

CHESHIRE EAST HEALTH AND WELLBEING BOARD
Reports Cover Sheet

Title of Report:	Integrating Care – NHS England’s proposals regarding Integrated Care Systems and the draft MoU for the Cheshire and Merseyside Health and Care Partnership
Date of meeting:	26 th January 2021
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Executive Summary

Is this report for:	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Why is the report being brought to the board?	To ensure Members of the Board are sighted on these proposals that will affect the health and care system that Cheshire East is a part of.		
Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to?	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Please detail which, if any, of the Health & Wellbeing Principles this report relates to?	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
Key Actions for the Health & Wellbeing Board to address. Please state recommendations for action.	That the Board notes and discusses the local implications of NHS England’s proposals regarding Integrated Care Systems (ICS) and the draft Memorandum of Understanding of the Cheshire and Merseyside ICS.		
Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	No		

<p>Has public, service user, patient feedback/consultation informed the recommendations of this report?</p>	<p>No</p>
<p>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</p>	<p>N/A</p>

1 Report Summary

1.1 In late November, early December 2020, two documents became available regarding the ongoing establishment of Integrated Care Systems. The first of these was *Integrating Care: Next steps to building strong and effective integrated care systems across England* (published 26th November, see Appendix One). This document was published and formed the basis of a national consultation run by NHS England and which finished on 8 January 2021. The Cheshire East Council response to this document is attached as Appendix Two. The second was the draft Memorandum of Understanding for the Cheshire and Merseyside Integrated Care System (received 8th December, see Appendix Three) which has been circulated to Councils by the Cheshire and Merseyside Health Care Partnership.

1.2 The report summarises the key aspects of the two papers for the Board

2 Recommendations

2.1 That the Cheshire East Health and Wellbeing Board note the proposals and consider the implications for the Cheshire East health and care system.

3 Reasons for Recommendations

3.1 To ensure that the Board are sighted on these key papers and have had the opportunity to discuss the local implications.

4 Impact on Health and Wellbeing Strategy Priorities

4.1 The proposals have the potential to support the delivery of the Joint Health and Wellbeing Strategy priorities, if the health and care system changes can be made quickly and without too great an impact upon day to day business. The risk is that the reorganisation disrupts and/or delays ongoing transformational activity.

5 Background and Options

5.1 In 2016, NHS England, as part of its Five Year Forward View, established across England, Sustainability and Transformation Partnerships (STP). This was in recognition that the strategic planning of health services had been hampered by the reforms of 2012 and the dissolution of the Strategic Health Authorities. The new Partnerships were to include all NHS organisations, GPs and local authorities within specified geographies and Cheshire

East was included within the Cheshire and Merseyside STP. Subsequently the STP has been re-named as the Cheshire and Merseyside Health and Care Partnership (C&MHCP).

- 5.2 In 2019 the NHS England Long-Term Plan was published, and this has reiterated the future central role of these Partnerships over the next ten years. There is also a requirement that they all achieve Integrated Care System (ICS) status by April 2021. The publication in November 2020 by NHS England of 'Integrating Care: next steps to building strong and effective integrated care systems across England', provides more details regarding how the ICSs will work, their roles and responsibilities (see Appendix One). Legislative change will be required to progress the proposals put forward in the paper.
- 5.3 ICSs are identified as being central to the delivery of the Long-Term Plan. A key role of the ICS will be to bring together local organisations to redesign care and improve population health, creating shared leadership and action. They are a pragmatic and practical way of delivering the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care. Their creation recognises the fact that achieving financial and clinical sustainability in health and care needs to be addressed through a combination of system-wide and place-based working.
- 5.4 ICSs will have a key role in working with Local Authorities at 'place' level. Through ICSs, commissioners will make shared decisions with providers on how to use resources, design services and improve population health (other than for a limited number of decisions that commissioners will need to continue to make independently, for example in relation to procurement and contract award). Every ICS will need streamlined commissioning arrangements to enable a single set of commissioning decisions at system level. Two options are proposed regarding how the NHS commissioning functions could sit within the ICS and a decision on the way forward is awaited.
- 5.5 Integrated Care Systems will undertake two core roles: system transformation and the collective management of system performance. Different systems are at different levels of maturity, however, there are some consistent operating arrangements that NHS England expect all systems to agree with regional directors and to have put in place during 2021 - 22.
- 5.6 The first of these is system-wide governance arrangements (including a system partnership board with NHS, Local Government and other partners), established to enable a collective model of responsibility and decision-making between system partners. The drafting of the MoU is a part of this element (see 5.9 below).
- 5.7 The development of a leadership model for the system is a requirement, including a Partnership / ICS leader with sufficient capacity, and a non-executive chair appointed in line with NHS England and NHS Improvement guidance. Alan Yates is the recently appointed Chairman and the Partnership lead officer is Jackie Bene.
- 5.8 The third element is having in place the system capabilities including population health management, service redesign, workforce transformation and digitisation, that are required to fulfil the two core roles of an ICS. The system should also agree a sustainable model for resourcing these collective functions or activities. NHS England and NHS Improvement will

contribute part-funding for system infrastructure in 2020/21. Cheshire and Merseyside work-streams are established for these areas of activity.

- 5.9 The draft Memorandum of Understanding is designed to secure the commitment of the partners within the Cheshire and Merseyside health and care system to system working and supporting the next stages of the journey to becoming an Integrated Care System. It is based on a shared understanding of collective objectives/purpose and is to be read in conjunction with Partnership plans and local Place priorities. The Vision and Mission / Overarching aims and Values and Behaviours are set out:

We have worked together to develop a shared vision for health and care services across our region. Our aspiration is that all of our priorities, activities and initiatives support the delivery of this vision:

We want everyone in Cheshire and Merseyside to have a great start in life, and get the support they need to stay healthy and live longer.

The achievement of our vision will be supported by the delivery of our mission:

We will tackle health inequalities and improve the lives of our poorest fastest. We believe we can do this best by working in partnership.

Overarching aims of our Partnership

We have agreed a set of guiding principles that shape everything we do through our partnership. These principles are underpinned by our aims which themselves are derived from our vision and mission:

- 1. Improve the health and wellbeing of local people*
- 2. Shift from an illness based to a health & wellbeing model*
- 3. Provide better joined up care, closer to home*

To deliver the Partnership's objectives and outcomes it needs to

- Plan and establish approach to financial and performance management
- Enhance integrated commissioning at Place/Borough level and streamline it at system level
- Incorporate NHS Providers through a Provider Collaborative using a peer leadership approach
- Respond to and embed NHS Constitution and other statutory duties

A Portfolio of programmes will be signed off by the Partnership Board following proposals being brought forward by the Partnership Co-ordination Group. These are to be presented to and reviewed by the Partnership Assembly. Programme/Partnership activity is to be outcome focused.

Effective public involvement is expected to supplement existing engagement activities.

The Voluntary and Community Sector is mentioned as being integral to the Partnership's work and a major contributor in supporting the co-designing and delivering on outcomes.

Governance arrangements are set out from page 13 onwards

The Partnership does not replace or override the authority of Partners' Boards or Governing Bodies. It provides a mechanism for collaborative action and common decision-making for issues best tackled on a wider scale. The deadline for responses to the draft was 20th January. It is anticipated that a final version will be circulated for sign off by partners in February/March.

6 Access to Information

6.1 The background papers relating to this report can be inspected by contacting the report writer:

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