

Adults & Health Committee

Date of Meeting:	18 July 2022
Report Title:	Terms of Reference for the Place Partnership Board
Report of:	Helen Charlesworth-May Executive Director Adults, Health & Integration
Report Reference No:	AH/34/2022-23
Ward(s) Affected:	All

1. Purpose of Report

- 1.1 The purpose of this report is for members to note the new governance arrangements for local Health and Care services, and to support the Terms of Reference for the new Place Partnership Board.
- 1.2 The new arrangements came into place on 1st July 2022, with the commencement of the new Health & Social Care Act 2022.

2. Executive Summary

- 2.1 The government reforms of the NHS involve introducing Integrated Care Systems (ICS) across the country. The geographical footprint of the local ICS covers 9 local authorities in Cheshire & Merseyside. Each of these 9 'places' will have a 'Place Partnership Board' or a similar governance forum, to allow for local decision making over health related functions.
- 2.2 Discussions across the Cheshire & Merseyside area are ongoing and have been very positive. There is a shared approach to tackle the wider determinants of health and to allocate resources at a 'place' level wherever possible. Therefore we need to put in place appropriate governance arrangements to facilitate local decision making and support greater integration of services for the benefit of our residents across Cheshire East.

3. Recommendations

The Committee is asked to:-

- (1) Note the contents of this report and
- (2) Support the Terms of Reference for the Place Partnership Board as set out in Appendix One and
- (3) That Corporate Policy Committee be asked to consider and appoint to the membership.

4. Reasons for Recommendations

- 4.1 On 11 February 2021, the Department of Health and Social Care published the White Paper 'Integration and innovation: working together to improve health and social care for all', which sets out legislative proposals for a Health and Care Bill. Unlike previous reforms, the legislation aims to avoid a one-size-fits-all approach and leaves many decisions to local systems and leaders.
- 4.2 NHS Clinical Commissioning Groups (CCGs) were abolished from 1st July 2022 and the creation of Integrated Care Systems (ICS) came into being, with finances coming centrally to the Integrated Care Board (ICB) for each area. The ICB can agree how much funding it will delegate to the local level i.e., the 'Place', although the current position is that all funding will remain with the ICB and funding decisions will be exercised through the Director of Place in Cheshire East. This is likely to be the position for the next year in line with NHS guidance.
- 4.3 Over time, all partners believe that delegations will be appropriate at Place level, as this will enable the commissioning and delivery of localised services through common plans, shared, aligned, pooled or joint budgets, and a "one team" culture and ethos. The Cheshire East 'Place' is based on the footprint of the local authority.
- 4.4 All partners have collectively agreed to form the Place Partnership Board, as a governance forum at 'Place' is necessary if the ICB are going to be confident to delegate their finances down to a Cheshire East ('Place') level. It is also an important part of working together in an integrated way to best use our finances and to provide the best results for our residents.

5. Other Options Considered

- 5.1 Other options have not been considered, as a governance forum at Place is necessary under the Health & Social Care Act 2022. It will be the mechanism for integrating health across Cheshire East, for all partners. In the event that the Council does not take part in the Place Partnership Board, then it will not have the ability to influence the spending of health monies across Cheshire East.

6. Background

6.1 Integrating health and care services for the benefit of our residents is a clear priority within the Cheshire East Place Partnership Plan 2019-24. All partners signed up to the Plan, which sets out our aspirations to respond to the pressures facing health and care services and the opportunities provided by the establishment of integrated care systems.

6.2 Our plan sets out that we will work together to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We will do this by creating and delivering safe, integrated, and sustainable services that meet people's needs through the best use of all the assets and resources we have available to us. The proposed legislative changes provide an opportunity to move this forward and support improved outcomes for the Cheshire East population.

6.3 This integration is further supported by the white paper (February 2022): 'Health and social care integration: joining up care for people, places and populations' which provides the following examples of integration supporting improved outcomes which align with our ambitions:

'Closer working between primary and secondary care will improve access to specialist support and advice and enable care to be delivered closer to home, managing risk more effectively and keeping people healthy and independent. And closer working between mental health and social care services can reduce crisis admissions and improve the quality of life for those living with mental illness.'

6.4 This Committee at its meeting on 28 March agreed to enter into a S75 Agreement with the Clinical Commissioning Group (CCG) in respect of the Better Care Fund. This is an integral part of our joint approach to commissioning and integration for the future. This Committee, together with the Health & Wellbeing Board, Corporate Policy Committee and current Partnership Board, have received regular updates on our progress towards setting up a new Place Partnership Board.

6.5 The Council at its meeting on 27 April agreed to set up a Section 75 Committee to share resources and decision making between the local authority and the NHS. The Section 75 Committee comprises the Executive Director of Adults, Health & Integration and the Place Director, who will formally oversee the S75 Agreement, and this is referred to in more detail in paragraph 12.

7. The Place Partnership Board

7.1 The emerging scope and functions of the Partnership Board are set out in the Terms of Reference set out as Appendix One. It is likely that the scope and functions will change over time, as the Partnership Board becomes more

established, and when more delegated decision making over funding is provided by the ICB at 'Place' level.

- 7.2 Once the Place arrangements start, a Leadership Group will be set up which will support the Place through executive management and leadership across all partners, to ensure more integrated decision making. There will also be a range of other forum across the partners, to ensure that we maximise the opportunity to integrate services across Cheshire East, where this would improve services for residents. These wider arrangements are set out at Appendix Two.
- 7.3 Appendix Three shows how the Partnership Board sits within the broader Cheshire East Place governance. This includes the relationship with the Health & Wellbeing Board (HWBB) and the Scrutiny Committee. The HWBB will sit above the Partnership Board in terms of responsibility for strategy setting (through the Place Plan) and broader focus, including the Joint Health and Wellbeing Strategy. The Partnership Board will provide reports to the H&WB Board on its work and direction, and how it is delivering against the Joint Strategic Needs Assessment and Place Plan. A copy of the information flows is set out at Appendix Four, as this is essential to ensure our governance is effective.
- 7.4 C&M ICB will also be accountable to the Scrutiny Committee in respect of any substantial variations or developments for health services. The Council will be asked to consider a proposal for a Joint Scrutiny Committee across C&M at its meeting on 20 July, to enable greater scrutiny of service variations which cross more than one 'Place'. Joint Scrutiny was considered by this Committee at its meeting on 30 May 2022, and by the Scrutiny Committee at its meeting on 14 June 2022.

8. Partnership Principles

- 8.1 As part of the principles for the governance structure, the Place Executive Group and the current Place Partnership Board have agreed the following: -
- **Put the voices of people and communities at the centre** of decision-making and governance, at every level
 - **Start engagement early when developing plans** and feed back to people and communities how their engagement has influenced activities and decisions
 - **Understand communities' needs, experience and aspirations for health and care**, using engagement to find out if change is having the desired effect
 - **Build relationships with excluded groups**, especially those affected by inequalities.
 - **Work with Healthwatch and the voluntary, community, faith and social enterprise (VCFSE) sector** as key partners.
 - **Provide clear and accessible public information about vision, plans and progress**, to build understanding and trust.

- **Use community development approaches that empower people and communities**, making connections to social action.
- **Use co-production, insight and engagement** to achieve accountable health and care services.
- **Coproduce and redesign services and tackle Cheshire East priorities in partnership** with people and communities.
- **Learn from what works and build on the assets of all Cheshire East partners** – networks, relationships, activity in local communities

9. Partnership Behaviours

9.1 A set of behaviours have also been agreed as part of the development of the terms of reference, and these are set out below:

- We will operate with integrity, transparency, and honesty adopting the practice of reciprocity where we reward positive action and work together for mutual benefit.
- All members are respected and valued. They understand their own contribution and support the contributions of other members to the shared purpose
- We will support each other and work collaboratively to take decisions at the most local level as close as possible to the communities that the decision affect
- We will be transparent with each other and residents around decisions and appointments.

10. Membership of the Partnership Board

10.1 Details of the membership and composition of the Partnership Board is set out below. The intention is that the Chair will be the current, independent Chair of the existing Place Partnership Board until end September, and then will be nominated and agreed by the membership. Membership of the Partnership Board is partly by sector, with non-executive and executive directors providing the widest possible experience. The Council has negotiated up to three seats for members, one from each of the three largest political groups i.e. Labour, Independent and Conservative.

Nominated representative (role/title)	Organisation	Sector represented	Member of consultative forum	Member of S75 committee
Place Director	ICB	ICB	Yes	Yes
Director of Public Health	Council	Public Health	Yes	No
Director of Adults, Health & Integration	Council	Adults	Yes	Yes
Director of Childrens Services	Council	Childrens	Yes	No
Chief Executive	Council	Place Lead		
Councillor	Council	Councillor representative (x3)	Yes	No
	Mid Cheshire NHS FT	NED – Acute & community	Yes	No
Chief Executive	Mid Cheshire NHS FT	Exec – Acute & community	Yes	No
Board Chair	East Cheshire NHS Trust	NED – Acute & community	Yes	No
Chief Executive	East Cheshire NHS Trust	Exec – Acute & community	Yes	No
	Cheshire & Wirrall Partnership NHS Foundation Trust	NED – Health & Care	Yes	No
	Cheshire & Wirrall Partnership NHS Foundation Trust	Exec – Health & Care	Yes	No
	Vernova	Primary Care	Yes	No
	LMC	Primary Care	Yes	No
	Alliance	Primary Care	Yes	No
		Primary Care	Yes	No
	Healthwatch	NED - Residents	Yes	No
Chief Executive		Exec - Residents	Yes	No
Director	Social Action Partnership	VCFSE - Exec	Yes	No

10.2 Meetings of the Partnership Board will be held in public every two months (as a minimum), with agendas and papers published in advance. The ICB Place Director will take responsibility for these meetings, but the Council will support with some capacity for publishing papers, providing a venue etc., until the ICB are able to undertake this role.

11. Summary of the Proposal to establish the Partnership Board

11.1 The Place Partnership Board, ICB Committee and Section 75 Committee will operate as a committee or meeting 'in common', underpinned by the proposed terms of reference. This means that all partners will meet at the same time and undertake business as one meeting, although not all partners will be the legal decision makers. Figure 1 shows the proposed arrangement for the Partnership Board, which has received support from the Cheshire and Merseyside Integrated Care Board and is being widely used as a model across most areas.



Figure 1 – Proposed governance arrangement.

11.2 The work programme will relate to the delivery of health and care components of key strategies. Decision-making will be by individual officers using their existing delegations, and decisions made on behalf of the Council will comply with the Council’s Scheme of Delegation or will have specific authority. Over time, the Partnership Board may wish to harmonise delegations across the organisations, so that all officer representatives have the same level of delegation, but this is not the current position. Councillors and non-executive directors from the health sector will not have decision making authority at this stage, as the Partnership Board is not set up as a Joint Committee, as the legislation to allow this has not yet been enacted.

11.3 The Cheshire East Place Partnership Board’s scope includes the services currently within the ICB funding allocation, and schemes included within the BCF 75 agreement in relation to adult social care services commissioned or provided by the Council, as well as integrated Child Health Hub developments. It is anticipated that the scope will extend to cover ICB delegated activity, and potentially other elements of Adults Social Care and potentially some areas of Childrens and Public Health in the future.

11.4 The Section 75 Committee will have oversight of the Better Care Fund and its future development. It will receive quarterly reports from the BCF Governance Group.

12. Terms of Reference for S75 Committee

12.1 The Section 75 Committee will provide a visible joint focal point to oversee:

- The delivery of the Better Care Fund Plan, and any in year amendments to the plan resulting from national or regional policy
- Receiving quarterly reports on performance and financial plans in relation to the Better Care Fund Plan

- Developing proposals for establishing a formal pooled budget arrangement by 2023. This will include extending the planning timeframe for the BCF Plan, developing proposals for hosting, risk share, and developing appropriate schemes of delegation for approval by the Council and C&M ICB. These decisions will go through appropriate Council approval mechanisms.
- 12.2 Approval of the Terms of Reference for the S75 Committee was delegated to the Executive Director (Adults, Health and Integration) and Monitoring Officer. These have now been agreed by both the Council and the CCG (now ICB), and a copy of the Terms of Reference is set out at Appendix 5..

13. Legal Implications

- 13.1 Many areas already have long established arrangements that enable decisions on key priorities to be made together in an agreed local collaborative forum. Decisions undertaken at these collaborative forums are possible due to the authority delegated to the relevant representative at that forum by their respective organisation and not by the forum itself. There are limited circumstances in which joint decision-making arrangements can be used, although the Health & Care Act 2022 will allow joint committees to be set up in the future once all parts are enacted.
- 13.2 Under the previous legislation, there were limited circumstances in which health partners could form joint committees and this was recognised as a weakness of the current system. For the purposes of the proposed arrangements, the relevant joint committee powers are under Section 75 of the National Health Service Act 2006 and NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000. There is only power for a local authority to form a joint committee with the NHS where there is an agreement under Section 75 of the National Health Service Act 2006.
- 13.3 As there are currently still legislative constraints on the ability of partners to make decisions jointly (other than under S75 arrangements), there will need to be careful consideration of decision making to ensure that the correct delegations are in place, the work programme for the Partnership Board is appropriate, and that the correct body/decision maker is taking the decision.
- 13.4 The Council may also need to review its committee delegations in the future, as we continue to integrate our services, to ensure decisions are taken in the correct governance forum and achieve the best results for our residents.

14. Financial Implications

There are no current financial implications for the Council. However, for the future, the policy direction of the NHS does envisage that all partners will work together and look to pool and share health related budgets, where this would improve outcomes for

residents. As arrangements under the new Place system develop, there will be considerable opportunities for further engagement with members about the future direction of Place. Any decisions made on behalf of the Council will have to be in accordance with the Council's existing budget and policy framework.

15. Policy Implications

This report and its recommendations are within the Council's existing policy framework, and it supports the priorities set out in the Cheshire East Place Partnership Plan 2019-2024.

16. Equality

There are no direct equality implications as a result of this report.

17. Human Resources

There are no direct human resources implications as a result of this report. However, the change from the CCG to the ICB will have HR implications, albeit they will be indirect for the Council.

18. Risk Management

18.1 There is a risk that not all partners agree to the proposed terms of reference as set out in this report and to take part in the Place Partnership Board. However, this is considered very low risk as senior officers from all partners have been working together as the Place Executive Group, to collaboratively develop the integrated partnership arrangements and work with their boards to ensure that all are in support. All relevant boards/committees within each partner organisation will be consulted in the same timeframe with a view to having the arrangements in place for August 2022.

18.2 It is to be hoped that partners can reach a consensus over decision making. However, in the event that a dispute arises between the partners over anything contained within the S75 Agreement, then the dispute mechanism in the S75 Agreement takes precedence. If any dispute arises over the allocation of ICB funding or priorities at Place, then this would be referred to the C&M ICB Chair for decision.

19. Rural Communities

There are no direct implications for rural communities as a result of this report, as the Place Partnership Board will deliver to the agreed objectives and priorities in the Cheshire East Place Plan.

20. Children and Young People/Cared for Children

There are no direct implications for Children and Young People/Cared for Children as a result of this report, as the Place Partnership Board's responsibility is to deliver the agreed objectives and priorities in the Cheshire East Place Plan, including those agreed for children and young people. The Director of Children's Services will be a member of the Partnership Board and this will ensure that appropriate emphasis is given to those services which affect children and young people.

21. Public Health

A key purpose of the Integrated Care System is to ensure that all areas consider the wider determinants of health and health inequalities and tackling these is key part of the Health & Care Bill, which the Partnership Board will need to consider. The Director of Public Health will be a member of the Partnership Board, and this will ensure the appropriate emphasis is given to these areas.

22. Climate Change

There are no direct implications for climate change as a result of this report.

Access to Information	
Contact Officer:	Deborah Upton, Legal Services deborah.upton@cheshireeast.gov.uk
Appendices:	App.1 - Terms of reference of the Place Partnership Board App.2 - Governance/Operating Model App.3 – Governance structure for Cheshire East App.4 – Information Flows App.5 – S75 Committee Terms of Reference
Background Papers:	Health & Care Act 2022 Report to Adults & Health Committee on 28 March 2022 entitled ' <i>Better Care Fund S75 Agreement</i> ' Report to Corporate Policy Committee on 14 April 2022 entitled ' <i>Governance Progress Report</i> ' Report to Council on 27 April 2022 entitled ' <i>Recommendations from Corporate Policy Committee: Progress on Governance for the Integrated Care System</i> '