

**REPORT TO:** Executive Board

**DATE:** 14 September 2023

**REPORTING OFFICER:** Operational Director – Legal and Democratic Services

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Cheshire and Merseyside Health and Care Partnership

**WARD(S)** All

**1.0 PURPOSE OF THE REPORT**

1.1 This report requests authority for the Council to become a member of the new statutory Integrated Care Partnership for Cheshire & Merseyside, to be known as the Cheshire & Merseyside Health and Care Partnership (C&M HCP).

**2.0 RECOMMENDATION: That it be recommended to Council that**

- 1) the Council become a member of the Cheshire & Merseyside Health & Care Partnership;**
- 2) the terms of reference of the Cheshire & Merseyside Health & Care Partnership, set out at Appendix 1, be adopted and that the Operational Director- Legal & Democratic in consultation with the Portfolio Holder – Health and Wellbeing be authorised to make minor changes to the final version if necessary;**
- 3) the Portfolio Holder – Health and Wellbeing be nominated to be the Council’s representative on the Cheshire & Merseyside Health & Care Partnership; and**
- 4) authority be delegated to the Chief Executive to nominate an Executive Director/Director of Public Health to be a member of the Committee if considered appropriate.**

**3.0 SUPPORTING INFORMATION**

3.1 The Cheshire & Merseyside Integrated Care Partnership is a statutory joint committee and forms part of the overall structure of the new Integrated Care System set out in the Health & Care Act 2022. It will be known as the Cheshire & Merseyside Health & Care Partnership.

3.2 The C&M Health & Care Partnership has statutory functions to

deliver an Integrated Care Strategy across the C&M area, and to hold others to account for their delivery of the Strategy. In order to undertake this effectively it needs the support and input from all partners across the C&M region, to ensure that local needs and requirements are fully reflected in the Strategy.

### **3.3 Background**

The Government reforms of the NHS under the Health and Care Act 2022 created new Integrated Care Systems with responsibility across wider geographical footprints. The Integrated Care System (ICS) for our area covers the footprint of the nine local authority areas in Cheshire and Merseyside. Finances are directed to the Cheshire & Merseyside area and can then be devolved down to local areas (known as 'Place'). Our 'Place' operates through a partnership which is comprised of partners from across the health services in Halton.

As part of the statutory governance arrangements, the ICS is required to set up an Integrated Care Partnership for Cheshire & Merseyside, with local authority membership from each Place.

### **3.4 Role of the Integrated Care Partnership**

The Integrated Care Partnership (ICP) will drive the strategic direction and plans across the C&M area, and this work needs to be aligned with other strategies and the work of the local Health and Wellbeing Boards. The ICP allows organisations to work together more closely to collectively improve the health of residents across C&M. In particular, it has responsibility for agreeing an Integrated Care Strategy across C&M to address the broad health and social care needs of the population across the C&M region, including the wider determinants of health, such as employment, environment and housing. Integrated Care Boards and local authorities will be required to have regard to the ICP strategy when making decisions, commissioning and delivering services.

The ICP will comprise of health and care partners from across the C&M area, including one councillor representative from each local authority, as well as two Directors of Adult Social Care and two Directors of Public Health from across C&M. The Partnership will have representation from across the broader sector, including the Ambulance Service, Fire & Rescue, Police, Housing, Voluntary Sector, Carers, Primary Care, Social Care Providers, University Sector and Provider Collaboratives. This will ensure a wide range of views are heard.

A copy of the terms of reference to be agreed are set out at Appendix 1.

#### 4.0 **POLICY IMPLICATIONS**

- 4.1 Membership of the Integrated Care Partnership will help to ensure that the Health & Wellbeing Board and the Council are able to provide the necessary leadership to achieve their role of leading on integration, reducing health inequalities and supporting the delivery of the Joint Local Health and Wellbeing Strategy.

#### 5.0 **FINANCIAL IMPLICATIONS**

- 5.1 There are no financial implications or changes required to the Medium Term Financial Strategy, as this report is seeking to approve a statutory committee and the appointment of a member of the Council to it. In the event that officers are appointed to the Committee, then this will have a financial implication in terms of time only, which would be managed within existing budgets.

Any decisions to be made by the Joint Committee which would involve budgetary implications for the Council will need to be brought back to Board/Council in line with our constitutional arrangements.

#### 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### 6.1 **Children & Young People in Halton**

There are no direct implications for children and young people.

##### 6.2 **Employment, Learning & Skills in Halton**

No direct implications.

##### 6.3 **A Healthy Halton**

As set out in the report, membership of the statutory partnership will ensure that Halton's voice is heard in the development of significant health issues.

##### 6.4 **A Safer Halton**

No direct implications.

##### 6.5 **Halton's Urban Renewal**

No direct implications.

7.0 **RISK ANALYSIS**

7.1 There are no direct risk management implications in this report. However, decisions of the Integrated Care Partnership may carry risk, and these should be considered as appropriate by the board member.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no equalities implications.

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 There are no climate change implications.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

‘None under the meaning of the Act.’