

OPEN

**Corporate Policy Committee**

**11 July 2023**

**Cheshire and Merseyside Health and  
Care Partnership**

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**Report of: Helen Charlesworth May, Executive Director (Adults,  
Health & Integration) and David Brown, Director of Governance &  
Compliance**

**Report Reference No: CP/6/23-24**

**Ward(s) Affected: All**

**Purpose of Report**

- 1 This report requests authority for the Council to become a member of the new statutory Integrated Care Partnership for Cheshire & Merseyside, to be known as the Cheshire & Merseyside Health and Care Partnership (C&M HCP).

**Executive Summary**

- 2 The Cheshire & Merseyside Health & Care Partnership is a statutory joint committee and forms part of the overall structure of the new Integrated Care System set out in the Health & Care Act 2022.
- 3 The C&M Health and Care Partnership has statutory functions to deliver an Integrated Care Strategy across the C&M area, and to hold others to account for their delivery of the Strategy. In order to undertake this effectively it needs the support and input from all partners across the C&M region, to ensure that local needs and requirements are fully reflected in the Strategy.

## RECOMMENDATIONS

That Corporate Policy Committee:

1. Recommend to full Council that the terms of reference of the C&M Integrated Care Partnership (to be known as the Cheshire & Merseyside Health & Care Partnership) be adopted.
2. That the Council become a member of the Cheshire & Merseyside Health & Care Partnership.
3. That the Leader of the Council be nominated to be the Council's representative on the Cheshire & Merseyside Health & Care Partnership.
4. That the Chief Executive have delegated approval to nominate an Executive Director/Director of Public Health to be a member of the Committee if she considers this appropriate.

### **Background**

4. The government reforms of the NHS under the Health and Care Act 2022 created new Integrated Care Systems with responsibility across wider geographical footprints. The Integrated Care System (ICS) for our area covers the footprint of the nine local authority areas in Cheshire and Merseyside. Finances are directed to the Cheshire & Merseyside area and can then be devolved down to local areas (known as 'Place'). Our 'Place' operates through the Cheshire East Health & Care Partnership (CE HCP), which is comprised of partners from across the health services in Cheshire East. A diagram illustrating the governance arrangements for the C&M Integrated Care System is set out at Appendix 1.
5. As part of the statutory governance arrangements, the ICS is required to set up an Integrated Care Partnership for Cheshire & Merseyside, with local authority membership from each Place.

### **Role of the Integrated Care Partnership**

6. The Integrated Care Partnership (ICP) will drive the strategic direction and plans across the C&M area, and this work needs to be aligned with other strategies and the work of the local Health and Wellbeing Boards. The ICP allows organisations to work together more closely

to collectively improve the health of residents across C&M. In particular, it has responsibility for agreeing an Integrated Care Strategy across C&M to address the broad health and social care needs of the population across the C&M region, including the wider determinants of health, such as employment, environment and housing. Integrated Care Boards and local authorities will be required to have regard to the ICP strategy when making decisions, commissioning and delivering services.

7. The ICP will comprise of health and care partners from across the C&M area, including one councillor representative from each local authority, as well as two Executive Directors and two Directors of Public Health from across C&M. Only the Chair, Vice Chair, local authority, ICB representatives & Healthwatch will have voting rights, but the partnership will have representation from across the broader sector, including the Ambulance Service, Fire & Rescue, Police, Housing, Voluntary Sector, Carers, Primary Care, Social Care Providers, LEP, University Sector and Providers. This will ensure a wide range of views are heard.
8. A copy of the terms of reference to be agreed is set out at Appendix Two.

**NOTE:** The terms of reference are not yet agreed, and a number of concerns have been sent back to the ICB for them to deal with. A response is still awaited. These relate to:-

- There are two co-vice chairs which will be confusing if the Chair is absent.
- It is not clear how the 'Executive' (we assume to be officers) and DPH's will be appointed as there are only a limited number of places.
- There is a lack of clarity around the ICB votes
- Clarity needed over when the public/press can be excluded
- The quorum does not specify a need for a class of members to be present i.e., if there are no local authority members the meeting can still proceed
- Clarity is needed over conflicts of interest
- Whether meetings can be held remotely

## Consultation and Engagement

9. The Integrated Care Board has not formally consulted the public over the terms of reference for the ICP, but it has consulted with all nine local authorities.

## Reasons for Recommendations

10. The Council must become a member of the Integrated Care Partnership as this is a statutory requirement under S116ZA Health & Social Care Act 2022.

## Other Options Considered

11. No other options have been considered, as this is a statutory duty.

## Implications and Comments

### *Monitoring Officer/Legal*

12. Integrated Care Partnerships are a fundamental part of the Integrated Care System which was brought in by the Health & Social Care Act 2022. Under S.116ZA, each Integrated Care Board and local authority within the Integrated Care Board area **must** establish a joint committee for the board's area. The Integrated Care Board must consist of at least one member of the ICB, and one member from each local authority, and the ICP itself can determine any other membership. The ICP can also determine its own procedures, such as quorum etc.
13. The Integrated Care Partnership is responsible for the preparation of the Integrated Care Strategy, which sets out how the population needs of the area can be met by the ICB, NHS England or local authorities.
14. S116B Health & Social Care Act 2022 provides that local authorities and Integrated Care Boards must have regard to any Integrated Care Strategy and any joint Health & Wellbeing Strategy when exercising its function.

### *Section 151 Officer/Finance*

15. There are no financial implications or changes required to the Medium-Term Financial Strategy, as this report is seeking to approve a statutory committee and the appointment of a member of the Council to it. In the event that officers are appointed to the Committee, then this will have a financial implication in terms of time only, which would be managed within existing budgets.
16. Any decisions to be made by the Joint Committee which would involve budgetary implications for the Council will need to be brought back to Committee/Council in line with our constitutional arrangements.

## Policy

17. Membership of the Integrated Care Partnership will help to ensure that the Health & Wellbeing Board and the Council are able to provide the necessary leadership to achieve their role of leading on integration, reducing health inequalities and supporting the delivery of the Joint Local Health and Wellbeing Strategy.

<p><b>An open and enabling organisation</b></p> <p><b>(Include which aim and priority)</b></p>	<p><b>A council which empowers and cares about people</b></p> <p>Reduce inequalities across the borough</p>	<p><b>A thriving and sustainable place</b></p> <p>A great place for people to live, work and visit.</p>
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## Equality, Diversity and Inclusion

18. There are no equalities implications.

## Human Resources

19. There are no human resources implications, although there would be a time commitment from officers if they are nominated to a place on the Integrated Care Partnership Board.

## Risk Management

20. There are no direct risk management implications in this report. However, decisions of the Integrated Care Partnership may carry risk, and these should be considered as appropriate by the board member.

## Rural Communities

21. There are no direct implications for rural communities.

**Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)**

22. There are no direct implications for children and young people.

**Public Health**

23. A key aim of the Integrated Care Strategy is to improve the public health amongst the residents of Cheshire & Merseyside, as set out above.

**Climate Change**

24. There are no climate change implications.

<b>Access to Information</b>	
Contact Officer:	Deborah Upton Deborah.upton@cheshireeast.gov.uk
Appendices:	1. Governance structure 2. Terms of Reference (Draft)
Background Papers:	None