

Adults & Health Committee

Date of Meeting: 30 May 2022

Report Title: Place Partnership Board Update

Report of: Helen Charlesworth-May
Executive Director Adults, Health & Integration

Report Reference No: AH/01/2022-23

Ward(s) Affected: All

1. Purpose of Report

- 1.1 The purpose of this report is for members to note the progress on the new governance arrangements for local Health and Care services, to consider and comment on the proposed joint scrutiny arrangements for Cheshire & Merseyside and approve the amended 'Protocol for the establishment of Joint Health Scrutiny Arrangements in Cheshire and Merseyside'.

2. Executive Summary

- 2.1 The government reforms of the NHS include 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 Cheshire East are ongoing and have been very positive. There is a shared approach to tackling the wider determinants of health and to allocate resources at a 'place' level wherever possible. 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 resident.

3. Recommendations

The Committee is asked to:

- i. Note the progress to date on the Place Partnership Board (working title)
- ii. Recommend to Council that the establishment of a Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee be approved (Appendix A); and
- iii. Adopt the amended 'Protocol for the establishment of Joint Health Scrutiny Arrangements in Cheshire and Merseyside' (Appendix B).

4. Reasons for Recommendations

- 4.1 The Health & Care Act 2022 abolishes NHS Clinical Commissioning Groups (CCGs) from 1 July 2022 and sees the creation of the Integrated Care Systems (ICS), with finances coming centrally to an Integrated Care Board (ICB) for each area. It is then for each ICB to agree how much funding it will delegate to the local level i.e., the 'Place'.
- 4.2 A governance forum at 'Place' is necessary if there is to be any funding delegation down to a Cheshire East ('Place') level, and this is envisaged in the statutory guidance. All partners are keen to have as much delegation down to Place level as possible, as local determination of services will provide the best results for our residents.
- 4.3 Actions are required to ensure that joint health scrutiny arrangements in Cheshire and Merseyside are fit to meet the challenge of the new statutory Integrated Care System (ICS) arrangements. This is the new ICS protocol.
- 4.4 Given the incoming changes and the establishment of Integrated Care Systems in England under the Health and Care Act 2022, the opportunity has been taken to review and update the existing Joint Health Scrutiny Protocol (agreed in 2014) to ensure that the framework for the operation of joint health scrutiny committees regarding substantial developments and variations of the health service across Cheshire and Merseyside was consistent with the arrangements for the new standing committee. This is the non-ICS elements. The proposed revised protocol is attached at Appendix B.

5. Other Options Considered

- 5.1 Other options have not been considered, as the proposed changes are necessary to meet the requirements of the Health & Care Act 2022.

6. Background and Decisions to Date

- 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 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.
- 6.4 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 will comprise the Executive Director of Adults, Health & Integration and a representative from the NHS Cheshire CCG, who will formally oversee the S75 Agreement. This will then be taken over by the ICB from 1 July as part of the transfer of the CCG functions.
- 6.5 The Corporate Policy Committee at its meeting on 14 April noted the progress to date on governance arrangements at 'Place' and agreed that the terms of reference would come before this Committee to agree. It is of course necessary that all partners reach a consensus on the terms of reference, before putting them to their respective boards/committees.

7. Partnership Board Update

- 7.1 Cheshire East established a Place Executive Group, led by the Council's Chief Executive, with senior membership from the CCG, local NHS, Healthwatch and VCFSE sector. This Group is working together with the current Place Partnership Board to consider the proposed Terms of Reference for the future Place arrangements. It is anticipated that these will come to the next meeting of the Committee, on 18 July 2022.
- 7.2 The emerging scope and functions of the new Partnership Board are still to be determined, as we await further details from the ICB as to what functions they intend to delegate to Place, and how these will be discharged. The ICB has appointed a Place Director for each of the nine regions, and the Place Director for Cheshire East (Mark Wilkinson) will commence his role on 15 June. 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.

8. Establishment of a Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee

8.1 In response to the proposed establishment of Integrated Care Systems, the Chief Executives of the nine Merseyside and Cheshire local authorities agreed several actions to ensure that joint health scrutiny arrangements in Cheshire and Merseyside are fit to meet the challenge of the new statutory arrangements. It is considered appropriate to establish a standing joint health scrutiny committee which will have the opportunity to take on the Authorities' collective statutory responsibility to oversee and scrutinise the operation of the ICS at Cheshire and Merseyside level.

8.2 The overarching role of the Joint Committee is to scrutinise the work of the ICS in the discharge of its statutory responsibilities and functions at Cheshire and Merseyside level in order to support their effective exercise and, where appropriate, to make reports or recommendations to the ICS. Appendix A sets the proposed standing joint committee arrangements.

8.3 The main features of the document are as follows:

- Membership – each authority should nominate 2 representatives to serve on Committee.
- Political balance –membership has to reflect the aggregate political balance across the nine authorities, and this would be subject to annual calculation.
- Joint Committee remit – this would cover the ICS responsibilities exercised at Cheshire and Merseyside level, plus any proposals for changes in health services that not only impact all nine local authority areas but are also considered to be a substantial change by each of the nine.

8.4 The Scrutiny Committee has indicated that it is supportive of the proposal for joint scrutiny arrangements, and it is intended to take the protocol to the Scrutiny Committee at its meeting on 14 June for their comments, prior to presenting the proposal to full Council at its meeting on 20 July 2022.

9. Legal Implications

9.1 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, and this is recognised as a

weakness of the current system. The Health & Care Act 2022 provides that joint committees can be set up between the ICB and other partners for the future.

- 9.2 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.
- 9.3 Post-July 2022 and the establishment of the ICS, local authorities will still have a statutory obligation to undertake health scrutiny at a “place” level. Individual local authority Health Scrutiny Committees will need to continue to meet to consider matters directly relating to their areas and to consider any potential substantial variations in health service provision that only impact on their respective local authority area. Each local authority will be responsible for determining these work plans and managing their relationships with NHS colleagues to ensure Health Scrutiny at this level (i.e. Place) meets its obligations and provides the necessary political oversight, transparency and challenge.
- 9.4 Joint committees must be politically balanced under the proportionality rules set out in the Local Government and Housing Act 1985. This means the joint scrutiny committee as a whole must be politically balanced across all nine local authorities.

10. Financial Implications

- 10.1 There are no direct financial implications as a result of the new Place Partnership Board and governance arrangements, although they will require administration and support. This is assumed to be provided by the ICB, although this is to be confirmed.
- 10.2 Temporary funding (£90k across all nine Local Authorities affected) has been requested to support the Joint Health Scrutiny Committee for an initial period of 18 months will be required. Each authority will be asked to contribute a total of £10,000 over the initial 18 months. This will be met from existing budgets.

11. 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.

12. Equality

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

13. 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.

14. Risk Management

- 14.1 There is a risk that not all partners agree to the proposed terms of reference as set out in this report. However, this is considered very low risk as senior officers and members of the Place Partnership Board have been working together to collaboratively develop the integrated partnership arrangements. All relevant boards/committees within each partner organisation will be consulted in the same timeframe to ensure all organisations agree the current proposals.
- 14.2 It is assumed 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. Similarly 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.

15. Rural Communities

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

16. 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 is a member of the Partnership Board and this will ensure that appropriate emphasis is given to those services which affect children and young people.

17. 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 is to be a member of the Partnership Board and this will ensure the appropriate emphasis is given to these areas.

18.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:	Appendix A Draft Cheshire and Merseyside Integrated Care System Joint Health Scrutiny Committee – Joint Committee Arrangements Document Appendix B Draft revised Protocol for the Establishment of Joint Health Scrutiny Arrangements in Cheshire and Merseyside
Background Papers:	Health & Care Bill 2020 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 'Governance Progress Report' Report to Council on 27 April 2022 entitled 'Recommendations from Corporate Policy Committee: Progress on Governance for the Integrated Care System'