

# Meeting of the Health and Care Partnership Agenda

Chair: Cllr Louise Gittins

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PACK PAGE NUMBER
<b>15:00pm</b>	<b>Preliminary Business</b>			
<b>HCP/07/23/01</b>	Welcome Introductions and Apologies	LG	Verbal	N/A
<b>HCP/07/23/02</b>	Declarations of Interest <i>(HCP members are asked to declare if there are any declarations in relation to the agenda items)</i>	LG	Verbal	N/A
<b>HCP/07/23/03</b>	Minutes of the last meeting-13th June 2023	LG	Paper	3-11
			Approval	
<b>HCP/07/23/04</b>	Actions from the last meeting, including update on progress	LG	Verbal	12
<b>15:20pm</b>	<b>Business Items</b>			
<b>HCP/07/23/05</b> 15:20-15:35	Financial Strategy	Claire Wilson	Paper	13-25
<b>HCP/07/23/06</b> 15:35 – 15:45	Revised TOR	Matthew Cunningham	Paper	26-37
			Endorse	
<b>HCP/07/23/07</b> 15:45- 16:00	Marmot-Beacon Indicators Update	Ian Ashworth	Verbal	N/A
<b>HCP/07/23/08</b> 16:00 – 16:25	Sustainability (Green Agenda, Social Value and Anchor Organisations)	Isla Wilson  Dave Sweeney	Presentation	N/A
			For discussion	
<b>HCP/07/23/09</b> 16:25-16:40	4 <sup>th</sup> Core Purpose-Learning Capture Exercise Feedback/ Update (Pledges from workshop)	Ian Ashworth	Verbal	N/A
			For discussion	
<b>HCP/07/23/10</b> 16:40-16:50	HCP forward plan-future items for meeting	LG	For Discussion	N/A
<b>HCP/07/23/11</b> 16:50-17:00	Review of Meeting	LG	For Discussion	38
<b>17:00pm</b>	<b>Close of Meeting</b>			



**Dates of future meetings:**

<b>Date</b>	<b>Time</b>	<b>Venue</b>
19 <sup>th</sup> September 2023	3-5pm	The boardroom, Lewis's building, Liverpool
14 <sup>th</sup> November 2023	3-5pm	The Boardroom, Lewis's building, Liverpool
16 <sup>th</sup> January 2024	3-5pm	Virtual- Teams
19 <sup>th</sup> March 2024	3-5pm	The boardroom, Lewis's building, Liverpool

Cheshire and Merseyside Health and Care Partnership Meeting

Held via MS Teams

Meeting Minutes  
13<sup>th</sup> June 2023  
3pm-5pm

<b>MEMBERSHIP</b>		
<b>Name</b>	<b>Initials</b>	<b>Role</b>
Cllr Louise Gittins	LGi	Chair of HCP, Leader of Cheshire West, and Chester Council
Raj Jain	RJa	Chair of NHS Cheshire and Merseyside & Vice Chair of HCP
Ellen Loudon	Elo	Vice Chair of HCP – Director of Social Justice, Diocese Liverpool, and Canon Chancellor, Liverpool Cathedral
Cllr Sam Corcoran	SCo	Leader of the Council, Cheshire East Council
Cllr Marie Wright	MWr	Chair of Health and Wellbeing Board/Cabinet member for Health and Wellbeing, Halton Borough Council
Cllr Christine Bannon	CBa	Health Cabinet Member, Knowsley Council
Cllr Marlene Quinn	MQu	St Helens Council
Gareth Lee	GLe	Assistant Chief Constable, Cheshire Police
Tom Walley	TWa	University of Liverpool
Cllr Maureen McLaughlin	MMc	Warrington Council
Racheal Jones	RJo	CEO of One Knowsley, VCSE Representative for Liverpool City Region
Carly Brown	CBr	Children's Services (DCS forum- C and M)
Isla Wilson	IWi	Chair – Cheshire and Wirral Partnership NHS Foundation Trust, Provider Collaborative rep (trust in MH/LD/CS)
Dame Jo Williams	JWi	Chair of Alder Hey Children's NHS FT, Provider Collaborative rep (CMAST)
Joanne Clague	JCI	NWAS
Sarah Thwaites	STh	Healthwatch, Liverpool
Stephen Watson	SWa	Executive Director, Place, Sefton Council
Adam Irvine	Alr	CEO, Community Pharmacy, Cheshire, and Wirral
Louise Barry	LBa	Governor of Liverpool City College
Angela Simpson	ASi	Executive Dean, Health and Social Care, University of Chester
Matt James Smith	MJS	
Laura Gibson	LGi	Senior Corporate Comms Manager, Cheshire, and Merseyside ICB
<b>IN ATTENDANCE</b>		
Jennie Williams	JWil	Minute Taker
Clare Watson	CWa	Deputy Chief Executive
Claire Wilson	CWi	Director of Finance
Sue Forster	SFo	Attending on Behalf of Ian Ashworth
Lee Shears	LSH	Attending on Behalf of Alex Waller
Thomasina Afful	TAf	Cheshire and Merseyside ICB ECI Lead Officer

Neil Evans	NEv	Associate Director of Strategy and Collaboration
Rob Tabb	RTa	Liverpool City Region
Melissa Crellin	MCr	Cheshire and Warrington LEP
Fiona Lemmens	FLe	Deputy Medical Director
Natalie Robinson	NRo	Associate Director of Programme Delivery and Assurance
Matthew Cunningham	MCu	Associate Director of Corporate Affairs & Governance / Company Secretary

Apologies		
Name	Initials	Role
Ian Ashworth	IAs	Director of Population Health, ICB
Alex Waller	AWa	Chief Fire Officer, Cheshire Fire and Rescue
Kath McEvoy	KMc	Business Delivery Lead, ICB
Cllr Ian Moncur	IMo	Sefton Council
Cllr Jan Williamson	JWi	Wirral Council
Karen Prior	KPr	Chief Executive Officer, Healthwatch
Alison Cullen	ACu	Chief Officer, Warrington Voluntary Action
Kate Shone	KSh	Managing Director, Torus Foundation
Merab Gill	MGi	VNSW
Dianne Blair	DBI	Healthwatch
Maxine Power	MPo	NWAS
Steve McGuirk	SMc	Chair of Warrington/ Halton Hospitals
Phil Garrigan	PGa	Chief Fire Officer, Merseyside Fire and Rescue
Rowan Pritchard Jones	RPJ	Medical Director, Cheshire, and Merseyside ICB
Salman Desai	SDe	NWAS
Steve Park	SPa	Warrington Borough Council
Susan Wallace-Bonner	SWa	Halton Council
Cllr Fraser Lake	Fla	Liverpool City Council
Darren Mochrie	DMo	NWAS

Item	Discussion, Outcomes and Action Points	Action by
<b>HCP/06/23/01</b>	<p><b>Welcome, Introductions and Apologies</b></p> <p>LGI opened the meeting by welcoming all in attendance and thanked all for adjusting the day to hold the meeting online. The future plan for meetings will be discussed as it is felt that face to face meetings are more productive. LGI introduced Vice Chairs RJA and Elo to the meeting. Partnership board is a meeting held in public, but not a public meeting. Online protocol was requested, and the meeting went ahead as was quorate. New members were welcomed to the meeting following on from local elections held in May 23.</p> <p>A chairs brief will be circulated after the meeting which can be used to inform organisations of what has been discussed and agreed at this meeting.</p> <p>Apologies noted above.</p>	
<b>HCP/06/23/02</b>	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest noted at this meeting.</p>	

Item	Discussion, Outcomes and Action Points	Action by
HCP/06/23/03	<p><b>Previous Minutes – 7<sup>th</sup> March 2023</b>            The minutes of the meeting held on 7<sup>th</sup> March 2023 were approved as correct record of the meeting.</p>	
HCP/06/23/04	<p><b>March 2023 LG Paper Approval HCP/06/23/04 Actions from the last meeting, including update on progress.</b></p> <p>Action Log discussed and updated as attached.</p> <ul style="list-style-type: none"> <li>Action 6 - Feedback with progress made to be discussed at meeting on 18th July 23. CWa advised that conversations are ongoing in terms of the additional role reimbursement scheme which will also be fed back at the meeting on 18th July. <b>Action - RJo offered to take responsibility for ARRS and will bring back to meeting on 18/07/23</b></li> </ul> <p>CBa raised the option of holding hybrid meetings going forward as there are attendees with health conditions who may not be able to travel to meetings. LGi advised that the option for hybrid meetings will be looked into. CWa supported the conversation for hybrid meetings which will be built into the forward plan.</p> <p>LGi encouraged all to look at pledge, at present the document asks what the priority area is and what the pledge is; <b>Action – pledges to be brought back to July’s meeting.</b></p>	<p>RJo</p> <p>KMc</p>
HCP/06/23/05	<p><b>All Together Fairer: Healthy Work and Fair Employment</b></p> <p>LGi introduced Rob Tabb (RTa) from Liverpool City Region, and Melissa Crellin (Mcr) from Cheshire and Warrington who were invited to give an update on progress on the Marmot altogether fairer work which we have signed up to, their focus for the meeting was Healthy Work and Fair Employment.</p> <p>RTa discussed the position of Liverpool City Region and spoke to the presentation provided within the meeting pack; the fair employment charter was set up in the metro Mayors First manifesto in 2017. Consultation processes were undertaken from 2018 through to 2021 to gain views as to what business from employing networks and organisations wanted in the charter.</p> <p>There are four themes within employment charter which are healthy, just, fair, and inclusive. Within this, payment of a living wage and enabling trade union access is fundamental as is enabling a home working policy. The charter has a number of levels that would be achievable starting with an aspiring entry level, where employers may already have plans and policies in place. The next level is accredited, and top level is ambassador, which is for companies with exemplary practice. Applications were opened up in Spring 2022 and to date have had eighty approved employers ranging from small to large NHS employers. Plans are in place to open up the next stage of applications later on this year. From the applications received it has been encouraging to see the high quality and effective practice already in place and are starting to see a</p>	

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	<p>commitment from some organisations who are already paying or have made a commitment to pay the real living wage.</p> <p>RTa is looking to undertake promotional activity over the summer and is working closely with colleagues in Warrington and Cheshire.</p> <p>LGi thanked RTa for his presentation and asked if there were any organisations within Cheshire and Warrington that he could be linked in to. RTa advised that there are already number of companies within Cheshire and Warrington that have been accredited through the charter.</p> <p>LGi advised that she was contacted by a lady who has set up the “Good Employment” organisation which a number of organisations have signed up to; LGi will forward her email to RTa and MCr. RTa identified that it needs to be made as easy as possible to get employers onboard and he has worked with areas within the North West in order to do this.</p> <p>MCr introduced herself to the meeting and spoke to the presentation provided in the meeting pack advising the group that she is co-ordinating the subregional efforts to establish a fair employment charter for Cheshire &amp; Warrington which has followed on from the Cheshire &amp; Warrington Leaders’ Board. The Leaders board vision in Cheshire and Warrington is about healthy, sustainable inclusive growth and economy. There has also been a sustainable positive growth commission which recommended a fair employment charter to help with these ambitions.</p> <p>An officer group was formed in the autumn of 2022 who have been looking at the good practice in other areas, and the Liverpool City Region has been hugely helpful in sharing their good practice and lessons learned.</p> <p>Cheshire and Warrington Charter will apply to all sizes and sectors, public, private and third sector, it will be free to enter and will be taken to the Leaders Board once consultation has closed, for them to advise on next steps, which will hopefully be in July.</p> <p>There are approximately 19% of jobs paid lower than the national living wage and there are problems with in-work poverty. There are problems with accessibility to jobs for disadvantaged groups such as young people, those with disabilities and people over the age of 50 years.</p> <p>According to research the most diverse companies are the most innovative and profitable. Businesses are extremely interested in the charter and are seeing it as a positive step.</p> <p>The charter has been clear that it wanted positive standards for health and mental health, physical wellbeing and also health and safety. It also includes responsible business practices such as lowering emissions and addressing modern slavery.</p> <p>The consultation aims to be as successful as possible. There are planned workshops in Warrington, Cheshire East and Cheshire West and roundtables and workshops have already taken place. MCR would</p>	

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	<p>appreciate if members of the board could assist with the promotion of the workshops and roundtables.</p> <p>LGi thanked MCr for the presentation and opened up to questions –</p> <p>MQu outlined that the charter covered quite a lot but did not mention accessibility to creche / child minding facilities and asked how many Local Authorities across Cheshire and Merseyside have creche facilities. <b>Action</b> - LGi agreed to look into this issue with MCR.</p> <p>CWa asked RTa and MCr how is this linked in to the system people board to get best value. MCr advised that she has been dealing with leader's board and growth directors and will link with growth directors. RTa confirmed that he has been reporting progress through Alan Higgins in the Marmot Leads Group.</p> <p>MCr advised that accessibility to employment has been made a core area and will bring together various support schemes including over fifties employment with job centre plus.</p> <p>IWi welcomed the presentation and news of the progress and highlighted the benefit from a piece of work to bringing together progress made from this piece of work, the social value charter, Marmot, and anchor assemblies.</p> <p>SFo advised CWi that there is representation at people board through directors of public health to ensure cross fertilisation is happening, but SFo will take this back to ensure it is high profile on the agenda.</p> <p>LGi discussed the one-year celebration of all together fairer which was well attended. Recording is available on the CHAMPS website - <a href="https://champspublichealth.com/all-together-fairer/">https://champspublichealth.com/all-together-fairer/</a>. <b>Action</b> – LGi requested a detailed Marmot update from Ian Ashworth at July's Partnership board meeting.</p>	<p>LGI / MCR</p> <p>IA's</p>
<p><b>HCP/06/23/06</b></p>	<p><b>Support For New Members and Refresh of TOR</b></p> <p>LGi advised that an agreement has been made outside of this meeting to develop an induction pack for new members of the partnership to help bring them up to speed with the work previously undertaken.</p> <p>LGi discussed becoming fully constituted so that members around the table can make decisions on behalf of their councils. The Terms of Reference has had a lot of feedback from borough solicitors and queries have been raised which are being worked through. Hopeful that in July the final ToR will be approved and sent to councils for formal approval.</p> <p>SCo highlighted that finance is not listed at all in Terms of Reference and asked if finance should be mentioned and do we have responsibility for finance? SCo would like to see the metrics about how we are going to demonstrate that we are driving a shift of resources into prevention.</p> <p>CWi raised that we may need to revisit including finance in the ToR and agreed with SCo. LGi &amp; RJa also agreed. LGi identified that the</p>	

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	<p>document is now over a year old and we have since then made considerable progress. CWa agreed with her ICB colleagues that finance needs to be included in the ToR. CWa is happy to support the re-drafting of the ToR.</p> <p>CBa would welcome open and transparent document sharing in plenty of time to share with Local Authority colleagues so that informed decisions can be made at Partnership Board.</p> <p>LGi reiterated that the final version of the terms of reference will be discussed at the July Partnership board meeting, which can then go through governance processes in Councils. ACTION: for the revised TOR to be included on the July HCP agenda</p>	
<p><b>HCP/06/23/07</b></p>	<p><b>Future Governance Arrangements for HCP</b></p> <p>CWa discussed revising and updating the terms of reference a year on to give the opportunity to discuss added value to the HCP and the role of members. As discussed in previous meetings, and outlined by the Chair in her introductions, we need to ensure all member partner organisations are content with proposed changes and reaffirmation of the role and responsibilities of a joint committee.</p> <p>CBa felt that there was, at times, a disconnect between the Partnership Board and the Integrated Care Board so working together is a good idea.</p> <p>LGi discussed the opportunity to make life changing decisions for the people of Cheshire and Merseyside in this group so that we can be a force for good driving forward a change for the population as a true partnership. However, governance needs to be in place.</p> <p>CWa confirmed that revised terms of reference will be recommended to the July HCP Board meeting, building on the comments already received from the Local Authorities' Heads of Legal.</p> <p>LGi thanked all for a good discussion and conversation.</p>	
<p><b>HCP/06/23/08</b></p>	<p><b>Cheshire and Merseyside HCP Draft Interim Strategy</b></p> <p>NEv advised that we were mandated nationally to produce an interim strategy by the end of the last calendar year. In January 2023 we approved a draft interim strategy, which pulled together the work already happening in Cheshire and Merseyside into one single place. Marmot and All Together Fairer were key documents underpinning this work, as health and inequalities are the primary objective of a Health and Care Partnership. Agreement was made in January that we needed to move on to the next stage to determine priorities and a group was formed predominantly from the Directors of Public Health, CHAMPS and the ICB to look at the data. Wider determinants were the overriding driver for poor outcomes of ill health. This then led to the workshop held on 7<sup>th</sup> March where pledges were made and three common themes were identified which are:</p> <ul style="list-style-type: none"> <li>• workforce,</li> <li>• prevention and</li> <li>• early help and children and young people.</li> </ul>	

Item	Discussion, Outcomes and Action Points	Action by
	<p>A public survey was undertaken during March and April 23 and the public draft interim strategy was shared with the public.</p> <p>The NHS, in the terms of Integrated Care Boards and providers have a statutory duty to publish the Joint Forward Plan. Guidance indicates that this should reflect the HCP strategy and the joint health and wellbeing strategies, but equally needs to cover off a wide range of NHS statutory duties. A thirty page joint forward plan is being drafted which will be shared at Health and Wellbeing Boards.</p> <p>It has been recognised that there is a disproportionate amount of NHS driven content in both the strategy and the joint forward plan, some of which is based on what the historical programs were focusing on in Cheshire and Merseyside, some of which is very much driven by the national guidance. A peer review was undertaken by NHS England who gave fairly positive feedback on the joint strategy and forward plan.</p> <p>When the next joint forward plan is published in March 2024, it will be a system document which the HCP will own and contribute to. It is hoped that some members of the board will make an editorial panel to oversee and design the process using feedback from the wider partnership.</p> <p>LGi thanked NEv for the presentation and the hard work that has gone into this and advised that there is a Marmot Advisory Group that meets and would like to do some mapping before another group is set up. To also be mindful of a possible change in government.</p> <p>JWi highlighted that in terms of consultation, we will need to find a way of engaging with children and young people.</p> <p>RJa emphasised that he is the Chair of NHS Cheshire and Merseyside and represents the board that controls the functions and resources of the NHS and wanted to give the board assurance that we are committed to the marmot report.</p> <p>NEv summarised and identified the need performance and delivery metrics to assure the HCP that the JFP was being delivered and making a difference for the population. He agreed to discuss with Ian Ashworth, when in post, to present a performance/outcome dashboard to the HCP (incorporating the Marmot indicators). NEv noted comments regarding children and young people and is already working with the Beyond programme.</p> <p><b>Action</b> - NEv and IAs to refine document and to come back with a proposal to a subsequent meeting.</p> <p>NEv asked the group to have a re-look at the document and welcomed comments. LGi asked if Altogether Fairer could be the overarching strategy in the document as an appendix?</p> <p><b>Action</b> – LGI would like Danni and Liz from Beyond to attend a future meeting to discuss children’s services and how to link into our priorities and strategy. KMc to invite.</p>	<p>NEv / IAs</p> <p>KMC</p>

Item	Discussion, Outcomes and Action Points	Action by
	<p>MQu attended an inequalities board meeting last attended by the Director of Public health where a presentation was shared about housing; a special meeting will be held on housing provision and what is needed. MMc has also raised the issue of housing at her Health and Wellbeing Board and noted the impact on mental and physical health when a person is in temporary / unsuitable accommodation escalates and a focus is needed. <b>Action – Housing to be put on the forward plan for a future meeting.</b></p>	KMC
HCP/06/23/10	<p><b>Cheshire and Merseyside ICB Financial Strategy</b>            CWi, Finance Director for the Integrated Care Board introduced herself to the meeting and advised that the NHS have just finished the financial planning rounds for the last financial year, which has been a challenging and elongated process. There have been some big financial challenges which the whole country has been faced with. The financial plan was submitted for health and there is a significant deficit within the plan, which is not as big as expected, however it is £50m for this financial year.</p> <p>CWi gave an overview of the presentation provided to members of the board before the meeting and is happy to go into more detail at a future meeting if needed or hold a sub-group. CWi would also be happy to discuss with Section 151 officers to increase her understanding of Local Authority finances; SCo will introduce CWi to his section 151 officer. SCo identified that there was no budget for Primary Care spend on the Capital Resources slide. CWi outlined that the difficulty with primary care capital spend is that the NHS have very strong guidelines as to what is capital and what is not. CWa advised that there is a Primary Care Estates Group which has input from all nine Cheshire and Merseyside Places.</p> <p>The financial strategy is in place to support and enable wider objectives. Regulators have asked for a three-year strategy as we are in deficit, which will demonstrate how we will recover from this.</p> <p>Both local authorities and health budgets are constrained and we have to work together to get the best value for the resources we have across the system. Value is around the not only cost, but outcomes. Almost £6b comes into Cheshire and Merseyside ICB.</p> <p>The total capital resource limit is £407m, which is not a huge amount for a system the size of Cheshire and Merseyside compared to some budget expenditure in local authorities.</p> <p>MQi &amp; MWr raised concern regarding issues with GPs and the services they provide. CWa identified that the ICB have Primary Care figures regarding GPs broken down into place, which can be shared if required. Post covid, activity in Primary Care and GP practices has increased.</p> <p><b>Action</b> – item to discuss Primary Care Access Recovery Plan to be put on the forward plan to discuss the issues raised regarding specific place GP concerns.</p>	KMc



## HCP Action Log

Action No	Meeting Date	Action	Owner	Due Date	Status	Update / Notes
6	08.11.22	Can we use the network of social prescribers across the region to support the work around cost of living/fuel poverty?	PCN network / Rachael Jones	01/01/2023	Open	Update - 13/06/23 Feedback with progress made to be discussed at meeting on 18th July 23. Cwa advised that conversations are ongoing in terms of the additional role reimbursement scheme which will also be fed back at the
8	08.11.22	To develop a comms plan for the HCP	Maria Austin / Clare Watson	01/01/2023	Open	Update - 13/06/23 In development with Maria Austin as lead; Cwa will provide an update on comms to the meeting on 18th July 2023
11		Members to send any proposed items for future meetings to Kath McEvoy, for consideration on the HCP future plan	Kath McEvoy	01/07/2023	Open	
12	13/06/2023	Pledges to be brought back to July 23 meeting	Kath McEvoy	18/07/2023	Open	
13	13/06/2023	<b>All Together Fairer: Healthy Work and Fair Employment</b> LGI to discuss creche / child minding facilities as a part of the charter	LGI/MCR	18/07/2023	Open	
14	13/06/2023	<b>All Together Fairer: Healthy Work and Fair Employment</b> Detailed Marmot update from Ian Ashworth at July's Partnership board meeting	las	18/07/2023	Open	
15	13/06/2023	<b>Cheshire and Merseyside HCP Draft Interim Strategy</b> NEV & IAS to discuss further group with Alan and will bring back to a future meeting	NEV / las	18/07/2023	Open	
16	13/06/2023	<b>Cheshire and Merseyside HCP Draft Interim Strategy</b> LGI would like Danni and Liz from Beyond to attend a future meeting to discuss children's services and how to link into our priorities and strategy. KMc to invite	KMC	18/07/2023	Open	
17	13/06/2023	<b>Cheshire and Merseyside HCP Draft Interim Strategy</b> An item on housing to be put on forward plan for a future meeting	KMC	18/07/2023	Open	
18	13/06/2023	<b>Cheshire and Merseyside Financial Strategy</b> Item to discuss The Primary Care Access Recovery Plan to be put on the forward plan to discuss issues raised regarding specific Place GP concerns. KMC	KMC	18/07/2023	Open	
19	13/06/2023	<b>Cheshire and Merseyside Financial Strategy</b> Cwa to share details of all nine Place Directors with their contact details with the Board.	Cwa	18/07/2023	Open	
20	13/06/2023	<b>Cheshire and Merseyside Financial Strategy</b> ICB Financial Strategy to be brought back to the next meeting as a first agenda item	KMC	18/07/2023	Open	
21	13/06/2023	<b>Cheshire and Merseyside Financial Strategy</b> All all elected members to speak with LA chief executives after 26th June 2023 meeting	All Elected Members	18/07/2023	Open	
22	13/06/2023	AOB - Cwa to contact LSe regarding blood pressure screening and AF monitoring	CWa	18/07/2023	Open	

# Approach to Developing our Financial Strategy

ICB Board Update  
29<sup>th</sup> June 2023

# Contents

- Recap
  - Clinical Constitution
  - Financial and Strategic Context
  - Financial duties of ICB and healthcare system
  - Financial strategy workstreams
  - Joint financial working across health and care partners
  - Key products, timelines and governance
- Progress since the last meeting and next steps
  - Engagement – June 2023
  - Last 3 to 4 weeks
  - Next 3 to 4 weeks

# Approach to Developing our Financial Strategy

## “Working as one to maximise value for every pound we spend”

### Strategic Context

The financial strategy is a key **enabler** in supporting us to deliver our ambitious strategic objectives. These objectives are set out in the ICBs long term plan and the wider Health and Care Partnership strategy, which are summarised below.

The **ICB Joint Forward Plan** key objectives:

- Improve the health and wellbeing of our population
- Improve the quality of services.
- Make efficient and sustainable use of NHS resources.

**Cheshire and Merseyside HCP** key strategic priorities:

- Tackling Health Inequalities in outcomes, experiences and access
- Improve population health and healthcare
- Enhancing productivity and Value for Money
- Helping to support broader social and economic development

Our **clinical constitution** sets out the framework for in which our **strategic** commissioning decisions will be made and should be read alongside this document.

### Financial Context

Significant financial pressures across both local authority and healthcare budgets. Our financial strategy will have a number of key requirements

- Demonstrate a 3 year recovery plan for health budgets in line with statutory objectives of ICB and its healthcare system partners (see next slide).
- Enable and support the achievement of our wider HCP system objectives through greater integration at place and neighbourhood level.
- Support productivity and Value for Money to maximise benefit to the population of Cheshire and Merseyside.

### Value

With limited resources available, we will need to maximise the value of every pound we spend to ensure that we are best meeting the needs of our patients and communities. In addition, without action, current spend levels would exceed the level of cash available and threatens the sustainability of the services we can provide.

**Economy:**  
spending less

**Efficiency:**  
spending well

**Equity:**  
spending fairly

**Effectiveness:**  
spending wisely

#### The value equation



**Outcomes** are the full set of patient outcomes over the patient pathway

**Costs** are the total costs of resources used to care for a patient over the patient pathway

# Financial Duties of ICB and Healthcare System

- Each Local Authority, NHS Trust and ICB have their own statutory financial duties as a separate statutory organisation.
- For the ICB, this means:
  - Breakeven duty - Act with a view to ensuring expenditure does not exceed the sums it receives
  - Ensure capital expenditure does not exceed resource available
  - Comply with Mental Health Investment Standard
  - Ensure running costs do not exceed allocation
- In addition, all NHS partners have a collective duty to achieve system financial balance i.e. aggregate break-even across all NHS partners
- C&M ICB has a resource limit of £6bn in 2023/24 and it is held accountable for how much is **spent** against this allocation across NHS organisations (providers and ICB), rather than how much it **funds**. This is a critical distinction which needs to be recognised in the context of our strategy given the level of NHS provider deficits we currently have (reported separately to the Board).

# Approach to Developing our Financial Strategy

4 Pillars

**Modelling and Analysis**  
Quantifying the size of our challenge and the assessing our areas of opportunity

- Quantify system gap and annual efficiency challenge
- Individual health and care organisations 3 year deficit recovery plans
- Benchmarking and analysis to identify opportunities

**Supporting Value through Behaviours & Accountability**  
Behaviours & accountabilities to support collaboration/shared risk.

- Developing Integrated place budgets and strengthened pooled budget arrangements
- Behaviour charter and minimum financial governance standards
- Tiered financial assurance/oversight
- Risk management framework

**Delivering Value through Efficiency & Productivity**  
Driving safe and sustainable improvement in our productivity and efficiency

**Provider**

- CIP/QIPP delivery improvement
- CMAST theatre productivity work

**Commissioner**

- Place based recovery plans

**System**

- Quality and Equality Impact assurance

**Transformation for Value**  
Identify transformation programmes which address our financial gap

**Place level**

- Liverpool Clinical Strategy
- Wirral strategy
- S&O Transformation
- Other Place Strategies TBC

**Provider Collaboratives**

- Efficiency at Scale

**Mental Health, Community and LD**

**Health and Care Partnership System Wide**

- Digital
- NC2R improvement programme

*NB Final list to be agreed following pillar 1 opportunity scanning outputs*

4 Enablers

**Allocation Strategy to support strategic system objectives**  
e.g. Supporting reduction in health inequalities, Improvements in population health

**Investment and benefits realisation framework**

- Framework for releasing cashable benefits to support reinvestment in e.g. left shift

**Funds flow, payments and incentives e.g.**

- Population/capitation payments, outcomes based payments

**Capital strategy and prioritisation framework**

- Links with One Public Estate



## Joint financial working across health and care partners:

*We will need to further develop ways in which finance partners across the health and care system work together to facilitate and enable the delivery of value.*

- **Reporting**

- Ensuring a shared understanding of the health and care finances at System Level (Cheshire and Merseyside)
  - Reporting to HCP which show the overall health and care financial position
- At Place Level
  - Single view of place financial position, risk and issues (including, for example the use of reserves within social care budgets)
  - Open and transparent sharing of efficiency schemes, and where relevant joint efficiency programmes that deliver across both health and social care

- **Decision Making**

- Ensuring financial impact on all organisations is considered in making decisions

- **Pooled and aligned budgets**

- Currently £700m in pooled budgets across our system
- Strengthening and expanding the scope of our Integrated place budgets key ambition for 2023/24

- **Other flexibilities**

- How can our regime differences be used to best effect, for example, very different capital regimes
- Can we collectively access other external sources of funding or use that funding better together

# Developing our Financial Strategy: Key Products and Timelines

Pillar 1	Balance sheet review report	Jul-23
	Financial model - gap and opportunity analysis	Jul-23
Pillar 2	Behaviour Charter and Financial Governance Standards	Jul-23
	Interated performance and Escalation Framework (across all domains)	TBC
	Risk Management Framework	Sep-23
Pillar 3	Review of maturity and risk of provider CIP plans	Aug-23
	Report to Quality Committee setting out QIA/EIA assurance process with regular updates	Quarter 1
	ICB recovery plan	Sep-23
	ICB Running Cost reduction plan	Quarter 3
	ICB efficiency plans reported to FRIC and Board	Quarter 1
	Report to Audit Committee on outcomes of financial governance reviews	Quarter 3
	Monthly reports to FRIC on work of Expenditure Controls Oversight Group	Jul-23
	Local planning guidance for 2024/25 reported to FRIC for review	Oct-23
Pillar 4	Timing of each Tranformation programme to be determined by each SRO	TBC
Enablers	Allocation Strategy presented to ICB Board	Dec-23
	Investment and benefits realisation strategy to Board for review	Dec-23
	Funds Flow and Payments policy to FRIC for review	Dec-23
	Capital strategy and prioritisation framework	Dec-23

# Detailed Timeline: Developing our Financial Strategy

## “Working as one to maximise value for every pound we spend”

### Pillar 1

Modelling and Analysis	Lead	Resource	Oversight/Governance	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Top down system gap assessment using 23/24 plan submissions extrapolated forward for 24/25 and 25/26	CW/FM	External analyst support												
Agree assumptions and uplifts with DOFs			FRIC											
Cost buckets agreed – e.g. Primary Care, MH, Comm, Acute			Provider Collabs											
Agree geographical later flags for sub analysis														
Agree scenarios – best, worst, most likely														
Sign off top down model	System DoFs	n/a												
Coordination of Individual organisations 3 year recovery plans - place and providers	RT/FM	Provider and ICB finance teams	Provider BoDs											
Quantify system gap and efficiency challenge each year		System DoFs	FRIC, Provider collabs											
Assumption on BAU efficiencies	CW													
Transformational efficiencies required	CW													
Balance Sheet review to understand risk and opportunity	DoF Reference Group	MIAA Solutions	FRIC/Provider Collab/ICB Audit Committee?											
Opportunity modelling via Right Care and Model System - link to transformation progs below.	CW	NHSE Productivity team	FRIC											
Provider KPIs by provider	FM	NHSE Productivity team	FRIC											
Commissioner KPI by place	RT	NHSE Productivity team	FRIC, ICB Execs											

### Pillar 2

Supporting Value through Behaviours and Accountabilities	Lead	Resource	Oversight/Governance	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Debrief 23/24 plan process to identify improvements required for next year	CW	System DoFs	Provider collabs											
Co-production of behaviour charter. Define standards we expect every board to operate within	Provider DoF	System DoFs	Provider collabs											
Define financial elements of performance framework for both providers and place as part of system SOF	CW/Anthony Middleton	System DoFs	ICB Board, Provider BoDs											
Financial performance escalation involving Board to Boards and Chair/NED role	CW	System DoFs	ICB Board, Provider BoDs											
Agree Financial KPIs (including tracking underlying financial position as a measure of performance)	FM	System DoFs	Provider collabs											
Joint approach to risk management framework	Provider DoF	System DoFs	FRIC, Provider DoFs											
Tiered approach to provider management and role - agree approach.	CW	System DoFs/ICB Execs	FRIC, Provider DoFs											

# Pillar 3

Delivering Value through Grip and Efficiency			Lead	Resource	Oversight/Governance	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Peer review approach to CIP delivery using CMAST theatre productivity improvement model	Review of maturity and risk of provider CIP plans	Aug-23	Provider DoF	MIAA Solutions	FRIC, Provider collabs											
QIA and EIA assurance and oversight	Report to Quality Committee setting out QIA/EIA assurance process with regular updates		RPJ/CD	Provider and ICB quality teams	ICB Quality Committee											
Develop ICB recovery plan for its own direct expenditure - culture, systems, responsibilities and at scale efficiency for ICB budgets.	ICB recovery plan	Sep-23	CW/Place Directors/Corp Exec directors	ICB Finance Team/ADoF and ADoTs	FIRC											
ICB running cost reduction plan	ICB Running Cost reduction plan	Quarter 3	CW/CS	ICB Finance Team	FRIC											
PMO established for ICB efficiency programme and design reporting process	ICB efficiency plans reported to FRIC and Board	Quarter 1	CW/RT	MIAA Solutions/PMO	FRIC, ICB Board											
Agree principles and design reporting process for Provider CIP measurement e.g. NR measures excluded from performance monitoring			FM	System DoFs	FRIC											
Design reporting for provider collaboratives, Board, FIRC - what are the KPIs? Focus on underlying financial position			RT/FM	ICB Finance Team	Board, FRIC, Provider Collabs											
Recovering financial grip and governance - Consider and agree framework to use e.g. HFMA checklist, UoR peer review	Report to Audit Committee on outcomes of financial governance reviews	Quarter 3 and Quarter 4	CW	System DoFs	ICB Board, Provider Boards											
Design system expenditure control regime aligned to NHSE protocol	Monthly reports to FRIC on work of Expenditure Controls Oversight Group	From July 2023	CW/NHSE	System DoFs	FRIC											
Establish Expenditure Controls Assurance Group			CW/GU	System DoFs, Peer DoF, MIAA Solutions	FRIC											
Issue local planning guidance for 2024/25	Local planning guidance for 2024/25 reported to FRIC for review	October/November 2023	CW/FM/RT	System DoFs	FRIC											

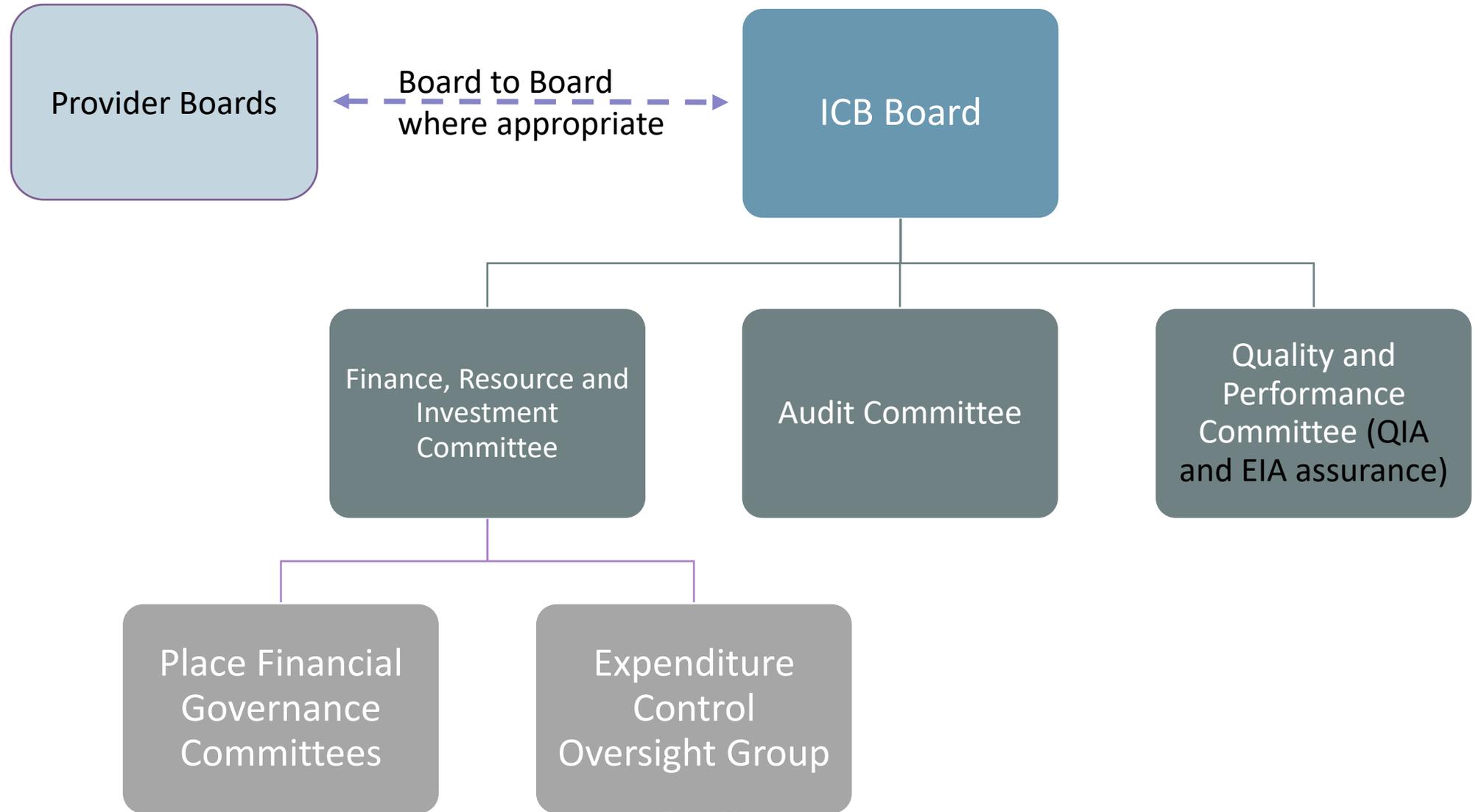
# Pillar 4

Transformation for Value			Lead	Resource	Oversight/Governance	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Agree programmes – SRO, scope, resourcing plus financial opportunity targets e.g.																
To be agreed following financial modelling and opportunity scanning																

# 4 x Enablers

Enablers	Lead	Resource	Oversight/Governance	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
1. Allocation Strategy to support system objectives	CW	ICB Finance Team, System DoFs	FRIC/ICB Board											
- To include, place allocation formula, convergence timeframe, system delegations			FRIC/ICB Board											
2. Investment and benefits realisation framework (supporting left shift)	CW	ICB Finance Team, System DoFs	FRIC/ICB Board											
- identifying the ways in which we will make funds available for future investment			FRIC/ICB Board											
- Framework for how we will realise financial benefits and quantify non financial benefits.			FRIC/ICB Board											
3. Funds flow and payments and incentives	CW	ICB Finance Team, System Dofs	FRIC/ICB Board/Provider Collabs											
- Explore options for contracting, payments and funds flow from 2024/25 onwards			FRIC/ICB Board/Provider Collabs											
4. Capital strategy and prioritisation framework	CW	Estates team/ICB Finance team	FRIC/ICB Board/Provider Collabs											
- Across MH, Acute, Community and Primary Care			FRIC/ICB Board/Provider Collabs											

# Developing our Financial Strategy: Financial Governance



# Developing our Financial Strategy Engagement June 2023

- Draft approach shared for comments:
  - ICB Executive Team 16<sup>th</sup> May 2023
  - NHS provider CEOs and DoFs – 18<sup>th</sup> May 2023
  - Health Care Partnership meeting – 13<sup>th</sup> June 2023
  - LA CEOs - 26<sup>th</sup> June 2023
- Distributed financial leadership: All NHS provider DoFs and Place Associate DoFs have volunteered to lead aspects of work
- Action agreed at LA CEOs meeting to establish NHS DoFs and Local Authority s151 officer group to oversee joint working aspects of plan

# Progress and Next Steps – June 2023

Workstream	Progress over last 3 to 4 weeks	Activities over next 3 to 4 weeks
Pillar 1 – Modelling and Analysis	<ul style="list-style-type: none"> <li>• Modelling reference group established</li> <li>• Commissioned EY to build financial model and specification approved by reference group</li> <li>• Data collection underway</li> <li>• Balance sheet reference group established, data collection template agreed and being piloted</li> </ul>	<ul style="list-style-type: none"> <li>• Finalise 5 year financial model with DoF group sign off</li> <li>• Agree how scope will include drivers of deficit analysis in phase 2</li> <li>• Roll out balance sheet data collection and review summary analysis</li> </ul>
Pillar 2 – Behaviours and Accountabilities	<ul style="list-style-type: none"> <li>• CMAST/NHSE meeting to discuss risk share approaches with ICB CFO and Provider Dof Lead</li> </ul>	<ul style="list-style-type: none"> <li>• Risk and gain share model developed</li> <li>• Develop behaviour charter and financial governance standards</li> <li>• Agree performance monitoring and escalation processes</li> </ul>
Pillar 3 – Efficiency and Productivity	<ul style="list-style-type: none"> <li>• CIP Improvement reference group established</li> <li>• MIAA commissioned to support review and benchmarking with data collection underway</li> <li>• HFMA self assessment checklist used to identify areas of best practice – review meetings undertaken</li> <li>• ICB running cost baseline being established</li> </ul>	<ul style="list-style-type: none"> <li>• Reference group to agree method of CIP data collection for scheme level tracking</li> <li>• Develop strategy for ICB running cost savings for review by remcom and finance committee</li> <li>• Finalise QIA assurance processes</li> </ul>
Pillar 4 - Transformation	<ul style="list-style-type: none"> <li>• CMAST Diagnostics update provided at DoFs meeting with financial support agreed</li> <li>• Initial discussions on scope of Liverpool CSR financial strategy work</li> </ul>	<ul style="list-style-type: none"> <li>• Further work to agree approach to ‘one NHS integrated financial system’ within</li> <li>• Agree approach and scope of commissioning strategy for Cheshire</li> <li>• Agree specification for Liverpool CSR financial strategy work</li> </ul>
Enablers	<p style="text-align: center;">Page 25</p>	<ul style="list-style-type: none"> <li>• Reference groups to be established</li> <li>• HCP finance group - Local Authority s151 officer and NHS Dofs/ADOFs group to be established</li> </ul>



**Cheshire and  
Merseyside**  
Health and Care Partnership

# Cheshire and Merseyside Health and Care Partnership

***Draft*** Terms of Reference **v1.1**



# Cheshire and Merseyside Health and Care Partnership

## Terms of Reference

### Background

Integrated care systems (ICSs) are statutory partnerships that bring together NHS organisations, local authorities, and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.

ICSs comprise two key components:

- **integrated care boards (ICBs):** statutory bodies that are responsible for planning and funding most NHS services in the area
- **integrated care partnerships (ICPs):** statutory committees that bring together a broad set of system partners (including local government, the voluntary, community, faith and social enterprise sector (VCFSE), NHS organisations and others) to develop a health and care strategy for the area.

This dual structure was designed to support ICSs to act both as bodies responsible for NHS money and performance at the same time as acting as a wider system partnership.

ICPs are established in legislation by the insertion of a new Section 116ZA to the Local Government and Public Involvement in Health Act 2007. Section 116ZA of the 2007 Act imposes an express obligation on an ICB and all relevant local authorities whose area coincides with or falls wholly or partly within the ICBs area to establish an ICP as a joint committee.

In the Cheshire and Merseyside Integrated Care System, the ICP is named as the Cheshire and Merseyside Health and Care Partnership (HCP).

These Terms of Reference set out the membership, remit, responsibilities, and reporting arrangements of the joint committee.

### Role and Purpose

The Cheshire and Merseyside HCP is a broad alliance of organisations and representatives concerned with improving the care, health, and wellbeing of the population, jointly convened by local authorities and the NHS as equal partners in order to facilitate joint action to improve health and care outcomes and experiences, influence the wider determinants of health, and plan and deliver improved integrated health and care.

Its primary purpose will be to act in the best interests of people, patients, and the system as a whole, rather than representing individual interests of any one constituent partner.

The role and purpose of the HCP does not duplicate that of the nine Cheshire and Merseyside Health and Wellbeing Boards. The HCP will work in conjunction where appropriate to help achieve common objectives and aims to benefit local populations.

The HCP provides opportunity for a system level forum to support and enhance work programmes to improve population health outcomes and reduce health inequalities by addressing complex, long term issues that require a system level integrated approach across stakeholders.

An ICP must prepare and publish an Integrated Care Strategy, setting out how the assessed needs in relation to its area are to be met by the exercise of functions of:

- the integrated care board for its area
- NHS England
- the responsible local authorities whose areas coincide with or fall wholly or partly within its area.

In preparing this strategy the ICP must involve:

- the Local Healthwatch organisations whose areas coincide with or fall wholly or partly within its area
- the people who live and work in that area.

The strategy will have due regard to and respond to the Health and Wellbeing Strategies and Joint Strategic Needs Assessments of each responsible Local Authority area.

## **Membership and Attendees**

### **Members**

Legislation requires that the membership of the ICP must have as a minimum:

- one member appointed by the ICB
- one member appointed by each of the responsible local authorities.

Legislation also allows for members to be appointed by the ICP itself.

In all cases, HCP membership will be renewable on an annual basis. Each participant organisation or body will be expected to have formally nominated or confirmed their nominated member by 1st August of each year. Changes in membership during the year are allowed and must be notified to the HCP promptly and before attendance at the next meeting.

It is expected that members will prioritise these meetings and make themselves available. Where this is not possible a nominated deputy may attend of sufficient seniority who will have delegated authority to make decisions on behalf of their organisation. For Local Authority representatives this will be in accordance with the due political process.

An HCP Member who fails to attend three consecutive HCP Meetings will be requested to account for their attendance record to the Chair of the HCP. The Chair of the HCP will be empowered to refer any ongoing concerns regarding persistent non-attendance of a Member to that Member's nominating

organisation/body with a recommendation that consideration be given to whether it would be appropriate for the individual to continue in their Member role.

The full membership of the Cheshire and Merseyside HCP is:

<b>Organisation / Area</b>	<b>Position</b>
<b>NHS Cheshire and Merseyside ICB</b>	ICB Chair
	Chief Executive
	Assistant Chief Executive
	Executive Director of Finance
	Executive Medical Director
<b>Cheshire East Council</b>	x1 Councillor
<b>Cheshire West and Chester Council</b>	x1 Councillor
<b>Halton Council</b>	x1 Councillor
<b>Knowsley Council</b>	x1 Councillor
<b>Liverpool City Council</b>	x1 Councillor
<b>Sefton Council</b>	x1 Councillor
<b>St Helens Borough Council</b>	x1 Councillor
<b>Warrington Borough Council</b>	x1 Councillor
<b>Wirral Council</b>	x1 Councillor
<b>Other Local Authority Representative</b>	x2 Executive Officers – drawn from across the 9 responsible Local Authorities. *
	x2 Directors of Public Health - drawn from across the 9 responsible Local Authorities**
<b>North West Ambulance Service</b>	x1 Representative
<b>Cheshire Police</b>	x1 Representative
<b>Merseyside Police</b>	x1 Representative
<b>Cheshire Fire and Rescue</b>	x1 Representative
<b>Merseyside Fire and Rescue</b>	x1 Representative
<b>Voluntary, Community, Faith and Social Enterprise Sector</b>	x2 Representatives
<b>Liverpool City Region Local Enterprise Partnership</b>	x1 Representative
<b>Cheshire and Warrington Local Enterprise Partnership</b>	x1 Representative
<b>Primary Care</b>	x2 Representatives
<b>CMAST Provider Collaborative</b>	x1 Representative
<b>MHLD Provider Collaborative</b>	x1 Representative
<b>Carers</b>	x1 Representative
<b>Housing</b>	x1 Representative
<b>Healthwatch</b>	x2 Representatives
<b>Higher Education / University</b>	x2 Representatives

\*it is at the discretion of the nine responsible local authorities to determine the x2 Executive Officers and how they represent other core functions of Local Authorities that impact on health and care (i.e., Adult and children's services) on behalf of all nine Local Authorities in Cheshire and Merseyside

\*\*it is at the discretion of the nine responsible local authorities to identify x2 Public Health Director representatives and how they can best they represent the views of and provide insight on public health matters from across the nine Local Authority areas in Cheshire and Merseyside.

Members are selected to be representatives of the constituent partners of the ICS and attend HCP meetings to promote the greater collective endeavour. Therefore, members are expected to make effective two-way connections between the Cheshire and Merseyside HCP and their constituent organisations, adopting a

partnership approach to working together, as well as listening to the voices of citizens, patients and the public of Cheshire and Merseyside.

All Members of the HCP will be asked to make connections between the HCP and the sector in which they are representing. The core focus of this role as a member of the CP is not to champion the interests of any single organisation.

Members are expected to commit to working collaboratively; openly and supporting the development and role of the HCP.

### **Attendees**

Only members of the HCP, or their nominated deputy, can participate in HCP meetings, but the Chair may invite relevant organisations to send a representative to a HCP meeting as necessary in accordance with the business of the HCP.

### **Chair Arrangements**

The Chair of the HCP will be a Councillor drawn from one of the responsible Local Authorities. The individual will also be the nominated HCP member of their Local Authority.

The Chair will be appointed on a bi-annual basis at the first meeting of the municipal year by the local authority elected (Councillor) members of the HCP present at the meeting. Individuals wanting to be considered for the Chair role will need to be nominated and seconded by one other local authority elected (Councillors) member of the Board and agreed by way of a majority vote. Councillors wishing to be considered are required to have a minimum of two years left in their term as an elected member.

The HCP will also have two Joint Vice Chairs – one being the Cheshire and Merseyside ICB Chair and the other being an appointed representative of the VCFSE sector. In the absence of the Chair at a meeting of the HCP, it will be agreed in advance which of the two Vice Chairs will Chair the meeting on that occasion.

### **Quoracy**

The meeting will be quorate if at least 50% of the members are present. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions requiring agreement by statutory bodies may be taken.

If any member of the HCP has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

### **Decision making and authority**

As far as is possible the HCP will make its decisions by consensus of the members present at the meetings of the HCP.

The HCP has not been established under S65Z5 or S75 arrangements between the NHS and Local Authority member organisations of the HCP, and as such does not

have the authority as a Committee to exercise joint functions or hold or make decisions on any existing pooled budget arrangements.

Decisions on any functions and budgets is undertaken through the authority delegated to the individuals who are members of the HCP by their respective organisations. Each of the constituent partner organisations of the HCP remains responsible and accountable for discharging their individual organisational duties and responsibilities.

The HCP is authorised to create any relevant sub-groups in order to take forward specific programmes of work considered necessary by the membership.

### **Meeting arrangements**

The HCP will meet up to six times each year. Additional meetings may take place as required.

The HCP Chair, in consultation with and with the support of both Vice Chairs, may ask the HCP to convene further meetings to discuss particular issues on which they want advice.

The HCP may meet virtually or in hybrid format when necessary and members attending using electronic means will be counted towards the quorum.

Meetings of the HCP will be held in public. Members of the public will be able to attend in an observer capacity only. Where meetings are required to be held virtually, arrangements will be made to ensure members of the public can attend and be able to observe the undertakings of the HCP meeting.

The HCP also reserves the right to convene development sessions, which will be held in private and will not be formal meetings of the ICP, as the nature of such sessions will not be conducive to public attendance.

A copy of the agenda and related reports for each HCP meeting will be sent to each HCP Member at least five clear days before the date of that meeting. Agendas and papers for meetings held in public will be published on the website of NHS Cheshire and Merseyside Integrated Care Board

The HCP shall be supported with a secretariat function. In addition to publication of agendas and supporting papers the secretariat will prepare and circulate minutes of meetings within 10 working days and maintain an action and decision log, as well as a register of interests of HCP members.

The Agenda for meetings of the HCP will be agreed by the Chair and Vice Chairs. Members of the Committee can request items to be considered at meetings of the HCP by contacting the Chair two weeks prior to the publication date of papers for the relevant meeting.

## Reporting and Accountability

The HCP will receive reports from the Cheshire and Merseyside statutory Health and Wellbeing Boards, which will inform its own priorities and strategy; and the HCP will also provide reports to the Health and Wellbeing Boards on matters concerning delivery of ICS priorities and outcomes framework.

The HCP will also provide reports to the ICB, providing a summary of any specific programmes of work undertaken, including the issues considered and recommended actions, and any key outputs (in particular the Integrated Care Partnership Strategy) from its meetings.

## Behaviours and Conduct

The HCP shall conduct its business in accordance with any national guidance. The seven Nolan Principles of Public Life shall underpin the committee and its members.

HCP members should:

- Inform the Chair of any interests they hold which relate to the business of the HCP.
- Inform the Chair of any previously agreed treatment of the potential conflict / conflict of interest.
- Abide by the Chair's ruling on the treatment of conflicts / potential conflicts of interest in relation to ongoing involvement in the work of the HCP.
- Inform the Chair of any conflicts / potential conflicts of interest in any item of business to be discussed at a meeting. This should be done in advance of the meeting wherever possible.
- Declare conflicts / potential conflicts of interest in any item of business to be discussed at a meeting under the standing "declaration of interest" item.
- Abide by the Chair's decision on appropriate treatment of a conflicts / potential conflict of interest in any business to be discussed at a meeting.
- In the absence of a specific Code of Conduct for the HCP, abide by their own respective organisation's Code of Conduct.

As well as complying with requirements around declaring and managing potential conflicts of interest, HCP members should:

- Attend meetings, having read all papers beforehand
- Arrange an appropriate (i.e., formally nominated) deputy to attend on their behalf, if necessary
- Act as 'champions', disseminating information and good practice as appropriate
- Comply with the HCP' administrative arrangements to support the HCP around identifying agenda items for discussion, the submission of reports etc.
- Consider the equality, diversity and inclusion implications of the discussions they undertake and HCP meetings.

## Review

The HCP will review its effectiveness at least annually. These terms of reference will be reviewed at least annually and earlier if required.

# NHS Cheshire and Merseyside Health and Care Partnership

Date: 18<sup>th</sup> July 2023

## Update to the Terms of Reference

<b>Agenda Item No</b>	Item 6
<b>Report author &amp; contact details</b>	Matthew Cunningham Matthew.cunningham@nhs.net
<b>Report approved by (sponsoring Director)</b>	Clare Watson
<b>Responsible Officer to take actions forward</b>	Matthew Cunningham

# Cheshire and Merseyside Health and Care Partnership

## Update to the Terms of Reference

<b>Executive Summary</b>					
<b>Purpose (x)</b>	<b>For information / note</b>	<b>For decision / approval</b>	<b>For assurance</b>	<b>For ratification</b>	<b>For endorsement</b>
					X
<b>Recommendation</b>	<b>The Board is asked to:</b> <ul style="list-style-type: none"> <li>Endorse the updates included in the report</li> </ul>				
<b>Key issues</b>					
<b>Key risks</b>					
<b>Impact (x)</b> (Further detail to be provided in body of paper)	<b>Financial</b>	<b>IM &amp;T</b>	<b>Workforce</b>	<b>Estate</b>	
	<b>Legal</b>	<b>Health Inequalities</b>	<b>EDI</b>	<b>Sustainability</b>	
	X	X	X	X	
<b>Route to this meeting</b>	Not applicable				
<b>Management of Conflicts of Interest</b>					
<b>Patient and Public Engagement</b>					
<b>Equality, Diversity and Inclusion</b>					
<b>Health inequalities</b>					
<b>Next Steps</b>					
<b>Appendices</b>	none				

<b>Glossary of Terms</b>	<b>Explanation or clarification of abbreviations used in this paper</b>

## Update to the Terms of Reference-HCP

### 1. Introduction / Background

2.1 Integrated care systems (ICSs) are statutory partnerships that bring together NHS organisations, local authorities, and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas.

ICSs comprise two key components:

- **integrated care boards (ICBs):** statutory bodies that are responsible for planning and funding most NHS services in the area. Locally the Board is known as NHS Cheshire and Merseyside Integrated Care Board ('NHS Cheshire and Merseyside')
- **integrated care partnerships (ICPs):** statutory committees that bring together a broad set of system partners (including local government, the voluntary, community, faith and social enterprise sector (VCFSE), NHS organisations and others) to develop a health and care strategy for the area.

This dual structure was designed to support ICSs to act both as bodies responsible for NHS money and performance at the same time as acting as a wider system partnership.

In the Cheshire and Merseyside Integrated Care System, the ICP is named as the Cheshire and Merseyside Health and Care Partnership (HCP).

At its meeting in November 2022, an initial draft of the HCP Terms of Reference was considered and commented on by the Committee. The draft Terms of Reference were also considered by the Board of NHS Cheshire and Merseyside at its November 2022 and comments received. Subsequent to these meetings the draft Terms of Reference have also been considered by legal/governance representatives from each Local Authority and comments received to be considered. Additional Comments have also been received in between meetings of the HCP since this time.

Version two of the draft health and Care Partnership Terms of Reference (Appendix One) have taken into account the comments received and has been simplified.

The intent had been to formally engage with the nine councils prior to the start of the 2023 Local Election period so as to seek their approval of the Terms of Reference and confirm establishment of the HCP as a Joint Committee of the ICB and nine local authorities. Unfortunately, this timeframe was unable to be achieved.

# Cheshire and Merseyside Health and Care Partnership

## 2. Main Body of report

### 2.1 Legal Status of the Committee

ICPs are established in legislation by the insertion of a new Section 116ZA to the Local Government and Public Involvement in Health Act 2007. Section 116ZA of the 2007 Act imposes an express obligation on an ICB and all relevant local authorities whose area coincides with or falls wholly or partly within the ICBs area to establish an ICP as a joint committee.

the intention of the legislature is that the ICP is not to be a local authority committee or indeed a joint local authority committee but is to sit aside from the usual provisions relating to local authority committees. The terms of Section 116ZA are intentionally broad and allow for the ICP (HCP) to determine its own procedure, which includes the issue as to voting rights and meeting arrangements.

The Health and Social Care Act 2022 did provide for other legal means to allow NHS and Local Authorities to enter into joint arrangements that would allow for the establishment of Joint Committees, delegation and pooled funding arrangements (Section 65Z5 and Section 65Z6 of the 2022 Act), alongside existing arrangements that have been utilised historically (Section 75 of NHS 2006 Act). It is not being proposed that the HCP is established under these arrangements however their use may wish to be considered in the future as the Partnerships develops and if any functions and budgets are delegated to the Committee.

## 3. Recommendations

### 3.1 The Committee is asked to:

- endorse the adoption of the Terms of Reference
- note the intention to seek approval of the Terms of Reference by each of the nine local authorities and the ICB by October / November 2023

## 4. Next Steps

### 4.1 Terms of Reference – next steps

The updated Terms of Reference have been circulated to legal/governance representatives of each of the nine Cheshire and Merseyside Local Authorities for further review and for confirmation as to which meeting within each of the nine Councils the HCP Terms of Reference will be required to be considered by to receive approval.

Subject to receiving confirmation as to which Local Authority meeting the HCP Terms of Reference needs to be considered at, and the subsequent timescales associated with this,

# Cheshire and Merseyside Health and Care Partnership

the ambition is for approval to be achieved by all nine Councils and NHS Merseyside by October / November 2023.

## 5. Officer contact details for more information

Matthew Cunningham- Associate Director of Corporate Affairs and Governance/  
Company Secretary

matthew.cunningham@nhs.net

## Cheshire &amp; Merseyside HCP meeting forward Planner

Meeting Item		Frequency	13 <sup>th</sup> June 23	18 <sup>th</sup> July 23	19 <sup>th</sup> Sept 23	14 <sup>th</sup> Nov 23	16th Jan 24	19 <sup>th</sup> March 24
<b>Standing Items</b>	<b>Item Delivery Named Officer</b>							
Apologies	Chair	Every meeting	<input checked="" type="checkbox"/>					
Declarations of Interest	Chair	Every meeting	<input checked="" type="checkbox"/>					
Minutes of last meeting	Chair	Every meeting	<input checked="" type="checkbox"/>					
Action & Decision Log	Chair	Every meeting	<input checked="" type="checkbox"/>					
Forward Planner/Annual Plan Review	Chair/ ICB	Every meeting	<input checked="" type="checkbox"/>					
Committee Risk Register (once Finalised)	Chair/ ICB	Every meeting	<input checked="" type="checkbox"/>					
<b>Governance and Performance</b>								
Review of Terms of Reference	Matthew Cunningham	As required	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Self-Assessment of Committee Effectiveness	Clare Watson	Annually					<input checked="" type="checkbox"/>	
<b>Recurrent Papers/Updates</b>								
ICS 4 <sup>th</sup> Core purpose – Learning Capture Exercise	Clare Watson	As requested		<input checked="" type="checkbox"/>				
Sustainability (Green, Social Value and Anchor Work)	Dave Sweeney	As requested		<input checked="" type="checkbox"/>				
Marmot – update on marmot work and beacon indicators	Ian Ashworth	As requested		<input checked="" type="checkbox"/>				
Finance	Claire Wilson	As requested	<input checked="" type="checkbox"/>					
Comms Plan	Comms	As requested						
Primary Care Recovery Plan	TBC	As requested						
Induction Pack for members of HCP	Kath McEvoy	When Required						
<b>Key Business/ Thematic items</b>								
Health and Housing workshop	TBC				<input checked="" type="checkbox"/>			
Children's Services and Care Leavers workshop	TBC					<input checked="" type="checkbox"/>		
<b>Location (hybrid access available in Liverpool)</b>								
Ellesmere Port, Civic Centre								
Lewis's Building, Liverpool				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Virtual (teams only)			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	