

Cheshire and Merseyside Health Care Partnership (HCP)

Terms of Reference

Document revision history

Date	Version	Revision	Comment	Author / Editor
19 October 2022	0.1	Initial ToR		Natalie Robinson

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1. Introduction

- 1.1 The engagement document: Integrated Care System Implementation¹ produced by the Department of Health and Social Care and NHS England set the role of the Integrated Care Partnership (ICP) as:

“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.”

- 1.2 An ICP is a joint committee² formed between an NHS Integrated Care Board and all upper-tier local authorities that fall within the same Integrated Care System (ICS) area. The ICP will play a critical role within the ICS with the intent to bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally.
- 1.3 Cheshire and Merseyside (C&M) has had an established Health and Care Partnership, since 2020 and is the committee from which the C&M ICS's ICP will develop from. It has been proposed that the new ICP will be known as / referred to as the Cheshire and Merseyside Health and Care Partnership (HCP) because this is a trusted and well-respected brand with partners and stakeholders.
- 1.4 The HCP is a joint committee where partners in the ICS will come together to deliver the aims and objectives contained within this terms of reference, this includes developing the C&M Integrated Care Partnership Strategy and strategic priorities³, in response evidence presented to it, and agreeing what we want to do differently to serve our populations at a Place level.
- 1.5 The work of the HCP should not duplicate the work of the nine Cheshire and Merseyside Health and Wellbeing Boards but will work in conjunction where appropriate to help achieve common objectives and aims to benefit local populations at a Place level.
- 1.6 These terms of reference set out the membership, remit, responsibilities, and reporting arrangements of the joint committee.

¹ <https://www.england.nhs.uk/publication/integrated-care-systems-guidance/>

² The Local Government and Public Involvement in Health Act 2007 s. 116ZA(1) (as inserted by Health and Care Act 2022) requires “An integrated care board and each responsible local authority whose area coincides with or falls wholly or partly within the board’s area must establish a joint committee for the board’s area (an “integrated care partnership”).”

³ S.116ZB sets out the requirements for Integrated care strategies and the processes and procedures to be adopted.

2. Role and Purpose

- 2.1 The primary purpose of the Cheshire and Merseyside HCP (the “HCP”) 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.
- 2.2 The HCP will develop strong relationships and a collaborative culture across all partners, with representation from across the health and care system with membership including representatives from both statutory / non-statutory partners and individual organisations.
- 2.3 The HCP will be governed by a set of principles and ways of working which are based on a combination of what has been deemed important by local stakeholders together with national expectations.
- 2.4 The HCP will:
 - Involve local organisations and people in preparing its Integrated Care Partnership Strategy that sets out how the assessed needs in relation to its area are to be met by the exercise of functions of the ICB, NHS England and Local Authorities. The HCP will ensure that best available evidence and data is used to inform the development of the Integrated Care Partnership Strategy through drawing upon the Joint Strategic Needs Assessments and other sources of rich data, insight and intelligence, with support of public health teams to ensure robust application of evidence to work programme design.
 - Work with a broad range of partners including those on the frontline, to develop a clear view on the contribution of the Health and Social Care system into prevention and the wider determinants of health, including our collective “anchor” approach, and help in the development and delivery of the local framework for addressing inequalities. 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.
 - Support the work of the nine Cheshire and Merseyside Health and Wellbeing Boards (HWBBs) and have due regard to and respond to their Health and Wellbeing Strategies and Joint Strategic Needs Assessments. The HCP provides opportunity for a system level forum where work undertaken by individual Health and Wellbeing Boards can be shared in the spirit of collective learning and to the benefit of the local people
 - Enable, encourage and support partners, places and collaboratives to improve and innovate, including advocating for new approaches and transformational ways of working, improving population health outcomes and reduce health inequalities at Place by addressing complex, long term issues that require a system level integrated approach across stakeholders.
 - Provide a forum to build on the joint positive working and collaboration between the NHS, Local Authorities and other partners that was demonstrated during the COVID-19 pandemic period

2.5 The HCP will play an important role to **support partners** to deliver on the following statutory duties:

- *Duty to commission certain specified health services*
- *Duty as to reducing inequalities*
- *Duty as to patient choice*
- *Duty to exercise functions effectively, efficiently, and economically*
- *Duty to obtain appropriate advice*
- *Duty to promote innovation*
- *Duty in respect of research*
- *Duty to promote integration*
- *Duty as to public involvement and consultation (in accordance with ICB direction and potential Place implementation) Duties as to climate change*
- *Duty to have regard to the wider effect of its decisions in relation to—*
 - (a) the health and well-being of the people of England;*
 - (b) the quality of services provided to individuals—*
 - (i) by relevant bodies, or*
 - (ii) in pursuance of arrangements made by relevant bodies, for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;*
 - (c) efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.*

3. Authority

- 3.1 The HCP is a Statutory Joint Committee, created by the Health and Care Act 2022. It operates on a partnership and collaborative basis. Each of the constituent statutory partner organisations remains responsible for discharging their individual organisational duties and responsibilities.
- 3.2 However, the HCP is able to make decisions on matters within its statutory remit (e.g. agreeing system priorities to steer Place-based planning and delivery which achieve the aims of the Integrated Care Strategy). The intention is that it will be responsible for holding partnership discussions to help achieve the stated role and purpose as outlined within Section 2.
- 3.3 Members commit to working collaboratively; openly and supporting the development and role of the HCP.
- 3.4 The HCP is authorised to create any relevant sub-groups in order to take forward specific programmes of work considered necessary by the membership.

4. Membership & Attendance

4.1 Members

4.1.1 Members are selected to be representatives of constituent partners 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 constituent organisations, adopting a partnership approach to working together, as well as listening to the voices of citizens, patients and the public we serve.

4.1.2 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 in accordance with the objectives set out in the Terms of Reference for this group. For Local Authority (LA) representatives this will be in accordance with the due political process.

4.1.3 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 is not to champion the interests of any single organisation.

4.1.4 The meetings will be Chaired by a Councillor representing a Local Authority in the Partnership, with two Joint Vice Chairs, one being the Cheshire and Merseyside ICB Chair and the other being an appointed representative of the VCSE sector. The Chair to be appointed on an annual basis at the first meeting of the year by the local authority elected members of the Board present at the meeting who have voting rights. Nominees for the Chair role to be nominated and seconded by local authority elected members members of the Board with voting rights and agreed by way of a majority vote.

4.1.5 The full membership of the HCP is:

Members with voting rights:	
ICP Chair	Councillor representing a Local Authority in the Partnership voting
ICP Vice Chair (2)	NHS Cheshire and Merseyside ICB Chair Voluntary Sector Representative
ICB	Chief Executive One vote Executive Medical Director, NHS Cheshire and Merseyside Assistant Chief Executive Director of Finance
Local Authority Partners	Political Representation x 9 (including ICP Chair) 9 votes (1 per area and to include the chair if present) Executive x 2 non voting Directors of Public Health x 2 non voting
Members without voting rights	
Northwest Ambulance Service	voting
Police	X 2 (Cheshire Police, Merseyside Police) non voting
Fire and Rescue	X 2 (Cheshire, Merseyside) non voting

Voluntary, Community and Faith Sector	X 2 (Cheshire & Warrington, Merseyside) non voting
Local Enterprise Partnership	X 2 (Cheshire, Merseyside) non voting
Primary Care	X2 voting
Provider Collaborative	X2 (CMAST, MHLDS) non voting
Carers	Non voting
Housing	Non voting
Healthwatch	X2 voting
Higher Education/University	X2 non voting
Social Care Provider	Non voting

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

The HCP may from time to time request attendance by appropriate individuals to present agenda items and/or advise the HCP on particular issues. Any such individual may attend the meeting but will not be entitled to vote on any item presented to it.

4.1.6 Nominated Deputies

In the event of a Member being unable to attend, a nominated deputy may be called upon to attend in their place. Nominations for the role of deputy should be made by each partner at the time of appointment to the Board and/or confirmed annually. NOTE – the nominated deputies cannot chair ICB meetings should a deputy attend in place of their respective principal members from their authority.

4.2 Attendees

4.2.1 Only members of the HCP, or their nominated deputy, can participate in HCP meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the HCP. A voting Board Member who fails to attend three consecutive HCP Meetings will be requested to account for their attendance record to the Chairperson of the HCP. The Chairperson of the HCP will be empowered to refer any ongoing concerns regarding persistent non-attendance of a Board 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 Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

5. Meetings

5.1 Quorum

5.1.1 The meeting will be quorate if at least 50% of the voting 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. A conflict of interest is xxxx

5.2 Decision-making and voting

5.2.1 As far as is possible the HCP will make decisions by consensus. The Chairperson will have the responsibility to decide whether an item shall be put to a vote. In this instance, each member who is eligible to vote (see section 4.1 above) will have one vote. Issues put to the vote will be decided by a majority of the membership present and eligible to vote. Where there is no majority the Chairperson will have the casting vote.

5.2.2 In accordance with paragraph 6, no member (or representative) with a conflict of interest in an item of business will be allowed to vote on that item.

5.3 Open to Press and Public

5.3.1 The Board will have the opportunity to hold two types of meeting:-

- Business Meetings
- Development Meetings

5.3.2 Business meetings of the Board are deemed to be public meetings. However, individual reports may be exempt from publication or disclosure pursuant to the provisions of the Local Government Act 1972. While business meetings of the Board will generally be open to the public, members of the public will be able to attend in an observer capacity only.

5.3.3 The Board will also reserve 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. However, a short summary of each development session will be reported to the next available business meeting.

5.4 Frequency of meetings

- 5.4.1 The HCP will meet up to six times each year. Additional meetings may take place as required.
- 5.4.2 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.
- 5.4.3 The HCP may meet virtually or in hybrid format when necessary and members attending using electronic means will be counted towards the quorum.

5.5 Reporting and Accountability

There will be no formal line of accountability between the HCP and the Cheshire and Merseyside ICB.

The HCP will receive reports from the Cheshire and Merseyside statutory HWBBs, which will inform its own priorities and strategy; and the HCP will also provide reports to the HWBBs 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.

5.6 Access to Information

- 5.6.1 Notice of Meeting - In accordance with the requirements of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 regarding access to information, notice of the time and place of HCP business meetings will be published at the XXX and via the XXX website at least five clear days before the date of each meeting.
- 5.6.2 Agenda Despatch - A copy of the agenda and related reports for each HCP business meeting will be sent to each HCP Member at least five clear days before the date of that meeting.
- 5.6.3 Confidential/Exempt Business - In line with the Access to Information Procedure Rules, the public may be excluded from HCP meetings where confidential or exempt business is being considered. The agenda for HCP meetings will clearly indicate where confidential/exempt information is due to be considered.

5.7 Administrative Support

The HCP shall be supported with a secretariat function provided by XXX. In addition to publication of agendas and supporting papers the secretariat will prepare and circulate minutes of meetings within x days and maintain and action points/plans.

6. Behaviours and Conduct

6.1 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.

6.2 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

6.3 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's 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 decisions they make.

7. Review

7.1 The HCP will review its effectiveness at least annually

7.2 These terms of reference will be reviewed at least annually and earlier if required.