

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 residents across Cheshire & Merseyside, rather than representing the interests of any individual organisation.

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 the opportunity for a Cheshire & Merseyside forum to support and enhance work programmes to improve population health outcomes and reduce health inequalities by addressing complex, long term issues which need an integrated approach across Cheshire & Merseyside.

The HCP, as an Integrated Care Partnership, has a statutory responsibility to prepare, approve and publish an Integrated Care Strategy for the Cheshire and Merseyside ICS, setting out how the assessed needs in relation to Cheshire & Merseyside are to be met by the exercise of functions of:

- the Integrated Care Board
- NHS England
- the nine local authorities whose areas coincide with the ICB area.

In preparing this strategy the HCP 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 Cheshire & Merseyside.

The strategy will have due regard to and respond to the Health and Wellbeing Strategies and Joint Strategic Needs Assessments of each of the nine local authority areas.

Membership and Attendees

Members

Membership of the HCP (as an Integrated Care Partnership) is set out in legislation and must have as a minimum:

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

Legislation also allows for members to be appointed by the HCP 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.

Where members are not available to attend meetings, a substitute nominated by organisation may attend on their behalf.

The Chair of the HCP will discuss attendance with any member who fails to attend three consecutive HCP Meetings. The Chair of the HCP will refer any ongoing concerns regarding non-attendance of a member to their organisation with a

recommendation that consideration be given to whether it is appropriate for the individual to continue as a member of the HCP.

The full membership of the Cheshire and Merseyside HCP is:

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

The Other Local Authority Representatives will be notified to the HCP by the nine local authorities.

Members are expected to adopt a partnership approach to working together, as well as listening to the voices of citizens, patients and the public of Cheshire and Merseyside.

Members will commit to working collaboratively, openly and supportive of the development and role of the HCP.

Attendees

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

Chair Arrangements

The Chair of the HCP will be drawn from one of the nominated HCP members from the nine local authorities.

The Chair will be appointed on an annual basis at the first meeting of the year (in September) by the local authority 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 member of the Board and agreed by way of a majority vote.

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 the ICB or local authorities may be taken unless at least 50% of the Committee members drawn from these two bodies are present.

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 member 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 been established as a Joint Committee under S116ZA Health & Social Care Act 2022.

It has not been established under S65Z6 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 a pooled budget arrangements.

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 agreement of both Vice Chairs, may convene further meetings to discuss particular issues of relevance to the HCP and which cannot wait until the next meeting.

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. Where meetings are held virtually, arrangements will be made to ensure members of the public can attend and be able to observe the meeting.

The HCP may convene development sessions, which will be held in private and which will not be formal meetings of the HCP.

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.

As a Joint Committee of the ICB and the nine Councils, local authority members will be bound by their Council's Code of Conduct for the meeting and should declare any interests under that Code.

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 nine Cheshire and Merseyside 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 the Integrated Care System 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.
- 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 for their substitute to attend on their behalf, if necessary
- Act as 'champions', disseminating information and good practice as appropriate
- Comply with the HCP administrative arrangements including identifying agenda items for discussion, the submission of reports etc.
- Consider the equality, diversity and inclusion implications of the discussions they undertake at HCP meetings.

Review

The HCP will review its effectiveness, including these terms of reference, on an annual basis and earlier if required.