Cheshire and Merseyside
Health and Care Partnership

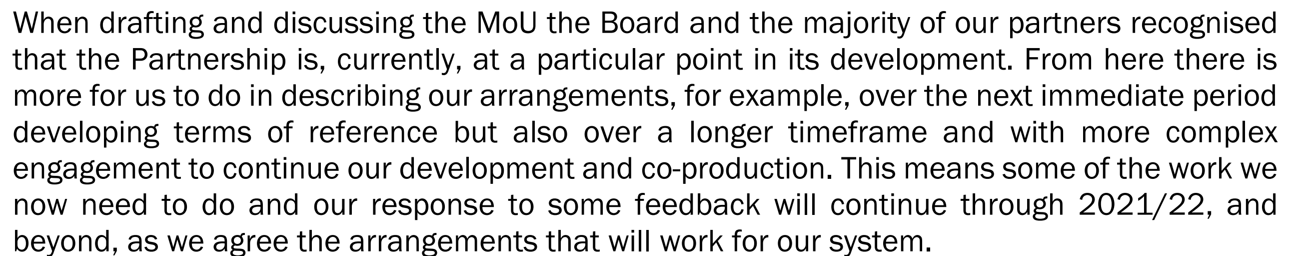
Memorandum of Understanding
Comments received from partners

Report To:	**Cheshire and Merseyside Health and Care Partnership Board**
Date of Report:	27/01/21
Report Author(s):	Ben Vinter
Purpose:	Provide the Board with: • An update on feedback from consultation on the MoU with partners • Recommendations on the approach to this feedback • Opportunity for the Board to provide guidance on the next steps and timescales
Recommendation(s):	That the Board give consideration to the points raised in response to the circulated MoU and support the recommendations for response or progress of actions as detailed in section 3. Noting the recommendations fall into two broad categories: • Imminent action / amendment supporting final drafting • Medium / longer term actions which may be incorporated in future versions of the MoU The Board support and propose the adoption of MoU by the Partnership as an accurate and timely description of the Partnership and its present ambition.

1. Context

In drafting the Memorandum of Understanding (MoU) the aim was to respond to the challenge set by the Partnership Assembly in autumn 2020 to provide:

- Clarity on the way the partnership works and aspires to work in the future - striking the balance of achieving strategic vision while remaining in touch with local variation
- Enhanced recognition of Place including providing a framework for an increased proportion of Local Authority membership,
- Clarity on the role of the Partnership – a convenor of the Cheshire and Merseyside health and care system.



When drafting and discussing the MoU the Board and the majority of our partners recognised that the Partnership is, currently, at a particular point in its development. From here there is more for us to do in describing our arrangements, for example, over the next immediate period developing terms of reference but also over a longer timeframe and with more complex engagement to continue our development and co-production. This means some of the work we now need to do and our response to some feedback will continue through 2021/22, and beyond, as we agree the arrangements that will work for our system.

This version of MoU and its hopeful adoption, imminently, is the start of this discussion and journey, not the end point.

Accordingly, at this time, the MoU's ambition was deliberately limited to:

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

The recent publication by NHSE/I of its consultation – Integrating Care: The next steps to building strong and effective integrated care systems across England – coincided with our circulation of the MoU which had been sometime in the drafting. To some extent this was fortuitous as the publication began to describe a set out options and choices that will shape our future direction of travel. However the publication of an NHSE/I consultation should not be confused with the value, purpose or intent of the MoU. The MoU is not designed to respond to the points raised in the NHSE/I consultation rather their publication starts a description of supplementary choices and challenges we now need to work through, together, for which our MoU provides a foundation and shared understanding from which to start.

At the time this work was initiated and through discussion with the Partnership Board in November and December you recognised and agreed that the MoU represented a first step, that it would iterate both from this draft following consultation but also that it would need to evolve and develop through 2021/22 as, for example, we define what common expectations we have for Places or as our Providers explore what provider collaboration means within a Cheshire and Merseyside context.

2. Feedback

General

A broad range of partners particularly from local authorities, providers and the voluntary sector saw value in the MoU as providing a foundation and in setting out our ambition, aims and values clearly stating the ethos of collaboration and partnership, and the significant emphasis on primacy of Place.

NHSE/I consultation and potential future changes

A number of partners recognised that as NHSE/I thinking evolves and policy develops, over the coming period, there will be more clarity that the Partnership and in turn the MoU or other system frameworks need to explore with stakeholders and ultimately define by agreement.

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More definition and detail on next stage developments – governance, assurance and system architecture

A number of Partners, in particular Place representatives, requested further clarification on areas we know represent a programme of work that needs to be progressed, together, through 2021/22 namely more detail and definition of:

- Governance arrangements and linkages between groups both at a Partnership level and throughout the partnership
- Accountability and any relevant performance frameworks
- How Place fits within and works with the ICS

A number of responses, particularly from local authorities and NHS providers, sought clarification on the scope and nature of streamlined commissioning and the way in which one CCG will work in our system. This line of enquiry is understood but the Board is reminded that the CCGs in Cheshire and Merseyside have begun to define the issues they see current value in working together on, at scale, from a commissioning perspective and that more details on the way forward are likely to emerge from the outcome of NHSE/I's consultation in due course.

Representation

A number of colleagues requested clarification on representation and membership of groups including HCP Board representation. The Board will recall that we were clear in the MoU that this is an area of work, across the Partnership's apparatus, that we need to initiate during quarter four of 2020/21 and it should welcome recognition that this work now needs to be progressed. A number of responses also requested greater detail on the scope and membership of the Partnership Assembly.

The Board will be aware that work is ongoing among providers across our system to define and scope their work whether this be through Provider Collaboratives or the emerging Primary Care Network Forum. The Board will recognise that one of the outputs of this work will be to reflect these groups equally critical role in the work of the Partnership including through representation.

Clinical Leadership

A number of colleagues also fed back on the need to be clearer on the role and place for clinical leadership and involvement. The Board should recognise this is work that needs to be done and to an extent, at a Partnership Board level, this will link to and be influenced by the work referred to directly above. However the system must also await NHSE/I proposals in respect of the future of CCGs and how and if membership is specified.

The significant value of local and Place based working for clinical voice, across all professions, but also democratic input already commonly secured should also be acknowledged.

Delivery and outcomes

Some responses requested more detail on what the Partnership will deliver and how. The importance of this task is understood and needs to be worked on, together, across the Partnership but there remains a question of if an MoU is the best place to describe such detailed areas of work.

The Partnership's Development Plan defines, at a high level, a number of significant areas of work which HCP and partners need to progress, together, this includes a focus on ICS level programmes but also a number of areas related to system plans and capability as called for by partners in their responses. Such work should include clearer definition of outcomes,

maximise common understanding of the Partnership's aims and metrics where appropriate in line with the feedback provided by partners.

Health and Wellbeing Boards

A number of colleagues called out the role of Health and Well Being Boards (HWB). The MoU sought to recognise this role and the Partnership is committed to Place based working including current forms of partnership working, collaboration and oversight. The Board should be conscious that matters such as linkages between Place based arrangements and their development with or through HWBs needs to be co-created across the partnership, link to thinking on the role and development of Integrated Care Partnerships and to an extent be proposed by the convenors of those Boards.

Local Authorities

Some responses queried the notion of a local authority lead role in the Partnership. While the Board will recognise there is more to work to do in this area, not least in respect of any legislation that may be brought forward by the government, the Board has previously been clear that the role and nature of an ICS requires a fundamentally different way of working. Local authorities alongside all system partners should and do have lead roles in ICS working.

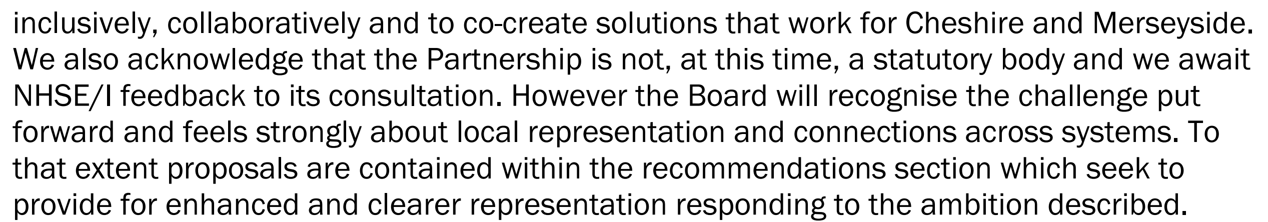
In response to the request for feedback on the MoU a number of local authorities responded and took opportunity to advise the Partnership of the Liverpool City Region view on the NHSE/I consultation calling for:

- *A new statutory reciprocal duty of collaboration to improve population health and address health inequalities on all NHS organisations and local authorities;*
- *A legal requirement on ICSs to involve Health and Wellbeing Boards (HWBs) in the development of plans and to devolve the development of place or locality plans to HWBs;*
- *A new power for HWBs to "sign off" on all ICS plans;*
- *Arrangements for commissioning to continue to have a strong place-based focus, with a strong and proactive role in HWBs in approving commissioning plans; and,*
- *A statutory duty on ICSs to be accountable to their local communities through existing democratic processes.*

The DASS perspective to the NHSE/I proposals was also shared with us and provided feedback in the following areas:

- *Primacy of Place is paramount; "place" being each local authority area;*
- *Each local authority "place" must be represented in future governance arrangements for the Cheshire and Merseyside ICS;*
- *The agreed governance for Cheshire and Merseyside at "system" and at "place" level must address historic democratic deficits in NHS governance;*
- *There should be formal recognition of Health and Wellbeing Boards as the strategic decision-making bodies for ICPs in each "place", given that they are already best positioned to support improved outcomes in the wider determinants of population health; and,*
- *There should be formal assurance that budgets will be devolved to "place", and that any and all residual budgets to be retained at Cheshire and Merseyside level will be agreed in advance by each "place".*

The above points are interesting areas of debate and discussion but are not matters that can all be addressed by the MoU. The Partnership makes a continued commitment to work



inclusively, collaboratively and to co-create solutions that work for Cheshire and Merseyside. We also acknowledge that the Partnership is not, at this time, a statutory body and we await NHSE/I feedback to its consultation. However the Board will recognise the challenge put forward and feels strongly about local representation and connections across systems. To that extent proposals are contained within the recommendations section which seek to provide for enhanced and clearer representation responding to the ambition described.

Since the time when the MoU was circulated the Chair and Chief Officer have been continuing their engagement with local authorities and discussing the role a Political Assembly, elected representatives and local authorities can and should play through the partnership and at a Partnership Board level. These points are addressed in the recommendations section.

Patient and Public Engagement
Some suggestions have been received that the Partnership can and should place greater emphasis on patient and resident engagement. In particular there was a suggestion that we should place the patient and public at the centre of 'our integrated, system approach to collaboration'. It is suggested that the Board support this welcome emphasis.

Feedback has also suggested that the MoU should make greater recognition of the way the Partnership either does or aspires to engage with patients and the public. It is suggested given the current status of the ICS that the current balance, described between existing statutory organisations and the Partnership, is appropriate. The Board may, however, wish to encourage even stronger emphasis in this area, to ensure patient and public engagement forms a core part of the system's development plan and will wish to remain mindful on both the legislation and the right thing to do in this area as and if changes are brought forward.

Health inequalities and wider determinants of health
A number of comments received related to the extent to which the Partnership can address matters beyond what might traditionally be considered the focus of health and care. Suggestions and emphasis on these points get right to the very heart of what the Partnership hopes and expects to achieve:

- Tackling health inequalities and improving lives needs new partnerships that 'liberate the potential' in people. It will be important the Partnership is not just co-ordinating existing health and social care organisational support e.g. education, housing, business, industry and enterprise
- Social responsibility, the response to inequalities and the role of anchor institutions could be more explicit in the MOU
- The wider role of other partners in achieving health and wellbeing outcomes that look at a 'whole person approach' could be described in the MOU

Innovation
It was suggested that the MoU should reference the Partnership's potential to innovate.

Climate Change
It was suggested that the MoU should reference the Partnership's contribution and commitment to tackling climate change.

Digital and data
It was suggested that the MoU should reference the Partnership's contribution and need for system level work programmes to address the health and wellbeing needs of the C&M population, which are data led, using data intelligence and associated measurement will need to inform the Partnership level programme prioritisation and determine progress.

3. <u>Recommendations</u>

In response to the themes summarised above and the significant amount of feedback that was received in response to the request for engagement in the Partnership's Memorandum of Understanding it is recommended that the Board:

A. Recognise and acknowledge the broadly positive nature of the responses supplied

B. Thank all system contributors for their engagement

C. Acknowledge the status, place and timing of the MoU as a foundation in the Partnership's development. Agreeing that it is not, was not intended to be and cannot expect to be the complete word on partnership working, system integration, or Cheshire and Merseyside health and care

D. Acknowledge that over the next quarter work will be progressed, in partnership, which begins to define some of the issues raised through this engagement. For example, terms of reference and the redefinition of the role of the Partnership Coordination Group which it may be appropriate to be appended to future versions of the MoU. However other, more significant bodies of work, such and ICP development or programme design and delivery will need to be developed and potentially referenced in future versions of this document but may never appropriately form part of it

E. Commit to a full review of the MoU being initiated by 31/3/22 or following the implementation of any legislation by government related to integrated care systems

Turning to the more specific themes arising from the consultation it is recommended that the Board:

F. Recognise and acknowledge the areas of work that will be progressed, collaboratively, and which form part of the Partnership's Development Plan through 2021/22 covering the following areas:

- Developing and enhancing ICS Architecture: Assurance & Transformation
- Review and refine system governance
- Implement a refreshed approach to programme delivery
- Support consistent ambition and progress in Place / ICP Development
- Leadership Capacity & Capability – ensuring leadership across all areas of vertical and horizontal integration and developing and embedding assurance capability
- Streamlining Commissioning – Establishing a fully functioning JCCCG and the expected integration between collaboratives and the Partnership
- System Plans – Maximising alignment between place and system plans. Ensuring critical enabling infrastructure plans are well developed in areas such as Estates, Capital and Digital
- Provider collaboratives – Delivering our roadmap for establishment of provider collaboratives detailing the purpose, form, leadership and governance requirements.
- Partnership working and Collaboration (especially with local government colleagues)
- Communications and Engagement
- Delivering NHS performance and assurance oversight
- Workforce Transformation and Planning

G. Given the stage of the Partnerships development, the extent of engagement that has been undertaken during the preceding 9 months and the feedback that has been received in response to the MoU it is proposed that the Board consider amendments to its membership reflecting, proportionate, system orientated participation and representation as follows:

   i. A representative from each of our nine Local Authority area within the ICS footprint. We understand it is the intention of system leaders that these representatives will be political representatives
   ii. A CEO and a Chair representing acute providers
   iii. A CEO and a Chair representing mental health and community providers
   iv. A CEO and a Chair representing specialist providers
   v. A Primary Care Network representative. Assumed to be the Chair of the Primary Care Network Forum
   vi. A CCG Accountable Officer
   vii. A CCG Clinical Chair
   viii. A Public Health representative
   ix. A VCSE representative
   x. An NHSE/I representative

   xi. From the Partnership, itself, it is proposed that the Chair, Chief Officer and up to 3 executive director posts will be full or voting members of the Board. Other directors will attend.

H. In response to the need for greater clarity on clinical leadership that this be identified and form an early piece of work to be considered by both the emerging Provider Collaborative and our ICP development forum

I. That our ICP forum consider whether any specific measures or steps are needed to maximise the role, value and contribution of Health and Wellbeing Boards in our systems

J. That in addition to recognising and supporting the proposal for Local Authority representation on the Partnership Board that discussions continue with partners on the basis of developing a Political Assembly a part of the Partnership's established governance

K. Supports amendments to the MoU to reflect proposals made in respect of:
   i. Placing patients and residents at the centre of 'our integrated, system approach to collaboration'
   ii. Tackling health inequalities and improving lives needs new partnerships that 'liberate the potential' in people. It will be important the Partnership is not just co-ordinating existing health and social care organisational support e.g. education, housing, business, industry and enterprise
   iii. Social responsibility, the response to inequalities and the role of anchor institutions could be more explicit in the MOU
   iv. The wider role of other partners in achieving health and wellbeing outcomes that look at a 'whole person approach' could be described in the MOU
   v. Innovation
   vi. Climate Change
   vii. Digital and data

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Annex One

Responders

- Cheshire West and Chester Council
- Halton MBC
- Knowsley MBC

- Alder Hey Children's NHS FT
- Cheshire and Wirral Partnership NHS FT
- Liverpool University Hospitals NHS FT
- Liverpool Women's NHS FT
- Mersey Care NHS FT
- NW Boroughs Partnership NHS FT
- The Walton Centre NHS FT
- Warrington and Halton Hospitals NHS FT
- Wirral Community Health and Care NHS FT

- NHS Cheshire
- NHS Liverpool
- NHS South Sefton
- NHS Southport and Formby
- NHS St Helens

- Healthy Wirral – incorporating all partners
- Cheshire West Integrated Care Partnership – a representative
- VCFSE representatives

Pre consultation responders:

- St Helens MBC
- Warrington Borough Council

Our thanks is recorded to all those responding. Any omissions are not deliberate and can be corrected.