



## Partnerships Committee

<b>Date:</b>	<b>Tuesday, 28 September 2021</b>
<b>Time:</b>	<b>6.00 p.m.</b>
<b>Venue:</b>	<b>The Palace Room, The Floral Pavilion</b>

Members of the public are encouraged to view the webcast (see below) but for anyone who would like to attend in person, please contact the box office at the Floral Pavilion by telephone on 0151 666 0000, in advance of the meeting. All those attending will be asked to wear a face covering (unless exempt) and are encouraged to take a Lateral Flow Test before attending. You should not attend if you have tested positive for Coronavirus or if you have any symptoms of Coronavirus.

This meeting will be webcast at  
<https://wirral.public-i.tv/core/portal/home>

**Contact Officer:** Daniel Sharples  
**Tel:** 0151 691 8271  
**e-mail:** [danielsharples@wirral.gov.uk](mailto:danielsharples@wirral.gov.uk)  
**Website:** [www.wirral.gov.uk](http://www.wirral.gov.uk)

---

## AGENDA

- 1. WELCOME AND INTRODUCTION**
- 2. APOLOGIES**
- 3. MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST**

Members are asked to consider whether they have any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

- 4. MINUTES (Pages 1 - 8)**

To approve the accuracy of the minutes of the meeting held on 29 June 2021.

- 5. PUBLIC AND MEMBER QUESTIONS**

### **5.1 Public Questions**

Notice of question to be given in writing or by email by 12 noon, 23 September 2021 to the Council's Monitoring Officer ([committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk)) and to be dealt with in accordance with Standing Order 10.

### **5.2 Statements and Petitions**

Notice of representations to be given in writing or by email by 12 noon, 23 September 2021 to the Council's Monitoring Officer ([committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk)) and to be dealt with in accordance with Standing Order 11.1.

Petitions may be presented to the Committee. The person presenting the petition will be allowed to address the meeting briefly (not exceeding one minute) to outline the aims of the petition. The Chair will refer the matter to another appropriate body of the Council within whose terms of reference it falls without discussion, unless a relevant item appears elsewhere on the Agenda. Please give notice of petitions to [committeeservices@wirral.gov.uk](mailto:committeeservices@wirral.gov.uk) in advance of the meeting.

### **5.3 Questions by Members**

Questions by Members to be dealt with in accordance with Standing Orders 12.3 to 12.8.

- 6. GP CONSULTATIONS (Pages 9 - 14)**
- 7. INTERGRATED CARE SYSTEM (Pages 15 - 30)**
- 8. WORK PROGRAMME UPDATE (Pages 31 - 36)**

## **PARTNERSHIPS COMMITTEE**

Tuesday, 29 June 2021

Present: Councillor J Robinson (Chair)

Councillors J Johnson B Berry  
D Brennan I Camphor  
T Cottier A Wright  
P Martin D Mitchell  
Joe Walsh S Hayes

### **1 WELCOME AND INTRODUCTION**

The Chair welcomed members, officers and members of the public viewing the webcast to the first meeting of the Partnerships Committee of the 2021/22 Municipal Year.

### **2 APOLOGIES**

There were no apologies for absence.

### **3 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST**

Members were asked to consider whether they had any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state what they were.

Councillor Ivan Camphor declared a personal interest by virtue of being a General Practitioner at Heatherlands Medical Centre, Medical Secretary for Mid-Mersey Local Medical Committee, General Practitioner Committee Representative for Cheshire and Mid Mersey, British Medical Association Chair of the Committee on Community Care and Executive Trustee of Age UK Mid Mersey.

### **4 MINUTES**

**Resolved – That the accuracy of the minutes of the meeting held on 13 January 2021 be agreed.**

### **5 PUBLIC AND MEMBER QUESTIONS**

There were no questions, statements or petitions from the public or Members.

**At the request of the Chair, the Committee agreed to rearrange the order of business**

## 6 CHESHIRE AND WIRRAL PARTNERSHIP QUALITY ACCOUNTS

Jo Watts, Associate Director of Operations for Specialist Mental Health at Cheshire and Wirral Partnership NHS Foundation Trust introduced the report, which provided the Partnerships Committee with an overview of the quality of services provided by the Trust and afforded the Committee the opportunity to comment on the accounts, a record of which would be incorporated into the final accounts.

A presentation was delivered to the Committee providing a high-level overview of what had been achieved in the previous year, and it was advised that the full quality accounts would be circulated to members once they had been approved by the Cheshire and Wirral Partnership (CWP) Board. The presentation detailed CWP's activity during the Covid-19 pandemic, with 87% of planned appointments being delivered and those requiring rearrangement being done so collaboratively where necessary. The Trust had delivered the vaccination programme in Wirral whilst also working to support people with mental health issues, including launching a crisis line in April 2020 and working with partners to support acute services to deal with the additional demand in these services.

Beyond the Covid-19 response, it was reported that the trust had also developed a number of successful pilots including enhancing veteran awareness, whilst also retaining the outstanding rating for care and developing an internal book of best practice which would be shared with members. The Committee was advised that quality improvement priorities would continue to focus on patient safety, using outcome measures and transformation programmes.

Members welcomed the presentation and presented several questions, including around support to adults and children requiring mental health and ADHD services. It was noted that the crisis line had been used 93,000 times and the Committee was advised a recruitment drive was underway for psychologists and further work was ongoing to develop a peer support network and forge greater links with local universities. CWP were encouraged to link in with Primary Care Networks.

**Resolved – That the report be noted.**

## 7 STRATEGIC DEVELOPMENTS IN THE NHS

Paul Edwards, Director of Primary Care and Corporate Affairs at NHS Wirral Clinical Commissioning Group introduced the report of the Chief Officer, which set out the proposed changes to the NHS in legislation and guidance for the introduction of an Integrated Care System. The report set out the background to the proposed changes, detailing the publication of the White Paper by the Department of Health and Social Care in 11<sup>th</sup> February 2021,

with the intention of the Government to bring forward a Health and Care Bill to implement the proposals in that White Paper being confirmed in the Queen's Speech in May 2021, and more recently an Integrated Care System design framework having been published.

The Committee was advised on the implications of the proposals for Wirral residents and Wirral Council itself. It was reported that the intention of central Government was to develop a model to promote partnership working reduce bureaucracy, which would involve there being a single Integrated Care System for the Cheshire and Merseyside footprint, replacing all Clinical Commissioning Groups. There would be 9 'places' within the Cheshire and Merseyside Integrated Care System based on Council boundaries of which Wirral would be one, and the guidance was consistent in that the majority of decision making would take place at a 'place' level, unless it made sense for decisions to be taken holistically at Integrated Care System level. Members were further advised that the Health and Wellbeing Board would play a key role in the governance of the Integrated Care Partnership at Wirral 'place' level, and that the proposals were subject to the passing of the Health and Care Bill.

The Committee sought further clarification and assurance on where decision would take place at a regional and place level, and discussed which services that would be dealt with at Integrated Care System level such as the ambulance service and those that would be dealt with at a place level such as mental health services. It was also highlighted that Cheshire and Merseyside was the largest proposed Integrated Care System and Members queried the implications of this.

It was proposed by Councillor Jean Robinson, seconded by Councillor Joe Walsh, that a separate one-item agenda meeting be scheduled to further consider the development of an Integrated Care System with different evidence and expertise to be presented at the meeting. The motion was put and agreed by assent. It was therefore –

**Resolved – That**

- 1) a separate one-item agenda meeting be scheduled to further consider the development of an Integrated Care System with different evidence and expertise to be presented at the meeting.**
- 2) the report be noted.**

**8 RECONFIGURATION OF SPINAL SURGERY SERVICES IN CHESHIRE AND MERSEYSIDE**

Sue Borrington, Head of Planned Care at NHS Wirral Clinical Commissioning Group introduced the report which provided an overview of the proposal for

reconfiguration of Spinal Services for Cheshire and Merseyside. It was reported that the service was commissioned by NHS England, who had led the review following concerns from within the four sites currently operating the service, which found that there were unexplained variations across the providers and opportunities for greater financial efficiencies and sustainability.

The proposal was to reduce the four locations to just one location being the Walton Centre, which would offer a single referral pathway for emergency spinal surgery, access to 24/7 MRI scans, co-location with a major trauma centre and concentration of specialist expertise. The Committee was advised that various engagement had taken place at service level as advised by NHS England, and that the proposals had been led by a clinical committee who had ensured the recommendations were in line with the findings of the review and National Institute for Health and Care Excellence guidance. It was further reported that it would be limited in terms of how Wirral patients would perceive the change, but that they would benefit from the reduction in variations and the concentration of specialists.

The Committee queried the reduction in the number of beds as part of the proposals, where assurances were provided that the reduction was due to not needing as many surgical beds and that there would be no reduction in services. A number of further questions were asked by members including around how the services would be commissioned in the future and the level of engagement including which organisations were consulted such as general practices and the ambulance service.

#### **Resolved – That**

- 1) the report and the proposal for reconfiguration to a Single Service be noted.**
- 2) that due to the minimal impact on Wirral patients, it be agreed that the proposal does not represent a substantial variation in the way the service is delivered and that the proposal development process, including the approach to patient engagement, is commensurate with the scale of the proposed change.**

#### **9 RNLI UPDATE**

Mark Cambourne, Assistant Director for Neighbourhoods, Safety & Transport introduced the report of the Director of Law and Governance, which provided the background to the presentation that the Royal National Lifeboat Institute (RNLI) had been invited to give to the Partnerships Committee. It was reported that workshops had been undertaken with Councillors regarding the forthcoming Community Safety Strategy, where it was fed back that coastal and inland water safety should be more prominent within the strategy. The Council currently commissioned RNLI to provide the Coastal and Inland Water

Safety services, but the RNLI also had a national role as a volunteer organisation.

Peter Rooney, Area Life Saving Manager at RNLI then introduced his presentation to Committee. The presentation detailed the RNLI's purpose, vision and values, as well as its staffing arrangements which were predominantly volunteers with lifeguard services operating from six locations across Wirral in the Summer with three lifeboat stations. The presentation further detailed the national water safety statistics, with 621 people drowning in the UK in 2020, 43% of which were when people did not intend to enter the water. Locally, in Merseyside around half of drownings involved drink or drugs which was much higher than the national average. The Committee was advised that it was anticipated that Summer 2021 would be exceptionally busy due to more people holidaying at home, therefore there was a Summer engagement campaign underway to tackle this.

The Committee discussed the dangers locally including Leasowe Bay and access to Hillbre Island from Hoylake and West Kirby. The Coast Review process was queried where it was reported that an interim review had taken place two years previous and had resulted in a hovercraft being located in Hoylake. Members were advised that the performance of this would be tracked and measured through the Community Safety Partnership.

It was proposed by Councillor Jenny Johnson and seconded by Councillor Jean Robinson, that RNLI be invited to report back to the Partnerships Committee at the end of the season to present their ideas and recommendations. The motion was put and agreed by assent. It was therefore

—

#### **Resolved – That**

- 1) RNLI be invited to report back to the Partnerships Committee at the end of the season to present their ideas and recommendations.**
- 2) The report and presentation be noted.**

#### 10 **BETTER CARE FUND WORKSHOP REPORT**

The Chair introduced the report of the Director of Law and Governance which provided outcomes from a Better Care Fund Workshop that had taken place in the 2020/21 Municipal Year and sought the views of those members who were members of the Committee in the previous year.

It was felt that the report encompassed all of the comments made by members in the workshop, and that the Committee would be well placed to scrutinise the priorities identified and review them at some point during the municipal year. The Chair queried why Children's services were not included,

where it was confirmed that the workshop was on the Better Care Fund solely and that Children's Services formed part of the wider pooled fund.

It was proposed by Councillor Jean Robinson, seconded by Councillor Dave Mitchell as an alternative to the recommendations within the report, that the report be noted and a report be presented back to the Committee at a future date on the outcomes referred to within the report, including a review of the priorities of the pooled fund. The motion was put and agreed by assent. It was therefore –

**Resolved – That the report be noted and a report be presented back to the Committee at a future date on the outcomes referred to within the report, including a review of the priorities of the pooled fund.**

## 11 JOINT HEALTH SCRUTINY

Vicki Shaw, Head of Legal Services introduced the report of the Director of Law and Governance which sought appointments to the Joint Health Scrutiny Committee, in accordance with the protocol established as the framework for the operation of joint health scrutiny arrangements across the local authorities of Cheshire and Merseyside.

It was proposed by Councillor Jean Robinson, seconded by Councillor Jenny Johnson, that Councillor Jean Robinson and Councillor Ivan Camphor be appointed to the Joint Health Scrutiny Committee, and that a further Labour Member be appointed at a future date. The motion was put and agreed by assent, it was therefore –

**Resolved – That**

- 1) Councillor Jean Robinson and Councillor Ivan Camphor be appointed to the Joint Health Scrutiny Committee in accordance with political balance requirements to allow participation in joint health scrutiny of any developments or variation to health services which the authority decides represents a substantial development or variation.**
- 2) the Monitoring Officer as proper officer be authorised to carry out the wishes of the Labour Group Leader in allocating a further Labour member to the Joint Health Scrutiny with effect from the date at which the proper officer is advised of the names of such Members.**

## 12 WORK PROGRAMME UPDATE

The Chair of the Committee introduced the report which provided the committee with an opportunity to plan and review its work across the municipal year. The Chair informed the Committee that the existing work programme had been inherited from the previous municipal year and following

discussions with the Group Spokespersons, it was felt that the Committee would be best placed focusing on items covered by the legislation within its Terms of Reference.

It was proposed by Councillor Jean Robinson, seconded by Councillor Jenny Johnson, that the items on the existing work programme be removed with the exception of the Better Care Fund and Voluntary/Third Sector.

Members suggested further items for consideration including potential Voluntary/Third Sector organisations to invite which would be discussed at agenda setting meetings. Other suggestions included a further update on the Integrated Care System developments including inviting independent attendees such as the Wirral local medical secretary, as well as a further update from the Clinical Commissioning Group on the services they commission, and an update from the Police and Crime Commissioner and Merseyside Police.

The motion to remove the existing items from the work programme except for the Better Care Fund and Voluntary/Third Sector, and to include updates from the Clinical Commissioning Group, Police and Crime Commissioner and Merseyside Police and a further standalone update on the Integrated Care System was put and agreed unanimously. It was therefore –

**Resolved – That**

- 1) the items on the existing work programme be removed with the exception of the Voluntary/Third Sector and the Better Care Fund.**
- 2) updates from the Clinical Commissioning Group, Police and Crime Commissioner and Merseyside Police and a further standalone update on the Integrated Care System be added to the work programme.**

This page is intentionally left blank



## **PARTNERSHIPS COMMITTEE**

**Tuesday, 28 September 2021**

<b>REPORT TITLE:</b>	<b>GP CONSULTATIONS</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF LAW AND GOVERNANCE</b>

### **REPORT SUMMARY**

The report provides the opportunity for the Partnerships Committee to discuss and consider access to General Practitioner (GP) consultations.

The matter of access to GP appointments was raised at Council on 6 September 2021 as part of a question to the Chair of Partnerships Committee, and consequently the Chair and Group Spokespersons of Partnerships Committee have agreed that the matter be scrutinised by the Committee.

The matter affects all wards in the borough.

This is not a key decision.

### **RECOMMENDATION/S**

The Partnerships Committee is recommended to note the report.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION/S**

- 1.1 The report has been produced to enable the Partnerships Committee to undertake its scrutiny function in accordance with the Health and Social Care Act 2006.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 Another option would be to not undertake scrutiny on the issue. The issue was raised at Council and has been identified as something for the Partnerships Committee to discuss and scrutinise.

### **3.0 BACKGROUND INFORMATION**

- 3.1 At Council on 6 September 2021, Cllr Allan Brame put a question to Councillor Jean Robinson as Chair of Partnerships Committee relating to access to GP consultations. The question is listed at section 3.2.
- 3.2 “The Chair of the Partnerships Committee is probably aware that of 45% of Wirral’s patients have to wait more than two days for a GP appointment and that 42.5% are unable to have a face-to-face appointment. While it was understandable that face-to-face appointments couldn’t go ahead at the height of the pandemic, if she agrees that both surgeries and residents are now being let down by a Government that is failing to grapple with rising waiting times and a backlog of people waiting for treatment, will she now agree to make representations to the Secretary of State for Health and Social Care, urging him to act urgently to train more GPs and other primary healthcare staff such as nurses and physios; increase funding; and fully support our practices?”
- 3.3 In response, the Chair undertook to refer the matter to Partnerships Committee in order for the Committee to be able to scrutinise it.
- 3.4 In order to inform the Committee and aid the discussion, the information detailed in sections 3.5 to 3.8 was provided by Wirral Clinical Commissioning Group.
- 3.5 During the Pandemic a Total Triage Model was introduced in practices nationally, as a way to reduce patient footfall into practices to minimise virus transmission between other patients and practice staff. Total Triage means a patient’s need or enquiry to access primary care services is received via telephone or online through an on-line consultation, which then allows practices to triage patients to determine how best to meet a patient’s needs which has, and continues to include, face to face consultations. All practices have remained open for business throughout this unprecedented time. Practices are also providing a combination of appointment types, especially with the consideration that not all patients are able to access their practice digitally (online) i.e. the elderly.
- 3.6 The below table and graphs of Wirral GP practice data, shows the various appointment activity and how face to face appointments have increased with telephone appointments decreasing.

### Attendances 2020

	April	May	June	July	August	Sept	Oct	Nov
Digital	2,900	3,476	5,556	9,047	8,963	10,138	9,251	8,798
Face to Face	7,487	9,202	14,063	18,955	18,676	29,274	27,392	22,503
Home Visit	1,399	1,720	2,155	2,153	1,754	2,003	2,052	1,989
Telephone	23,185	24,304	27,365	23,964	19,801	23,311	24,133	24,149
<b>Grand Total</b>	<b>34,971</b>	<b>38,702</b>	<b>49,139</b>	<b>54,119</b>	<b>49,194</b>	<b>64,726</b>	<b>62,828</b>	<b>57,439</b>

### Attendances 2021

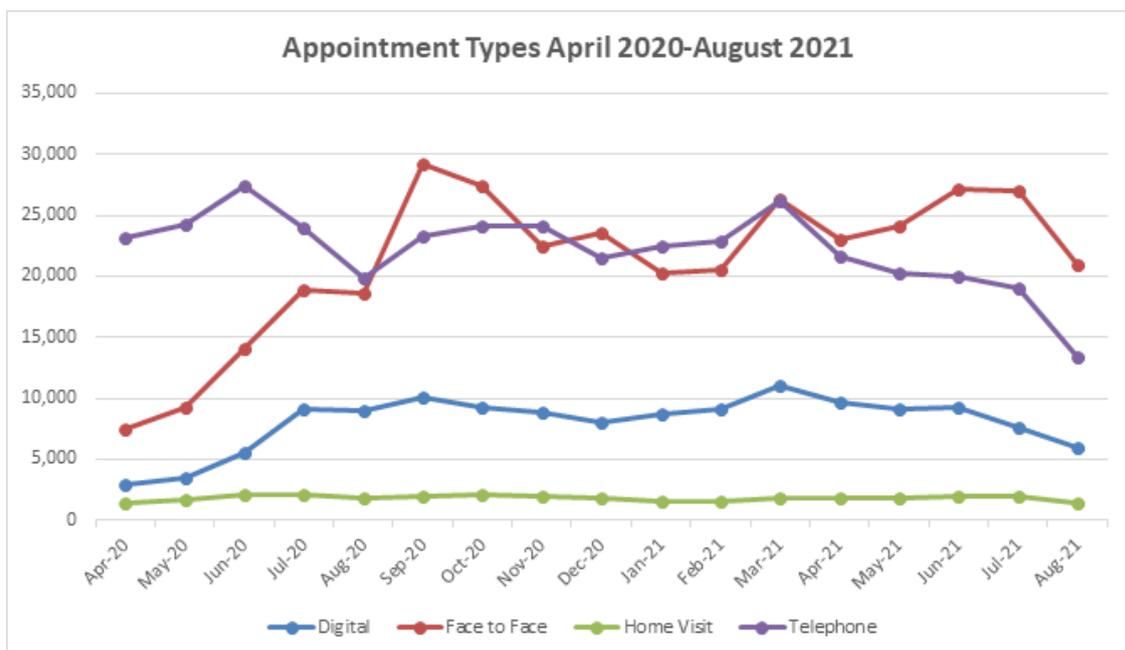
	Jan	Feb	March	April	May	June	July	Aug
Digital	8,751	9,129	11,052	9,607	9,056	9,206	7,626	5,894
Face to Face	20,270	20,553	26,386	23,051	24,089	27,211	27,055	20,978
Home Visit	1,597	1,591	1,783	1,858	1,817	1,918	1,964	1,381
Telephone	22,451	22,923	26,224	21,683	20,300	19,951	19,074	13,343
<b>Grand Total</b>	<b>53,069</b>	<b>54,196</b>	<b>65,445</b>	<b>56,199</b>	<b>55,262</b>	<b>58,286</b>	<b>55,719</b>	<b>41,596</b>

### Proportion 2020

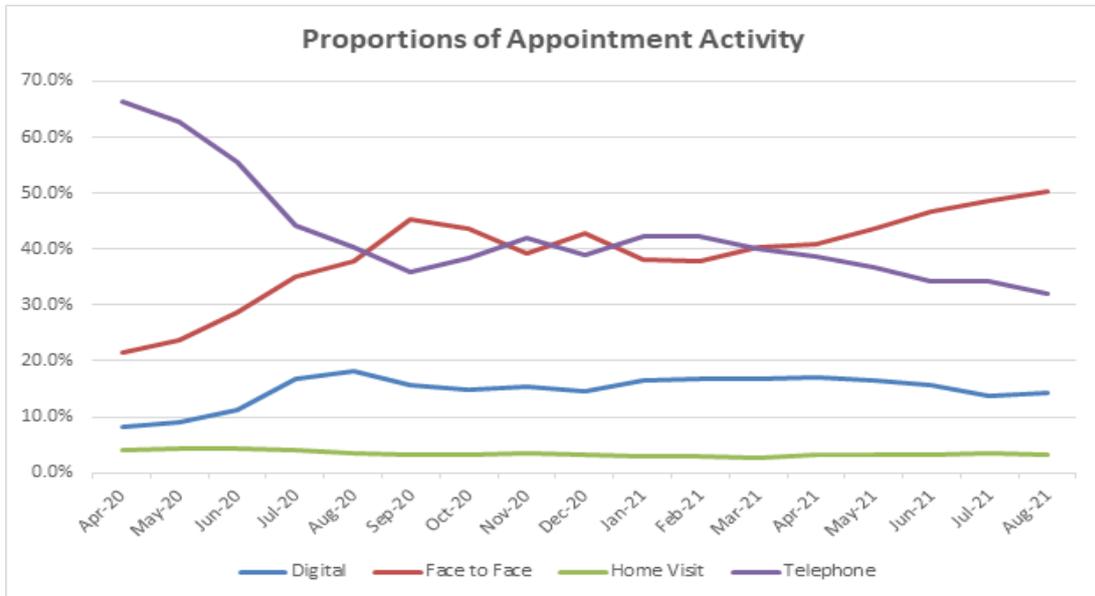
	April	May	June	July	Aug	Sep	Oct	Nov
Digital	8.3%	9.0%	11.3%	16.7%	18.2%	15.7%	14.7%	15.3%
Face to Face	21.4%	23.8%	28.6%	35.0%	38.0%	45.2%	43.6%	39.2%
Home Visit	4.0%	4.4%	4.4%	4.0%	3.6%	3.1%	3.3%	3.5%
Telephone	66.3%	62.8%	55.7%	44.3%	40.3%	36.0%	38.4%	42.0%

### Proportion 2021

	Jan	Feb	March	April	May	June	July	Aug
Digital	16.5%	16.8%	16.9%	17.1%	16.4%	15.8%	13.7%	14.2%
Face to Face	38.2%	37.9%	40.3%	41.0%	43.6%	46.7%	48.6%	50.4%
Home Visit	3.0%	2.9%	2.7%	3.3%	3.3%	3.3%	3.5%	3.3%
Telephone	42.3%	42.3%	40.1%	38.6%	36.7%	34.2%	34.2%	32.1%

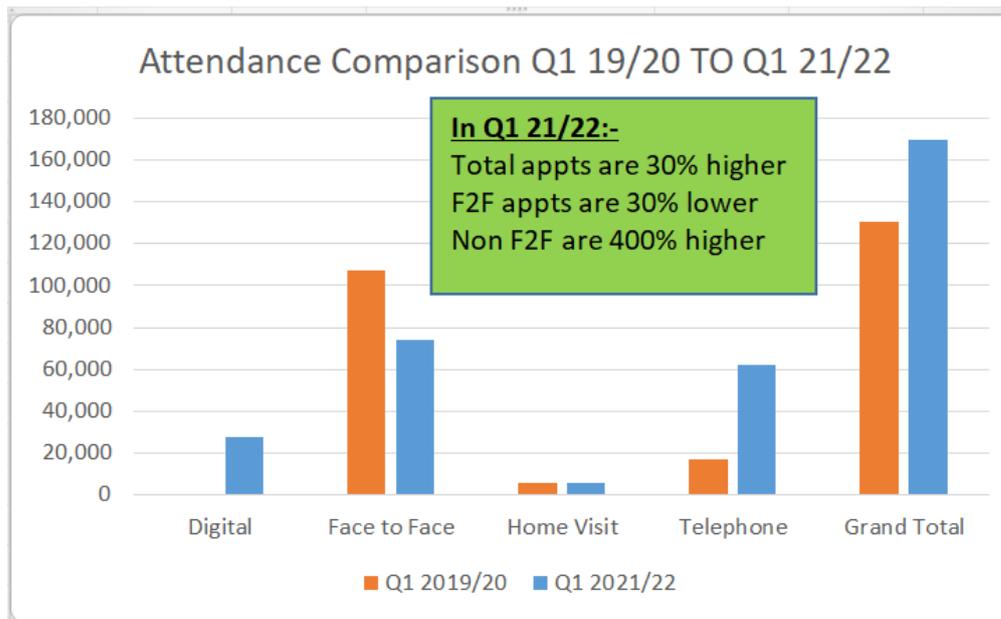


Graph displaying appointment types from April 2020 to August 2021



Graph displaying appointment types from April 2020 to August 2021

- 3.7 The information provided is based on a population of 23 practices who have been fully validated by the Apex data team. August 2021 only relates to the period 1<sup>st</sup> August to 24<sup>th</sup> August.
- 3.8 In addition, additional appointments across multiple GP practices called Extended Access (not necessarily where the patient is registered) was re-purposed at the start of the pandemic to establish GP COVID Hubs across Wirral to manage suspected COVID positive patients from all practices. Thankfully due to the successful Vaccination Programme to-date, practices are now able to re-introduce extended access appointment capacity, as demand upon the Hubs reduces. Recent data on Wirral GP appointment capacity shows the overall number of appointments are back to pre-pandemic levels, however, understandably patient demand has increased, with additional demand upon GP practices via the digital route of online consultations in particular.
- 3.9 The graph below shows the attendance comparison pre-pandemic. The data collection system Apex did not collect the same level of data in the same format in 2019, but the data available shows that:
- Total GP contacts increased
  - The number of face to face appointments has increased since the first lockdown, but is currently 30% below the pre-pandemic level
  - Telephone and digital appointments increased at the start of lockdown, have subsequently reduced, but remain higher (+400%) than pre-pandemic levels.



Graph displaying GP attendance comparisons from quarter 1 of 2019/20 and quarter 1 of 2021/22

#### 4.0 FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications to the Council in relation to GP services.

#### 5.0 LEGAL IMPLICATIONS

5.1 Partnerships Committee is charged to undertake responsibility for the Council's responsibilities for scrutiny as stated in the Health and Social Care Act 2006 as amended. This includes the functions to investigate major health issues identified by, or of concern to, the local population.

#### 6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

6.1 There are no direct resource implications to the council arising from this report.

#### 7.0 RELEVANT RISKS

7.1 There is a risk that the Council does not fulfil its statutory duty for scrutiny as stated in the Health and Social Care 2006. This report enables the Partnerships Committee to undertake that function.

#### 8.0 ENGAGEMENT/CONSULTATION

8.1 The report has been produced for information and to enable further debate and discussion by members of the Partnerships Committee. Colleagues in Wirral Clinical Commissioning Group have contributed to the report by providing further detail on GP appointments. A member of the GP Federation has been invited to speak to the Committee.

#### 9.0 EQUALITY IMPLICATIONS

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

9.2 There are no direct equality implications arising from this report.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 It is acknowledged that the way in which people access GP Services can have an impact on the use of vehicles and therefore the environment.

## **11.0 COMMUNITY WEALTH IMPLICATIONS**

11.1 There are no direct community wealth implication arising from this report.

**REPORT AUTHOR: Dan Sharples**  
(Principal Democratic and Member Services Officer)  
telephone: 0151 666 3791  
email: danielsharples@wirral.gov.uk

## **APPENDICES**

### **BACKGROUND PAPERS**

Health and Social Care Act 2006

### **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>



## **PARTNERSHIPS COMMITTEE**

**Tuesday, 28 September 2021**

<b>REPORT TITLE:</b>	<b>INTEGRATED CARE SYSTEM AND INTEGRATED CARE PARTNERSHIP DEVELOPMENTS</b>
<b>REPORT OF:</b>	<b>GRAHAM HODKINSON, DIRECTOR OF CARE AND HEALTH</b>

### **REPORT SUMMARY**

The purpose of this report is to update the Partnerships Committee on the legislative changes that will lead to the establishment of the Cheshire and Merseyside Integrated Care Board.

This report sets out the updated policy context for the development of Integrated Care Systems and Integrated Care Partnerships at “place” level.

### **RECOMMENDATIONS**

It is recommended that the Partnerships Committee:

1. Note the legislative developments detailed in the Health and Care Bill that will lead to the establishment of the Cheshire and Merseyside Integrated Care Board (ICB).
2. Receive regular written Committee reports relating to the developments of the Integrated Care Board and Integrated Care Partnership at system level, and local placed-based partnership arrangements for Wirral.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATIONS**

- 1.1 Part of the role of the Partnerships Committee is to consult and respond to substantial changes to local health service provision, including assessing the impact on the local community, therefore it is important to provide regular Committee update reports in relation to the implementation of the Health and Care Bill.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 This report provides an update on new legislation and policy guidance relating to Integrated Care Systems, and Integrated Place-Based Partnerships.
- 2.2 There is a possibility that the Health and Care Bill could be amended as it is still going through the House of Commons and is at the committee stage.
- 2.3 A workshop was held with Councillors on 14<sup>th</sup> September 2021 to discuss the range of integrated placed-based partnership governance options for Wirral Council and Health Partners to establish with the Integrated Care Board. A Joint committee is the preferred option to enable a true partnership approach with Wirral Council and local NHS partners, making joint decisions about Wirral's integrated placed-based partnership arrangements.
- 2.4 The recommendation to establish a Joint committee for Wirral's integrated placed-based partnership will be discussed further with the Adult Social Care and Public Health Committee on the 13<sup>th</sup> of October 2021.
- 2.5 The placed-based governance arrangements will continue to evolve and require further discussions at Cheshire and Merseyside Integrated Care System Development Advisory Group, the Council's Adult Social Care and Public Health Committee, Health and Wellbeing Board and Partnership Committee, and the system partnership meetings such as Healthy Wirral Partnership, CEO Integrated Care Partnership Development Group and Wirral's Integrated Care Partnership Delivery Group.
- 2.6 The place-based partnership will align the commissioning of NHS and local government services around shared objectives and outcomes, involving relevant partners, people, and communities. The Council and local NHS organisations will work in partnership to develop measures of success for Wirral's Integrated Care Partnership, so that the local system can track the benefits to be achieved from implementing the new legislation and policy guidance creating new ways of working.

## 3.0 BACKGROUND INFORMATION

### 3.1 Health and Care Bill

The Health and Care Bill was introduced in the House of Commons on 6<sup>th</sup> July 2021 and is still at committee stage. The Health and Care Bill introduces statutory Integrated Care Boards (ICBs) and statutory Integrated Care Partnerships (ICPs) from April 2022. The Bill is expected to become the Health and Care Act 2022.

3.2 The purpose of the Health and Care Bill is to give effect to the policies that were set out as part of the NHS's recommendations for legislative reform following the Long-Term Plan and in the White Paper 'Integration and Innovation: Working together to improve Health and Social Care for all' published in February 2021.

3.3 The Health and Care Bill aims to support Government in doing the following:

- Promoting local collaboration.
- Reforming the NHS Provider Selection Regime.
- Improving accountability and enhancing public confidence in the health and care system; and
- Delivering a range of targeted measures to support people at all stages of life.

3.4 The Health and Care Bill sets out two key components to enable Integrated Care Systems to deliver their core purpose, including:

- **strong place-based partnerships** between the NHS, local councils and voluntary organisations, local residents, people who access services, leading the detailed design and delivery of integrated services within specific localities, incorporating a number of neighbourhoods.
- **provider collaboratives**, bringing NHS providers together, working with clinical networks and alliances and other partners, to secure the benefits of working at scale.

### 3.5 Integrated Care Systems (ICSs)

Integrated Care Systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area. Integrated Care Systems will play a critical role in aligning action between partners to achieve their shared purpose, to improve outcomes and tackle inequalities, to enhance productivity and make best use of resources and to strengthen local communities. The ICS will be assuming the commissioning functions of CCGs in Cheshire and Merseyside and will be working with those CCGs to manage the transition to the new statutory body. The ICS, CCGs and local authorities are working together on the future models for the discharge of these commissioning functions from April 2022.

3.6 Integrated Care Systems (ICSs) exist to achieve four aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

3.7 Subject to the passage of legislation, the statutory Integrated Care Systems arrangements will comprise:

- **an ICS Partnership**, the 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
- **an ICS NHS body**, bringing the NHS together locally to improve population health and care.

3.8 Collaborating as Integrated Care System will help health and care organisations tackle complex challenges including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

### 3.9 **Integrated Care Boards – System Level**

Integrated Care Boards (ICB) will be statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the Integrated Care Systems. ICBs will be established as new statutory organisations from April 2022, to lead integration within the NHS.

3.10 All Integrated Care Boards will need to put arrangements in place to ensure they can effectively discharge their full range of duties and functions. The Integrated Care Board will take on the commissioning functions of the CCGs as well as some of NHS England's commissioning functions. It will have the ability to exercise its functions through place-based committees (while remaining accountable for them) and it will also be directly accountable for NHS spend and performance within the system.

### 3.11 **Integrated Care Partnership – System Level**

Each Integrated Care System will have an Integrated Care Partnership established by the Integrated Care Board and relevant local authorities as equal partners and bringing together organisations and representatives concerned with improving the care, health and wellbeing of the population.

- 3.12 The Integrated Care Partnership will operate as a forum to bring partners, local government, NHS and others together across the ICS area to align purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes for their population. The Integrated Care Partnership will facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development. This joined-up, inclusive working is central to ensuring that ICS partners are targeting their collective action and resources at the areas which will have the greatest impact on outcomes and inequalities as we recover from the pandemic.
- 3.13 The Integrated Care Partnership will be tasked with developing an 'integrated care strategy' to address the health, social care and public health needs of its system. The ICB and local authorities will have to have regard to that plan when making decisions. The strategy must consider how NHS bodies and local authorities could work together to using section 75 of the NHS Act 2006 and the strategy may also state how health-related services could be more closely integrated.
- 3.14 **Place-based partnerships (PBPs)**
- The Integrated Care Boards will agree with local partners the membership and form of governance that place-based partnerships adopt, building on or complementing existing local configurations and arrangements such as Health and Wellbeing Boards. Governance arrangements will develop over time, with the potential to develop into more formal arrangements as working relationships and trust increases.
- 3.15 Place-based partnerships are key to the coordination and improvement of service planning and delivery, and as a forum to allow partners to collectively address wider determinants of health. All systems will establish and support place-based partnerships with configuration and catchment areas reflecting meaningful communities and geographies that local people recognise.
- 3.16 The Integrated Care Board will remain accountable for NHS resources deployed at place-level and should set out the role of place-based leaders within its governance arrangements. The considerations of what is undertaken at system or place should be guided by the principle of subsidiarity, with decisions taken as close to local communities as possible, and at a larger scale where there are demonstrable benefits or where co-ordination across places adds value.
- 3.17 Place-based partnerships have common understanding of its population, shared vision, local priorities for the delivery of health, social care and public health services in the place. The place vision and local priorities are developed in response to the needs of communities at neighbourhood and place.

3.18 The place-based partnership will integrate and co-ordinate the delivery of health, social care and public health services around the needs of the population, and to empower people who use services. The place-based partnership will engage wider system partners plans to establish population health intelligence and analytical capabilities at-scale, as well as approaches to draw on this insight to support care redesign locally, building on existing expertise across the place and system. Place-based partnerships work with a wide range of community partners to leverage and invest in community assets and support for improved wellbeing.

### 3.19 **Provider collaboratives**

From April 2022 Trusts providing acute and/or mental health services are expected to be part of one or more provider collaboratives. The purpose of provider collaboratives is to better enable their members to work together to continuously improve quality, efficiency and outcomes, including proactively addressing unwarranted variation and inequalities in access and experience across different providers. Provider collaboratives will help facilitate the work of alliances and clinical networks, enabling specialty-level plans and decisions to be made and implemented in a more coordinated and systematic way in the context of whole system objectives.

### 3.20 **The role of commissioning at Wirral Place Level**

Each 'Place' within an ICS, defined by Local Authority boundaries, will have its own unique set of population health and inequality challenges. Integrated Care System will devolve a range of commissioning roles, activities and functions to local Place-based ICS NHS commissioning teams, integrated with Council commissioning functions, to allow for genuinely joined-up commissioning at Place that is sensitive to local priorities.

3.21 Pending legislative change, NHS Wirral CCG and Wirral Council are continuing to strengthen the Place-based commissioning arrangements that are already well established, working as a partnership called 'Wirral and Health Care Commissioning' and underpinned by a pooled budget. This is aligned to the work happening at Cheshire and Merseyside ICS, which is focussed on developing a consistent approach to a commissioning model for all nine Places within its geography.

### 3.22 **Population Health Management (including Outcomes Based Commissioning and Tackling Inequalities)**

The Population Health Management approach at place level is critical in tackling local inequalities, with the design of outcomes being informed by the specific population needs of the Wirral population. This incorporates the wider determinants of health (such as Education and Housing), is therefore a critical aspect of integrated commissioning with Wirral Council. Population health management and outcomes-based commissioning are at the centre of an integrated place commissioning function.

### 3.23 **Timetable of health reform**

Timetable of key legislation and policy drivers to bring reform and integration Health and Social Care:

- July 2010 - White Paper Equity and Excellence: Liberating the NHS
- 2013 - Health and Social Care Act 2012 was implemented
- October 2014 - Five Year Forward View
- March 2017 - Next Steps on the Five Year Forward View
- November 2018 - Leadership in Integrated Care Systems (ICSs) - (SCIE)
- January 2019 - Long Term Plan
- July 2019 - What a difference a place makes: the growing impact of health and wellbeing boards - LGA.
- September 2019 - Creating healthy places - The King's Fund
- September 2019 - NHS Bill recommendations
- November 2020 - Busting Bureaucracy
- November 2020 - Integrated Care Consultation
- December 2020 - Localising decision making: a guide to support effective working across neighbourhood, place and system - LGA and NHS Clinical Commissioners
- February 2021 - White Paper – Integration and Innovation
- February 2021 - NHS Provider Selection Regime consultation
- February 2021 - Legislation for Integrated Care Systems: Five Recommendations
- April 2021- Developing place-based partnerships - The King's Fund
- May 2021- Leading Healthier Places 2021/22 - Support for care and health leaders - Local Government Association
- June 2021 - Collaborating for better care - NHS Providers
- July 2021 - Health and Care Bill introduced in the House of Commons
- August 2021 - Interim guidance on the functions and governance of the integrated care board
- August 2021 - Building strong integrated care systems everywhere: guidance on the ICS people function
- August 2021 - ICS implementation guidance: ICB readiness to operate statement (ROS) and checklist
- September 2021 - Thriving Places
- September 2021 - Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership
- September 2021 - Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector
- September 2021 - Building strong integrated care systems everywhere ICS implementation guidance on working with people and communities
- 1<sup>st</sup> April 2022 - Health and Care Act in force - CCG colleagues TUPE transfer to the newly established ICB - Cheshire and Merseyside Integrated Care Board will be established (Wirral CCG will merge into the ICB)

3.24 **New Guidance**

New guidance published on 2<sup>nd</sup> September 2021 by NHS England and NHS Improvement and the Local Government Association seeks to support all partner organisations in integrated care systems (ICSs) to collectively define their place-based partnership working, and to consider how they will evolve to support the transition to the new statutory ICS arrangements, anticipated from April 2022. It builds upon the expectations already set out in the ICS Design Framework.

3.25 **Thriving Places**

'Thriving Places' guidance published in September 2021, will support all partner organisations in ICSs to collectively define their place-based partnership working and to consider how they will evolve to support the transition to the new statutory ICS arrangements. It is published alongside *Delivering together for residents*, prepared by the Society of Local Authority Chief Executives and Senior Managers. This guidance is aimed at all ICS partners and leaders.

3.26 **Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership**

Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership guidance, published in September 2021 supports the development of distributed clinical and care professional leadership across ICSs and describes what "good" looks like. It is based on extensive engagement involving more than 2,000 clinical and care professional leaders from across the country, led by a multi-professional steering group. This guidance is aimed at all ICS leaders and ICS clinical and care professional leaders.

3.27 **Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector**

Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector, published in September 2021, suggests how voluntary, community and social enterprise (VCSE) sector partnerships might be embedded in ICSs, recognising expectations set out in the ICS Design Framework that support close working with the VCSE sector as a strategic partner. This publication is for health and care leaders from all organisations in ICSs who are developing partnerships across local government, health, housing, social care and the VCSE sector.

3.28 **Building strong integrated care systems everywhere ICS implementation guidance on working with people and communities**

Building strong integrated care systems everywhere ICS implementation guidance on working with people and communities, published in September 2021, sets out expectations and principles for how ICBs can develop approaches to working with people and communities, recognising that the ICS Design Framework sets the

expectation that partners in an ICS should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. The guidance is designed for all ICS partners and ICS leads.

### 3.29 Development Timetable for the Integrated Care System – ICB and ICP

There is still a great deal of work to be undertaken by April 2022 for the ICB and ICP, which directly impacts upon CCG colleagues as summarised below:

<b>Integrated care partnership (ICP): Initial ICP arrangements and principles agreed</b>
Initial Integrated Care Partnership (ICP) arrangements agreed, including principles for operation from 1 <sup>st</sup> April 2022
<b>Integrated care board (ICB): Designate appointments to the Board of the ICB made and Board quorate in line with relevant guidance</b>
Designate Chair appointed and ready to take up post on 1 <sup>st</sup> April 2022
Designate Chief Executive appointed and ready to take up post on 1 <sup>st</sup> April 2022
Designate Non-Executive Directors (minimum of two) appointed and ready to take up post on 1 <sup>st</sup> April 2022
Designate Partner members appointed and ready to take up post on 1 <sup>st</sup> April 2022
Other designate appointments made and postholders ready to take up post on 1 <sup>st</sup> April 2022 (minimum additional Executive roles: finance; medical; nursing) to ensure quoracy of the ICB Board, according to its Constitution
<b>System development plan, ICB constitution and governance arrangements in place</b>
System development plan in place indicating how the ICB will work with its partners in the ICP from April 2022 to meet the needs of the population, with a focus on reducing health inequalities
ICB Constitution, including the Standing Orders and agreed ICB name, approved by NHS England before 1 <sup>st</sup> April 2022, ready to be adopted on 1 <sup>st</sup> April 2022
ICB Scheme of Reservation and Delegation (SoRD) prepared and ready to be adopted on 1 <sup>st</sup> April 2022
ICB Standing Financial Instructions prepared and ready to be adopted on 1 <sup>st</sup> April 2022
ICB governance handbook prepared and ready to be adopted on 1 <sup>st</sup> April 2022
ICB functions and decision map prepared and ready to be adopted on 1 <sup>st</sup> April 2022 - including place boundaries, place-based leadership, and place-based governance arrangements e.g with Health and Wellbeing Boards; delegations; and any supra-ICB governance arrangements
Any joint commissioning arrangements for 2022/23 (including joint committees with local authorities, trusts / foundation trusts, other ICBs and NHS England and NHS Improvement) documented, ready to take effect on 1 <sup>st</sup> April 2022
Schedules of delegation to be in place for 1 <sup>st</sup> April 2022 where the ICB has agreed with NHS England and NHS Improvement to assume delegated responsibility for

NHS England and NHS Improvement commissioning functions in line with relevant guidance
Standards of business conduct policy prepared and ready to be adopted on 1 <sup>st</sup> April 2022
Conflicts of interest policy prepared and ready to be adopted on 1 <sup>st</sup> April 2022
Essential policies identified through risk assessment (e.g. commissioning [e.g. IVF commissioning], safeguarding, HR) and prepared
<b>Provider partnership arrangements agreed</b>
Provider partnership arrangements which will apply from 1 <sup>st</sup> April 2022. These include provider collaboratives, primary care networks and other collaborative arrangements.
<b>People function ready for operation</b>
Governance and delivery arrangements for people function agreed and ready for operation as set out in line with relevant guidance, and workforce and organisational development priorities identified in the System Development Plan
<b>Quality, safety and EPRR systems and functions ready for operation</b>
Quality and safety systems and function ready to take effect from 1 April 2022, including implementation of System Quality Groups in line with relevant National Quality Board guidance
EPRR responsibilities clear and systems and function ready to operate from 1 <sup>st</sup> April 2022 in line with relevant guidance
<b>System oversight arrangements prepared</b>
Arrangements for system oversight in 2022/23 between the NHS England and NHS Improvement regional team and the ICB prepared, ready to take effect from 1 <sup>st</sup> April 2022
<b>Finance and planning: Planning for 2022/23 developed in line with national requirements and finance function and systems ready for operation</b>
Planning for 2022/23 has been carried out in line with relevant NHS England and NHS Improvement guidance
Activities as outlined in the NHS SBS finance / ledger reconfiguration programme plan as due by 1 <sup>st</sup> April 2022 have been delivered, eg new bank account in place for the ICB, ICB able to make payments for goods and services, finance function ready to operate.
<b>Data, digital and information governance: Systems ready to operate and information governance activities on target</b>
Activities outlined in the NHS Digital ODS (Organisation Data Service) reconfiguration toolkit as due by 1 April 2022 have been delivered
Activities outlined in the Information governance / data security and protection toolkit (DPST) (eg Caldicott Guardian, Information Asset Owner, Senior Information Risk Owner, records retention, etc.) as due by 1 April 2022 have been delivered

#### **4.0 FINANCIAL IMPLICATIONS**

4.1 There are no financial implications impacted by this report. Place-based partnerships will be backed by devolved funding, simplified accountability, and an approach to governance appropriate to local circumstances.

#### **4.2 Setting budgets for places**

The ICB will be able to commission jointly with local authorities under a section 75 joint commissioning arrangement, as CCGs can. Each ICS will have an agreed framework for collectively managing and distributing financial resources to address the greatest need and tackle inequalities in line with the NHS system plan, having regard to the strategies of the Partnership and the Health and Wellbeing Board.

#### **5.0 LEGAL IMPLICATIONS**

5.1 The Health and Care Bill, published in July 2021, sets out how the Government intends to reform the delivery of health services and promote integration between health and care in England. This is the first major piece of primary legislation for health and care in England since the Health and Social Care Act 2012.

5.2 From April 2022 the Integrated Care System will have the statutory accountability for NHS Commissioning and all associated NHS functions previously held within a Clinical Commissioning Group (CCG), but it will aim to discharge many of those functions to Place-Based Partnerships.

5.3 The new legislation will establish the NHS Integrated Care Board (ICB) along with an Integrated Care Partnership (ICP). The ICP is 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.

5.4 The statutory instruments establishing each ICS cannot be made formally until the Bill has been enacted. However, system partners are charged to commence preparations for the expected new arrangements, to commence in April 2022.

#### **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

6.1 The CCG staff in Wirral are directly affected by the Health and Care Bill. There are staffing implications in relation to developing the integrated commissioning team in Wirral. The Council will work in partnership NHS Wirral CCG to ensure that the new integrated commissioning team is supported throughout the transition from 2021 into April 2022 when the ICB will replace the previous CCG organisations.

## 7.0 RELEVANT RISKS

- 7.1 The system changes outlined in this report will have risk management frameworks as part of their implementation. The Council will mitigate risks through working closely with partners to gain insight into all areas of risks to enable mitigating actions to be put in place.

## 8.0 ENGAGEMENT/CONSULTATION

### 8.1 Integrated Care System Development Advisory Group

The Cheshire and Merseyside Integrated Care System (ICS) has established a Development Advisory Group (DAG). The Chief Executive and the Director for Adult Care and Health, Wirral Council and the Chief Officer, NHS Wirral CCG are part of the DAG. This enables Wirral, as a place, to be at the heart of shaping the ICS and to ensure that we are in a position to respond at pace and with clarity to the emerging changes.

### 8.2 CEO Integrated Care Partnership Development Group

The CEO Integrated Care Partnership Development Group was established in 2021, in which Chief Officers from the Wirral Council, NHS Wirral CCG, Wirral Community Health and Care NHS Foundation Trust, Wirral University Teaching Hospital NHS Foundation Trust, and Cheshire and Wirral Partnership NHS Foundation Trust work together to develop the strategic Integrated Care Partnership at place level.

### 8.3 Integrated Care Partnership Delivery Group

The Integrated Care Partnership Delivery Group was established in 2021, and is attended by Senior Officers from Wirral Council, NHS Wirral CCG, Wirral Community Health and Care NHS Foundation Trust, Wirral University Teaching Hospital NHS Foundation Trust, and Cheshire and Wirral Partnership NHS Foundation Trust who meet weekly to implement the place-based partnership arrangements.

### 8.4 Integrated Commissioning and Governance Project Board

Since May 2021 Senior Officers from the Council and NHS Wirral CCG attend the Integrated Commissioning and Governance Project Board to develop the commissioning and governance arrangements for Wirral's Integrated Care Partnership.

### 8.5 Engagement

Engagement will need to take place in regard to the system changes outlined in this report. Local engagement is central to determining the views of residents. The insight of local people and service users is vital in commissioning the right services to achieve the best outcomes for patients.

8.6 Neighbourhood areas are the fundamental platform for engagement working with residents and providers of each neighbourhood.

## 9.0 **EQUALITY IMPLICATIONS**

9.1 An Equality Impact Assessment has been completed in May 2021. An Equality Impact Assessment is a tool to help public services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

9.2 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. Plans will be underpinned by local population health and socio-economic intelligence. The Council will work in partnership with local and regional partners to develop place-based partnership arrangements necessary to deliver improved outcomes in population health by tackling health inequality.

## 10.0 **ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 There are no environmental or climate implications as a result of this report.

10.2 Wirral Council is committed to carrying out its work in an environmentally responsible manner, and these principles will guide the development of the Integrated Care Partnership in Wirral.

## 11. **COMMUNITY WEALTH IMPLICATIONS**

11.1 The case for Community Wealth Building is stronger than ever, with the pandemic having a clear and significant impact on our residents, communities, and businesses. It is vital that everything we do at the Council contributes to the recovery and the development of a resilient and inclusive economy for Wirral.

11.2 The Council takes a people-centred approach to local economic development. Wirral's Placed-based integrated care partnership will improve outcomes and tackle inequalities, to enhance productivity and make best use of resources and to strengthen local communities.

11.3 Community Wealth Building in Wirral focusses on partnerships and collaboration, both within the Council and with external partners and stakeholders, including residents. The Council will work together with partners and residents to develop the placed-based partnership arrangements in Wirral that meet the needs of the population, with a focus on reducing health inequalities.

**REPORT AUTHOR: Graham Hodkinson, Director of Adult Social Care and Health**

Telephone: 0151 666 3650

Email: [grahamhodkinson@wirral.gov.uk](mailto:grahamhodkinson@wirral.gov.uk)

## APPENDICES

There are no additional appendices attached to this report.

## BACKGROUND PAPERS

- NHS Five Year Forward View (2014), <https://www.england.nhs.uk/five-year-forward-view/>
- NHS Planning Guidance (2017), <https://www.england.nhs.uk/publication/delivering-the-forward-view-nhs-planning-guidance-201617-202021/>
- NHS Long Term Plan (2019), <https://www.longtermplan.nhs.uk/>
- Designing Integrated Care Systems (ICSs) in England (2019), <https://www.england.nhs.uk/wp-content/uploads/2019/06/designing-integrated-care-systems-in-england.pdf>
- Integrating Care: Next steps to building strong and effective integrated care systems across England (2020), <https://www.england.nhs.uk/wp-content/uploads/2020/11/261120-item-5-integrating-care-next-steps-for-integrated-care-systems.pdf>
- Integration and Innovation: working together to improve health and social care for all, White Paper (2021), <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>.
- Legislating for Integrated Care Systems: five recommendations to Government and Parliament (2021), <https://www.england.nhs.uk/publication/legislating-for-integrated-care-systems-five-recommendations-to-government-and-parliament/>
- NHS Planning Guidance (2021), <https://www.england.nhs.uk/operational-planning-and-contracting/>
- The Queen's Speech 2021 – Background Briefing Notes, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/985029/Queen\\_s\\_Speech\\_2021\\_-\\_Background\\_Briefing\\_Notes..pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/985029/Queen_s_Speech_2021_-_Background_Briefing_Notes..pdf)
- Integrated Care Systems: Design Framework and Guidance on the Employment Commitment (2021), <https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/>
- NHS People Plan 2020/2021, <https://www.england.nhs.uk/ournhspeople/>
- Thriving Places - September 2021 – Found at [Thriving Places: guidance on the development of place-based partnerships as part of statutory integrated care systems](#)
- Building strong integrated care systems everywhere ICS implementation guidance on effective clinical and care professional leadership – (September 2021) - Found at

Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership

- Building strong integrated care systems everywhere ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector – (September 2021) - Found at Building strong integrated care systems everywhere: ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector
- Developing place-based partnerships (April 2021) - The King’s Fund
- Creating healthy places - (September 2019) - The King’s Fund
- Leading Healthier Places 2021/22 - Support for care and health leaders (May 2021) - Local Government Association
- What a difference a place makes: the growing impact of health and wellbeing boards - (July 2019) - Local Government Association
- Localising decision making: a guide to support effective working across neighbourhood, place and system - (December 2020) - Local Government Association and NHS Clinical Commissioners
- The role of primary care in integrated care systems - NHS Providers System Transformation Peer Support programme (May 2021) - NHS Confederation
- Collaborating for better care - (June 2021) NHS Providers
- Leadership in Integrated Care Systems (ICSs) (November 2018) - SCIE

**SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
Reports presented to Health and Wellbeing Board: <ul style="list-style-type: none"> <li>• Health &amp; Wellbeing Board Refreshed Purpose</li> <li>• Integrated Care System Project Update</li> <li>• Integrated Care System and integrated care partnership developments</li> </ul>	31st March 2021 16th June 2021 29 <sup>th</sup> September 2021
Reports presented to Adult Social Care and Public Health Committee: <ul style="list-style-type: none"> <li>• Strategic Developments in the NHS</li> <li>• Proposals for Integrated Care Partnership</li> </ul>	2nd March 2021 7 <sup>th</sup> June 2021
Reports presented to Partnerships Committee <ul style="list-style-type: none"> <li>• Strategic Developments in the NHS</li> <li>• Strategic Developments in the NHS</li> <li>• Strategic Developments in the NHS</li> </ul>	9th November 2020 13th January 2021 29th June 2021

This page is intentionally left blank



## **PARTNERSHIPS COMMITTEE**

**Tuesday 28<sup>th</sup> September 2021**

<b>REPORT TITLE:</b>	<b>PARTNERSHIPS COMMITTEE WORK PROGRAMME UPDATE</b>
<b>REPORT OF:</b>	<b>DIRECTOR OF LAW AND GOVERNANCE</b>

### **REPORT SUMMARY**

The Partnerships Committee, in co-operation with the Policy and Service Committees, is responsible for proposing and delivering an annual committee work programme.

The Council has a number of statutory scrutiny functions including matters relating to the health of the authority's population, the activities of those responsible for crime and disorder strategies, as embodied by the Safer Wirral Partnership, under the Police and Justice Act 2006 and flood risk management and coastal erosion management functions which may affect the local authority's area. These overview and scrutiny functions are to be carried out by the Partnerships Committee, which will also scrutinise the functions and responsibilities undertaken by other public bodies within the Borough.

It is envisaged that the work programme will be formed from a combination of standing items and requested officer reports. This report provides the Committee with an opportunity to plan and regularly review its work across the municipal year. The work programme for the Partnerships Committee is attached as Appendix 1 to this report.

### **RECOMMENDATION/S**

Members are invited to note and comment on the proposed Partnerships Committee work programme for the remainder of the 2021/22 municipal year.

## **SUPPORTING INFORMATION**

### **1.0 REASON/S FOR RECOMMENDATION**

- 1.1 To ensure Members of the Partnerships Committee have the opportunity to contribute to the delivery of the annual work programme.

### **2.0 OTHER OPTIONS CONSIDERED**

- 2.1 A number of workplan formats were explored, with the current framework open to amendment to match the requirements of the Committee.

### **3.0 BACKGROUND INFORMATION**

- 3.1 The work programme should align with the priorities of the Council and its partners. The programme will be informed by:

- The Council Plan
- The Council's transformation programme
- The Council's Forward Plan
- Service performance information
- Risk management information
- Public or service user feedback
- Referrals from Council

### **3.2 Terms of Reference**

- 3.3 The principal role of the Partnerships Committee is to look outwards to the Council's functions as the area's democratically elected local government, representing the people and businesses of the Borough. In terms of reviewing the decisions of relevant partner authorities on health service provision, on crime and disorder and on flood risk management, this role extends to include a statutory role and powers given by Parliament to the Council. The Committee can produce reports to which a relevant partner authority must have regard in the exercise of its functions.

- 3.4 The Committee is established by Council to fulfil those functions as an overview and scrutiny committee, not undertaken by the Decision Review Committee, provided under Part 3 of the 2012 Local Authorities (Committee System) (England) Regulations. The Committee is charged by full Council to:

(a) undertake reviews and make recommendations on services or activities carried out by external organisations which affect the Borough of Wirral or any of its inhabitants, including the review and monitoring of the contractual and operational performance of shared service partnerships, joint ventures and outside organisations to which the Council makes a resource contribution, focussing on examination of the benefits of the Council's contribution and the extent to which the body concerned makes a contribution to achievement of the Council's priorities;

(b) consider and implement mechanisms to encourage and enhance community participation in the development of policy options and to investigate, take evidence and consult upon issues within their remit;

(c) undertake responsibility for the Council's responsibilities for scrutiny as stated in the Police and Justice Act 2006, the Health and Social Care Act 2006 as amended, the Local Government Act 2000 as amended, the Localism Act 2011 and the subsequent Local Authority (Committee System) (England) Regulations 2012, which includes

(d) in respect of the Health and Social Care Act 2006, the functions to:

- (i) investigate major health issues identified by, or of concern to, the local population.
- (ii) consult, be consulted on and respond to substantial changes to local health service provision, including assessing the impact on the local community and health service users.
- (iii) scrutinise the impact of interventions on the health of local inhabitants, particularly socially excluded and other minority groups, with the aim of reducing health inequalities.
- (iv) maintain an overview of health service delivery against national and local targets, particularly those that improve the public's health.
- (v) receive and consider referrals from local Healthwatch on health matters.

(e) in respect of the Police and Justice Act 2006, the functions to:

- (i) review or scrutinise decisions made or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions; and
- (ii) make reports or recommendations to the local authority with respect to the discharge of those functions

(f) in respect of Section 9JB of the Local Government Act 2000, the functions to review and scrutinise the exercise by risk management authorities of flood risk management and of coastal erosion management functions which may affect the local authority's area; and

(g) undertake responsibility for those overview and scrutiny functions provided for under Part 3 of the 2012 Local Authorities (Committee System) (England) Regulations. not otherwise fulfilled.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 This report is for information and planning purposes only, therefore there are no direct financial implication arising. However, there may be financial implications arising as a result of work programme items

#### **5.0 LEGAL IMPLICATIONS**

- 5.1 There are no direct legal implications arising from this report. However, there may be legal implications arising as a result of work programme items.

## **6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS**

6.1 There are no direct implications to staffing, ICT or Assets.

## **7.0 RELEVANT RISKS**

7.1 The Committee's ability to review decisions made by relevant partner authorities and the performance of these organisations may be compromised if it does not have the opportunity to plan and regularly review its work across the municipal year.

## **8.0 ENGAGEMENT/CONSULTATION**

8.1 The Partnerships Committee work programme is regularly discussed by the Chair and Group Spokespersons.

## **9.0 EQUALITY IMPLICATIONS**

9.1 Wirral Council has a legal requirement to make sure its policies, and the way it carries out its work, do not discriminate against anyone. An Equality Impact Assessment is a tool to help council services identify steps they can take to ensure equality for anyone who might be affected by a particular policy, decision or activity.

This report is for information to Members and there are no direct equality Implications.

## **10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS**

10.1 This report is for information to Members and there are no direct environment and climate implications.

### **REPORT AUTHOR:**

**Anna Perrett**  
**Senior Democratic Services Officer**  
telephone: 0151 691 8564  
email: [annaperret@wirral.gov.uk](mailto:annaperret@wirral.gov.uk)

## **APPENDICES**

Appendix 1: Partnerships Committee workshop report

## **BACKGROUND PAPERS**

Council Constitution  
Health and Social Care Act 2006  
Police and Justice Act 2006  
Local Government Act 2000

## **SUBJECT HISTORY (last 3 years)**

<b>Council Meeting</b>	<b>Date</b>
<b>Partnerships committee</b>	<b>9<sup>th</sup> November 2020</b>

## PARTNERSHIPS COMMITTEE

### WORK PROGRAMME 2021/22

**Contact Officer/s:** Dan Sharples

#### ADDITIONAL AGENDA ITEMS

Item	Approximate timescale	Lead Departmental Officer
PCC and Police	9 November 2021	Mark Cambourne
CCG Commissioning and Finance Update	9 November 2021	Graham Hodgkinson
RNLI	2 February 2022	Mark Cambourne
Pooled Fund and ICS	2 February 2022	Graham Hodgkinson
Flood Risk and Management	29 March 2022	Neil Thomas

#### ITEMS TO BE SCHEDULED

Topic in rank order of interest	Suggested Format of Scrutiny Approach	Internal/ External/ Combination
1. Voluntary/Third Sector	Committee report/ Presentation	Combination
2. Better Care Fund	Committee report/ Presentation	Combination

#### STANDING ITEMS AND MONITORING REPORTS

Item	Reporting Frequency	Lead Departmental Officer
Liverpool City Region Combined Authority Updates	Bi-Annually	Rose Boylan
Flood Risk Management Annual Report	Annually – March	Neil Thomas

NHS Trust Quality Accounts	Annually - May	Alex Davidson
Adult Safeguarding Annual Report	TBC	Lorna Quigley

**WORK PROGRAMME ACTIVITIES OUTSIDE COMMITTEE**

Item	Format	Timescale	Lead Officer	Progress
<b>Working Groups/ Sub Committees</b>				
<b>Task and Finish work</b>				
NHS Trust Quality Accounts	Task & Finish	May 2022	Alex Davidson	
<b>Spotlight sessions / workshops</b>				
<b>Corporate scrutiny / Other</b>				