinical pathway redesign and managing capacity and demand and ensuring all partners are represented in addressing priorities. • A established place, with the right components in place to be effective in delivery at place and delivery within the wider ICS • Plans are being delivered and changes are being embedded
D	Thriving	• Has a strong strategy and common purpose across all partners, showing strong delivery of local priorities including tackling local health inequalities and improving specific areas of service delivery. The leadership arrangements, governance and delivery structure including a PMO/engine room of delivery is well established. The Place-Based Partnership can have difficult discussions and partners are prepared to accept an impact on an individual organisation in order to deliver the overall shared objectives. Place-Based Partnership processes are established (or have even been refined based on learning) and clear evidence of successful delivery/impact on several areas. • seeks to go beyond the minimum and has an ambition to excel for its population • Sufficiently embedded enough to be a sustainable way of working that would continue even if leadership changed

3.7.4 The domain descriptors

Domain category	Domain descriptor
Ambition & vision	Clarity of purpose & vision
	Objectives & priorities
	Population health management to address health inequalities
Leadership & culture	Place-based leadership
	Partnership working
	Culture / OD / values & behaviours
	Responding to the voice of our communities / public & patient engagement
Design & delivery	Financial framework
	Planning & delivery of integrated services
	Enabler: Digital
	Enabler: Estates & assets
Governance	

3.7.5 **One Halton Partnership self-assessment** outcome in diagram 2 below:

Domain Category	Domain Descriptor	One Halton Aessment
Ambition and Vision -	Clarity of purpose & vision	Established
Ambition and Vision -	Objectives and Priorities	Evolving
Ambition and Vision -	Population health management to address health inequalities	Evolving
Leadership and Culture -	Place-based Leadership	Evolving
Leadership and Culture -	Partnership working	Evolving
Leadership and Culture -	Culture/OD/Values and Behaviours	Evolving
Leadership and Culture -	Responding to the voice of our community	Evolving
Design and Delivery -	Financial Framework	Evolving
Design and Delivery -	Planning & delivery of integrated services	Evolving
Design and Delivery -	Enabler: Digital	Emerging
Design and Delivery -	Enabler: Estates & assets	Emerging
Governance	Governance	Established
Final Assessment		**Evolving**

3.7.6 **Next Steps**

- One Halton PMO will review the outcomes and results.
- Will produce an action plan and timeline with the support from

Hill Dickinson re the governance and legislation and our statement of readiness.

- Will work with the LGA on the H&WBB and partnership arrangements.
- Will work with Marmot communities to focus on the social determinants of health – starting well, living well, ageing well.
- We will work with AQUA and NWLA on supporting our leaders and giving them the space and opportunities to encourage diverse leadership supporting continuity and sustainability.
- We will have a real focus on delivery

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 FINANCIAL IMPLICATIONS

5.1 Anticipated, but not yet known.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 One Halton supports the Council priorities.

7.0 RISK ANALYSIS

7.1 This will require further work and shared in future reports.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 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.