

Date: 2 February 2021

Dear Colleagues,

### **Partnership Memorandum of Understanding (MoU)**

You will recall I wrote to you in early December inviting discussion, engagement and feedback on our draft MoU. I want to thank all of you for your largely positive and constructive engagement in this dialogue.

Our review of the Partnership's MoU coincided with the publication of NHSE/I consultation on Integrated Care Systems. The MoU is not designed to respond to the points raised in the NHSE/I consultation which provide us with a number of discussion points and areas to explore, together, over the coming period. Our MoU provides a foundation and shared understanding from which to start this exploration.

By adopting the MoU we aim to:

- Document the Partnership's current arrangements
- Provide clarity on our starting point and a foundation to those engaged within the Partnership but also our stakeholders
- Set out the Partnership's vision, mission, aims and values
- Detail the Partnership's developing governance arrangements
- Provide assurance to partners and NHS oversight bodies on our direction of travel and intentions

We discussed the MoU and feedback at our Board meeting on 27 January. To support wide engagement and full understanding of the issues raised, considered and the suggested way forward I have provided you with a copy of the paperwork we considered.

A number of significant points of note were put forward through our engagement on the MoU and during our preparation for ICS designation. It is unlikely the MoU will ever be the right vehicle for addressing all such points. I have therefore enclosed an annex which sets out a number of areas of work and describes how the Partnership will progress these areas or support dialogue. My expectation is that this approach will provide you with clarity on the way forward and identify where it is not possible to provide definitive answers, now, while also retaining the clarity and purpose of the MoU.

A smaller number of points warrant fuller explanation and clarification on the way forward as follows:

- The Partnership committed to reviewing the MoU after a period of not more than 6 months into the next financial year
- Discussions will continue on the best way to secure appropriate Primary Care representation and engagement at the Partnership Board. However following feedback and discussion at the Board we propose that to support the importance of effective representation Primary Care will, going forward as now, have two positions on the Board when nominated or elected
- It is recognised that the membership of the Partnership Board - set out at Annex 6 of the MoU - describes our aspiration and expectation over time for Board membership as the Partnership moves towards ICS statutory responsibilities. Discussions will take place with CCGs, shortly, to explore and define appropriate transition arrangements covering the year ahead. Recognising the current statutory roles and responsibilities within our system. Discussions will also commence with Local Authority colleagues about how and when we establish the proposed political representation on the Board
- We have sought to enhance the wording of the MoU to reflect our commitment to social value and social responsibility, our carbon reduction intent and references to inequalities and the breadth of linkages across the partnership (housing and education etc).

My hope is that you will receive this correspondence and provide your support by adopting the updated MoU. In doing so I know you will recognise the status and intent of the MoU as a platform to build from, acknowledge the complimentary but distinct work that will be initiated by the Partnership to support the wider development of how we work together.

I propose that the March Board receive an update on the intention of partners in respect of approval of the MoU and I would therefore ask for notification of your intention and progress within your organisation by no later than 12 March.

Should you wish to discuss this further Ben Vinter remains available as a resource to support your discussions and Jackie Bene and Alan Yates also remain available to discuss with senior leaders as needed.

Our system is interwoven, mutually dependent and complex. Through alignment and a tight focus on priorities in *Place* together with working at scale when it benefits the public we can make a genuine positive difference to everyone in Cheshire and Merseyside having a great start in life, and getting the support they need to stay healthy and live longer.

Finally, let me direct your attention to Partnership microsite:

<https://www.cheshireandmerseysidepartnership.co.uk/partnership-assembly>

Regards



**Alan Yates**  
**Chair, Cheshire and Merseyside Health and Care Partnership**

Enc:

- Annex one – Summary of actions, commitments or offers from the Partnership
- HCP Board Report – Memorandum of Understanding – Comments from partners
- MoU v8