



Wirral Place Governance Manual 2024

V2. February 2024



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1. Introduction and Purpose

NHS Cheshire and Merseyside is working with each of the nine Places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners.

The WPBPB will have a shared purpose and focus on reducing unwarranted variation, tackling health inequalities and population health management by implementing the Place strategic intent into coordinated delivery.

This document provides a proposal for the governance of Place on the Wirral.

2. Place Governance Structure

Work has been carried out between partners to consider the most effective manner to govern Place arrangements for the Wirral. Focus has been given to the need to avoid unnecessary duplication of decision making and to ensure that the most appropriate delegations are in place and agreed by partners to ensure the best outcomes for patients and the communities we serve.

The recommended governance structure is outlined below:

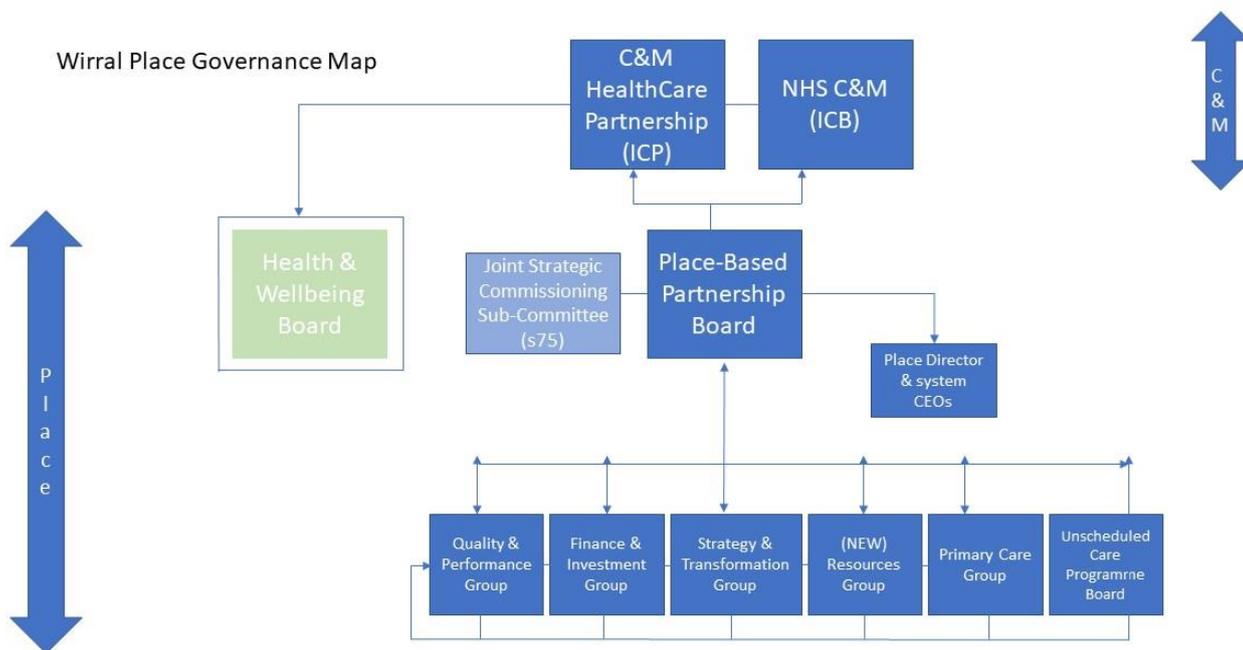


Figure 1: Wirral Place governance structure

3. Objectives and Areas of Focus

The PBPB will work together to implement the strategic intentions as determined by:

- National guidance to the NHS and local authorities.
- Cheshire and Merseyside Health and Care Partnership Strategy and Joint Forward Plan.
- Wirral Plan, Wirral Health and Wellbeing Strategy and Wirral Health and Care Plan.

The PBPB will therefore focus on:

- Defined decision-making functions for commissioning
- Health and care strategy planning and implementation at place
- Service delivery and transformation
- Population health management
- Connect support in the community
- Promote health and wellbeing
- Align management support
- Supporting provider and professional collaboration in a place
- Leading activities where there is a need to work across a larger population to address issues
- Play a major role in the delivery of national expectations attached to NHS funding

Key areas of focus include:

Areas of Focus	Components
Promote health and wellbeing	Alignment of public health and other local government strategies and plans. Leverage our role as 'anchor institutions.'
Population Health Management	Utilising population health intelligence and analytical capabilities at-scale to support redesign, prevention, and approach to addressing health inequalities.
Place Performance	Including operational performance management and reporting at system level. Development of improvement plans for area of concern.
Pathway redesign	Fostering a culture of innovation and closer working, enabling sharing of best practice between organisations, and promoting adoption of proven innovation. Focus on user journey and wider experience of health and care.
Estates and Back Office	Providing rationalisation and an amalgamation function, including shared back-office services.
Efficiencies and Effectiveness	Improving clinical efficiency and safety - improving experience and reduce waste through minimising avoidable contacts, reducing unwarranted variation and improving outcomes. Utilising digital technology.
Integration of Services	Decision support, delivery system design integration planning and due diligence.
Financial coordination	Service development, business case approvals, cost improvement programmes and cost savings, coordination of finances and financial reporting

4. Roles and Membership - WPBPB

Nominated Representative	Organisation	Status
Place Director (1)	NHS Cheshire & Merseyside	PBPB member
NHS Trusts (3) (Chief Executive or nominated Deputy)	Wirral University Teaching Hospital (WUTH) Wirral Community Health & Care (WCHC) Cheshire & Wirral Partnership (CWP)	PBPB member
Local Councillors (3)	Wirral Council	PBPB member
Chief Executive Officer (1) Director of Public Health (1) Director of Care and Health (1) Director of Childrens Services (1)	Wirral Council	PBPB member
Chief Executive Officer (1)	Health Watch	PBPB member
Nominated Representatives (4) (to include at least two GPs)	Primary Care (Community Dentistry, Optometry, Pharmacy and General Practice)	PBPB member
Nominated Representatives (2)	Voluntary, Community, Faith and Social Enterprise Sector (VCSFE)	PBPB member

The membership status above does not include any membership of the Joint Strategic Commissioning Board (JSCB) referred to in Figure 1. The membership table above refers exclusively to the Place-Based Partnership Board.

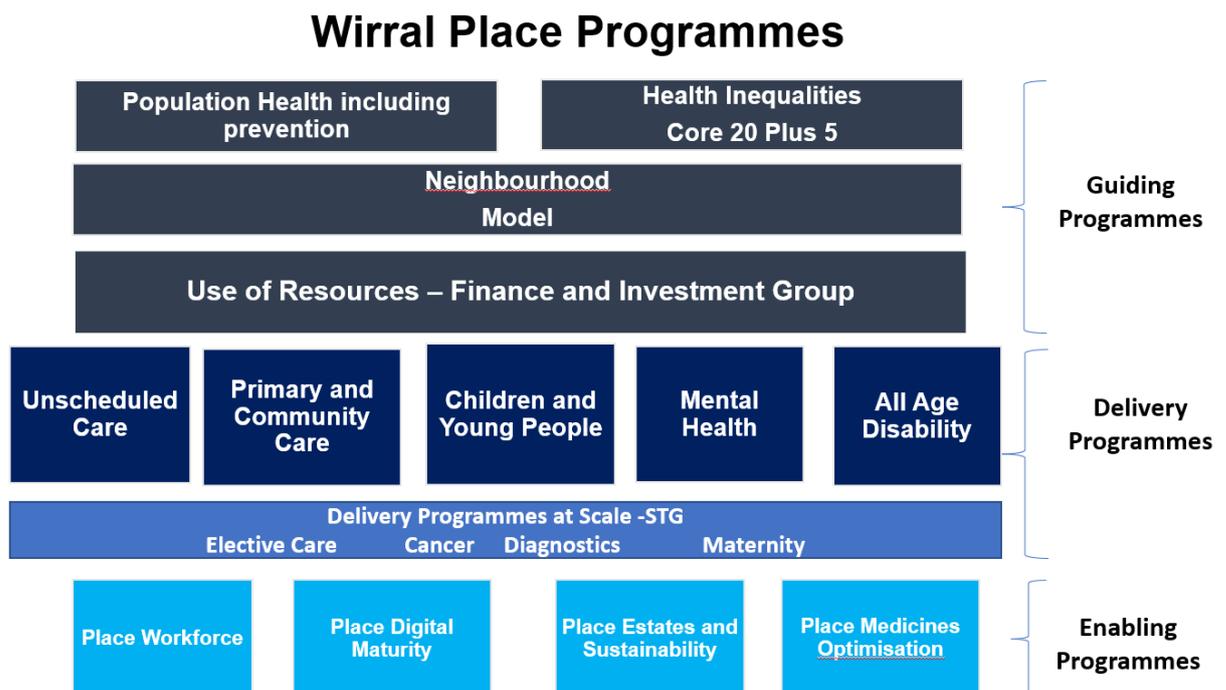
See also Appendix 2 for the JSCB.

5. Programme Delivery

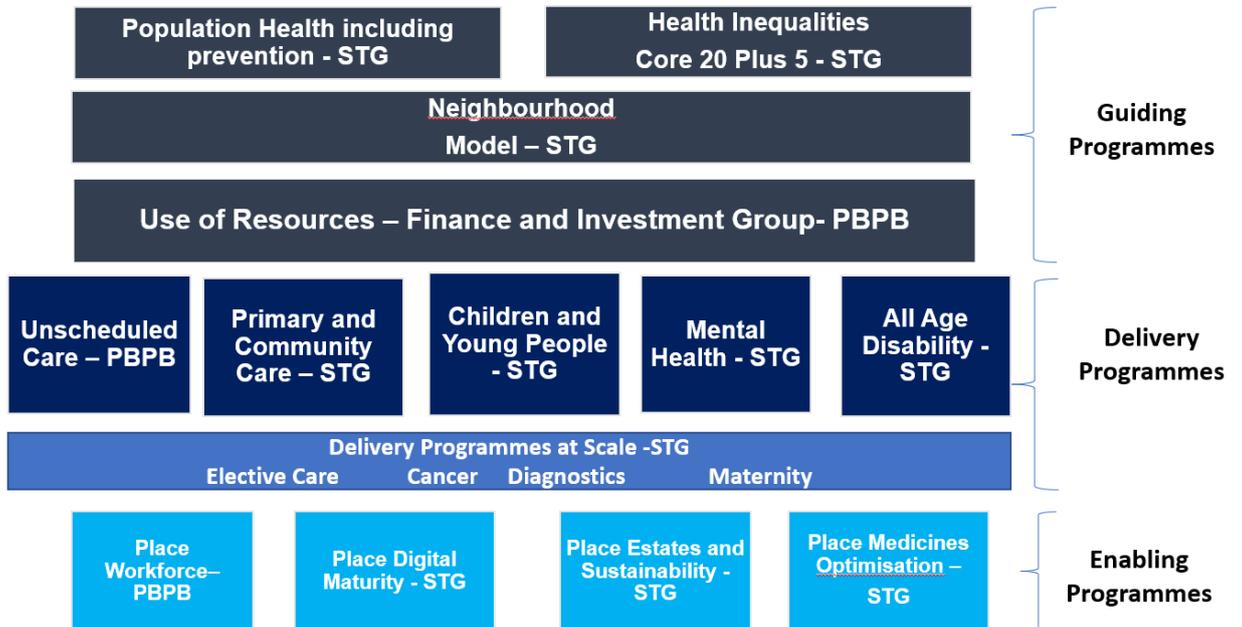
The Wirral Health and Care Plan is the collective plan on Wirral, for how the health and care organisations across Wirral will work together to progress with agreed strategic transformation priorities. The Plan identifies the priority programme areas under three broad themes of guiding programmes, delivery programmes and enabling programmes (Figure 1)

The priority programmes in the Health and Care plan have identified Senior Responsible Officers, programme leads and project support for each of the programmes. Oversight and assurance of progress of each priority will be subject to a Monitoring and Control strategy established and overseen by the Wirral Place Programme Delivery Unit and reported as shown in Figure 2 below.

The Plan and its deliverables will be monitored monthly and escalation to key partners will take place if progress of achievements and expected outcomes are not realised. Alongside this, the risks associated with each of the programmes within the Plan are managed within each work programme.



Place Programme Reporting



6. Appendices

Appendix 1 - Place Based Partnership Board Terms of Reference

Appendix 2 - Joint Strategic Commissioning Sub-Committee

Appendix 3 - Place Director and Wirral System Chief Executives Meeting

Appendix 4 - Subgroup Terms of Reference

- Quality and Performance Group
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- Minutes
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Appendix 1

Place Based Partnership Board

Terms of Reference

Ref	Content
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2	Purpose
3	Authority & Status
4	Role of Place-based Partnership
5	Composition of Place-based Partnerships:
6	Core Membership:
7	Co-options and engagement:
8	Chairing the Place-Based Partnership Board
9	Responsibilities of Members
10	Interests
11	Meetings and decision making
12	Frequency and Format of the Place-Based Partnership Board Meetings
13	Agenda, and Minutes, and Papers
14	Administration responsibilities
15	Attendance/Substitutes
16	Review of Terms of Reference
17	Relationship with the Council/ICB S75 Strategic Commissioning Joint Committee

1. Introduction

The Wirral Place Based Partnership Board (WPBPB) will be responsible for the delivery of an Integrated Health and Social Care system through effective stakeholder collaboration and improved health and social care services to deliver better outcomes for the population of Wirral.

A number of core principles have been agreed with system providers that align to the Wirral Plan and will support the development and delivery of integrated care for the Wirral.

- Organise services around the person to improve outcomes.
- Maintain personal independence by providing services the closest to home.
- Reduce health inequalities across the Wirral population.
- Provide seamless and integrated services to patients, clients and communities, regardless of organisational boundaries.
- Maximise the Wirral health pound by delivery of improvements in productivity and efficiency through integration
- To strengthen the focus on wellbeing, including greater focus on prevention and public health

2. Purpose

The purpose of the WPBPB is to provide strategic leadership for, and delivery of, the overarching strategy and outcomes framework for the place-based partnership. It will do this by aligning its objectives and plans to those of the Wirral Plan 2021-26, Health and Wellbeing Strategy and the NHS Cheshire & Merseyside Health and Care Partnership Strategy to improve the health and wellbeing of the Wirral population.

The priorities and work plan for the WPBP Board will be set out in the WPBP Board Delivery Plan.

3. Authority & Status

The WPBPB is a non-statutory partnership that brings together representatives from statutory and non-statutory organisations within or working in Wirral with the necessary authority from their respective organisations to make collective decisions on strategic policy matters relating to the Place Partnership.

The WPBPB is not a separate legal entity in itself with delegated decision-making authority, and as such is unable to take decisions separately from its constituent members or bind any one of them; nor can one Partner organisation 'overrule' the other on any matter (save for where decisions may be taken by NHS Cheshire and Merseyside and Wirral Council with regards services/functions in scope of the S75 Agreement).

The WPBPB will operate as a place for discussion of issue with the aim of reaching decisions by consensus and/or to make recommendations and proposals to the boards of Partner organisations. Decisions may also be taken on behalf of a Partner organisation by that organisation's representative on the Board acting under their delegated authority.

The WPBPB scope and decision making may change in response to further statutory guidance in relation to delegations from NHS Cheshire and Merseyside to Place. The

WPBPB will be engaged in the development of proposals for any change in status and delegation.

In the event that the WPBPB is unable to agree a consensus position on a matter, this will not prevent Partner organisation taking any applicable decisions they are required to take. Each of the Partner organisations of the WPBPB ensure that their designated representative:

- Is appointed to attend and represent their organisation on the WPBPB with such authority as is agreed to be necessary in order for the Wirral Place Based Partnership Board to function effectively in discharging its responsibilities as set out in these terms of reference which is, to the extent necessary, recognised in an organisation's respective scheme of delegation (or similar).
- Understand the status of the WPBPB and the limits of their responsibilities and authority in respect of the WPBPB and each of the respective statutory bodies or employing organisations. The legal status and authority of the Board may change in response to new legislation and/or as further guidance is released and implemented with regards decision making and delegations at Place.

4. Role of the Place Based Partnership Board

The WPBPB and its supporting groups will:

- Provide strategic and collective leadership to identify the transformational priorities.
 - Collaborate to focus on the highest priorities for the local system and communities at place and neighbourhood level.
 - Promote person-centred health and care services on the basis of clinical input and evidence.
 - Consolidate processes, share back-office services and support a system-wide workforce plan.
 - Drive greater efficiency and cost reduction.
 - Aim to improve Health and Wellbeing Outcomes for the Population.
 - Provide oversight and leadership of System Planning, Quality Assurance and Safeguarding.
 - Work in partnership to ensure that is effective and sustainable care home market across the borough.
 - Enable and support the Wirral Provider Partnership (WPP) to deliver population health outcomes.
 - Design and oversee governance (quality and safety) arrangements including system leadership capacity and capability, monitor delivery, financial stability, performance monitoring and system oversight.
 - Promote inter-agency co-operation, via appropriate joint working agreements/arrangements, to encourage and help develop effective working relationships between different services and agencies, based on mutual understanding and trust.
 - Make recommendations for commissioning of NHS Cheshire and Merseyside resources to Place
 - Drive forward the continued implementation of achieving a whole system coordinated approach.
 - Approve proposals for system wide outcome measures and mechanisms for reporting collectively.
 - Provide regular update reports to the Health and Wellbeing Board.
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- Receive and scrutinise reports and recommendations from operational meetings and groups relating to the place-based partnership (i.e. the supporting groups established at Place and the Wirral Provider Partnership).
- Approve the communication and engagement strategy and action plans of Wirral's Place Based Partnership Board and monitor delivery.
- Oversee placed based partnership infrastructure, workstreams or enablers such as Digital, Estates, Workforce activities and monitor progress.
- Assure itself that Safeguarding duties are met, and that practice is aligned to the policies determined by the Wirral's Children Safeguarding Partnership and Wirral's Adults Safeguarding Board.

5. Co-options and engagement

Representatives of other bodies may be invited to participate in Board discussions, or co-opted, to support effective decision-making. Such representatives should be invited bearing in mind the principles of fairness, equality, and transparency.

6. Chairing the Wirral Place Based Partnership Board

The WPBP Board appoint a Chair and Vice-Chair from within its membership.

The Chair/Vice Chair will:

- Facilitate the effective running of the Wirral Place Based Partnership Board by ensuring the Board operates within its agreed Terms of Reference.
- Work to ensure discussion is collaborative and works to recognise all partners as equals.
- Work with the Place Director to ensure that any agenda items put before the Board for consideration are aligned within the Place Objectives and local strategic plans.
- Work closely with the Place Director for Wirral to ensure the principles of partnership working and collaboration remain central to the functioning of the Board.
- The Chair/Vice Chair will work to ensure that decisions are achieved by consensus amongst partners.'
- Each sector will nominate a Chair and Vice Chair in accordance with the following schedule which covers the period 2022/23 to 2024/25.

Financial Year	Chair	Vice Chair
2023-24 (Apr – Mar)	Place Director	NHS Trust
2024-25 (Apr – Mar)	NHS Trust	VCSFE
2025-26 (Apr – Mar)	VCSFE	Local Authority
2026-27 (Apr – Mar)	Local Authority	Primary Care
2027-28 (Apr – Mar)	Primary Care	NHS Trust

The Chair shall preside over the WPBP Board meetings.

If the Chair is not present, the Vice-Chair shall preside.

If neither the Chair nor the Vice Chair is present, the members of the WPBP Board present shall select a Chair for the meeting from the members who are present at the meeting.

8. Responsibilities of members

All members of WPBPB are responsible for ensuring effective two-way communication between Place Based Partnership Board, the subgroups and operational groups and the organisations that they represent. Members of the Board have collective responsibility and accountability for its decisions.

9. Interests

All members of the WPBPB have a collective responsibility for its operation and are required to notify the Chair of any actual, potential or perceived conflict of interest to enable appropriate management arrangements to be put in place.

Conflicts of interest will be managed in accordance with the policies and procedures of Partner organisations and shall be consistent with the statutory duties contained in applicable legislation and the statutory guidance issued to Partner organisations.

All members are required to uphold the Nolan Principles and all other relevant NHS or Council Code of Conduct requirements which are applicable to them. It is expected that members act in the spirit of co-production and consensus in line with key partnership principles.

10. Meetings and decision making

Meetings shall be held in public.

Provision will be made for a private session of the Board when required.

The expectation is that private discussions will be the exception, and this will be supplemented by Board informal workshops/development sessions in private.

Members of the WPBP Board will:

- take decisions solely in terms of residents and patients best interests, above those of constituent organisations.
- be accountable for decisions and actions to the public and submit to appropriate scrutiny and in accordance with partner statutory duties.
- be open and transparent about decisions and actions basis for all decisions.

The aim will be for decisions of the WPBPB to be achieved by consensus decision making.

Voting will not be used, except as a tool to measure support or otherwise for a proposal. In such a case, a vote in favour would be non-binding.

The Chair will work to establish unanimity as the basis for decision making.

11. Quorum

A quorum will be at least 50% of the membership, to include the following:

Chair or Vice Chair

Place Director (Wirral), NHS Cheshire & Merseyside (or nominated deputy)

Wirral Council representative (1)

NHS Trust representative (1)
Primary Care representative (1)
VCSFE representative (1)

This excludes those in attendance providing administrative support.

12. Frequency and format of meetings

The WPBPB will meet monthly with the exclusion of August. Where meetings coincide with a General Election or a whole Council election period they will be cancelled. Scheduled dates for the following 12 months will be disseminated prior to the start of the financial year.

The Place Director and/or Chair may convene extraordinary meetings as required.

All meetings of the WPBPB will be open to attendance by members of the public to observe the discussion and decision-making process. Members of the public in attendance may not contribute towards the debate but will be invited to give any comment by the Chair at the end of the meeting.

13. Agenda, minutes and papers

An agenda and minutes of the previous meeting will be circulated, wherever possible, 5 clear working days before each meeting, and papers relating to agenda items must be forwarded to the Chair at least 10 working days before the meeting for tabling.

The ratified minutes from the meeting shall be shared with members of the Health and Wellbeing Board at the next available meeting.

The minutes of meetings will clearly record decisions made and responsibilities for undertaking agreed tasks.

All members to prepare for meetings by reading through agenda and papers and preparing written reports as appropriate.

14. Administration

The Place Director will work with the Chair and administrative support to establish and support these meetings. Administrative support will be provided by Wirral Council supported by the NHS Cheshire and Merseyside Wirral Place team, including the minuting of meetings and the circulation of agendas and papers. This will be reviewed regularly with the Place Director (Wirral).

15. Attendance/Substitutes

All members should endeavour to attend all meetings. There will be a named alternate representative from each organisation, who will be kept informed about developments and will attend meetings in place of the main representative where necessary.

Named alternates should be kept appropriately briefed and carry suitable authority to participate in the business of the meeting, including making decisions.

Where neither the member nor substitute member is able to attend, apologies to be sent to the Chair in advance of the meeting.

The WPBPB may co-opt persons to sit on the Board for a fixed period or to assist with specific matters.

16. Review of the Terms of Reference

The WPBPB shall, at least annually, review its own performance and terms of reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to Member organisations for approval. The WPBPB will also review these terms of reference if the delegation to Place from NHS Cheshire and Merseyside changes.

17. Relationship with Joint Strategic Commissioning Board (JSCB)

The WPBP Board will meet on the same day as the JSCB and in the same location. There will be a deliberate break between the two meetings to allow for clarity on purpose, membership and decision-making.

The members of the PBPB will attend the JSCB, but only Wirral Council elected members and NHS Cheshire and Merseyside will be voting members of the JSCB. The JSCB will take its own decisions separately in accordance with its Terms of Reference.

Appendix 2

Joint Strategic Commissioning Board

Terms of Reference

A Sub-Committee of three (3) or more members of the Adult Social Care and Public Health Committee, subject to political balance, to sit in common or jointly with representatives of the National Health Service and to exercise delegated authority on behalf of the Council in respect of:

1. pooled funding arrangements with the NHS or other governmental bodies.
2. the place-based health and care arrangements as may be provided for by legislation; and
3. such other commissioning, strategic design, quality and performance of health and care services across the Borough of Wirral, including the outcomes and quality of those services,

within the terms of reference of the Adult Social Care and Public Health Committee, that the Committee may from time to time determine shall be the responsibility of the Sub-Committee.

**WIRRAL BOROUGH COUNCIL
AND
NHS CHESHIRE AND MERSEYSIDE INTEGRATED CARE BOARD**

WIRRAL JOINT STRATEGIC COMMISSIONING BOARD

TERMS OF REFERENCE AND PROCEDURES

1. Purpose

The purpose of the Wirral Joint Strategic Commissioning Board (JSCB) is to make recommendations to and exercise delegated powers of Wirral Borough Council (WBC) and NHS Cheshire and Merseyside Integrated Care Board (ICB) in order to bring about the integration of the commissioning functions of both WBC and the ICB to deliver more efficient and effective commissioning of health and social care services.

Wirral Health and Wellbeing Strategy 2022-27 (<https://www.wirralintelligenceservice.org/strategies-and-plans/wirral-health-wellbeing-strategy/>) sets out the priorities for the health and care of residents on the Wirral. In order to deliver those priorities and improve services to residents, it is recognised that organisational change will be needed in all parts of the health and social care system.

The JSCB is established to deliver the integration that will be critical in the move towards commissioning that will deliver outcomes to enhance the quality and consistency of services while moving towards a more holistic approach to health and social care provision.

It is intended that integration will lead to better and more cohesive planning of services and will be supported by the greater involvement of those people who use the services to help shape the outcomes required in the future.

2. Governance

The JSCB is established as a 'Committee in Common' within which two (or more) bodies meet at the same time to discuss a common agenda, but each retains their own legal status and arrangements. The two bodies established by the partners to form the JSCB 'Committee in Common' are

- The ICB acting through the Place Director (Wirral) or their nominated representative; and
- The JSCB Sub-Committee, established by Wirral Borough Council.

Individual arrangements for each Committee under the JSCB are codified in the Constitutions of each partner and are published on the respective partners' websites. This document provides the legal and procedural requirements of the JSCB.

The JSCB has a formal status of a Sub-Committee of the Adult, Social Care and Public Health Committee whose members are appointed by the Council and whose decisions are taken in consultation with and in the presence of the Place Director (Wirral) of ICB or their nominated representative.

3. Terms of Reference

The JSCB is established to focus on the commissioning, strategic design and performance management of health and care services on Wirral, including the outcomes and quality of those services. The JSCB will oversee the development of population-based commissioning.

The JSCB will undertake the following duties and responsibilities, exercising delegated powers of WBC and formulating recommendations for adoption by WBC and / or ICB, as the case may be, that seek –

- To promote the integration of health and social services generally across WBC and NHS Cheshire and Merseyside;
- To approve integrated health and care commissioning strategies;
- To approve large scale health and care transformation programmes;
- To approve and maintain oversight of plans and oversight of delivery for specific areas such as:
 - Better Care Fund Schemes
 - Urgent Care Transformation
 - Commissioning Prospectus
 - Learning Disabilities Plan;
- To ensure effective stewardship of Section 75 pooled monies and address any issues of concern;
- To maintain oversight of health and care system performance and address any issues of concern;
- To ensure the implementation of integrated health and care commissioning strategies and transformation programmes.

In making decisions and / or recommendations to WBC and / or ICB, as the case may be, the JSCB will look to ensure that those actions will seek in all cases -

- To reduce inequalities;
- To secure greater public involvement;
- To commission services effectively, efficiently and equitably;
- To secure quality improvements;
- To promote choice and inclusion.

The JSCB will not consider or deal with any matters relating to individual patients, service users or carers, including complaints or requests for specific treatments or services, which will be managed through existing procedures. The JSCB will review service user and patient experience data at an 'aggregate' rather than individual level.

The JSCB Sub-Committee will make its decisions in accordance with the Budget and Policy Framework of WBC and any matter coming before the JSCB that might involve a decision contrary to the Budget and Policy Framework shall be referred to the Adult, Social Care and Public Health Committee for confirmation and, if necessary, referral to Policy and Resources Committee and/or the full Council.

4. Membership

The membership of the JSCB on behalf of Wirral Council shall be appointed and varied, as considered necessary, as a Sub-Committee of three (3) or more members of the Adult Social Care and Public Health Committee, subject to politically balance.

Substitution arrangements should be notified to the Clerk prior to the commencement of a meeting.

All the members of the JSCB hold a collective responsibility for the operation of the JSCB, including discussion of evidence and provision of expert opinion. The JSCB collectively is able to invite additional persons to attend meetings on an ad hoc basis to inform debate, report or answer questions.

Procedural Arrangements for meetings of the Joint Strategic Commissioning Board Sub-Committee

The following procedural arrangements represent the statutory requirements of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 and the further statutory and procedural requirements contained within the Constitution of Wirral Borough Council. In the event of doubt as to procedures to be followed, reference shall be made to the Council Constitution.

NHS Cheshire and Merseyside will be represented by the Place Director (Wirral) or their nominated representative.

4.1 Meetings of the Sub-Committee

4.1.1 Meetings of the JSCB will be held in accordance with a schedule to be agreed between the partners.

4.1.2 Special meetings may, subject to the minimum notice period of five clear working days being given, be convened as provided for in these Procedural Arrangements.

4.1.3 The Chair of the JSCB may, in agreement, call an extraordinary meeting at their discretion, subject to the minimum notice period of five clear working days being given.

4.2 Chair

4.2.1 The JSCB will be chaired by one of the Councillors who is a member of it.

4.3 Voting

4.3.1 On the occasion of a vote at a meeting of the JSCB, each partner will vote separately and in turn. The Chair of the meeting shall first preside over the vote of the Sub-Committee on which he / she is a member. The Chair of the meeting shall then defer to the ICB to vote.

4.3.2 Voting shall be by show of hands.

4.3.3 In the event of the JSCB Sub-Committee having an equality of votes, the Chair of that meeting of the JSCB Sub-Committee shall have a second or casting vote.

4.4 Notice of Meetings

4.4.1 Five clear working days' notice of JSCB meetings will be given. The notice will comprise the date, time and place at which the meeting is being held, together with an agenda listing all matters for consideration at the meeting and such supporting papers / reports as can be published. A copy of the notice and agenda will be forwarded to each JSCB

member, and the agenda will be published on the Council's website.

4.5 Business to be considered

4.5.1 The agenda for all meetings will include

- declarations of interest.
- confirmation of the Chair of the JSCB for the purpose of voting at the meeting.
- approval of minutes of the previous meeting (if available and circulated prior to the meeting). The minutes are to be submitted only for the purpose of determining accuracy, and shall not otherwise be debated.
- the business to be transacted at the meeting.

4.5.2 The agenda will not contain an item of 'any other business'. Urgent business can only be considered

- (i) at the discretion of the Chair of the meeting and the grounds for urgency being recorded in the minutes of the meeting; and
- (ii) in the event of the urgent business being a 'key decision', the special urgency procedures at Rule 5.8 below being followed; and
- (iii) in the event of the urgent business being private business, the procedures at Rule 6.1 below for the consideration of private business at less than 28 days' notice being followed.

Key decisions and advance notice of intention to take a key decision

4.5.3 A key decision is currently defined in Regulations (Statutory Instruments 2012/2089) as one which:

- (i) results, or is likely to result, in the Council incurring expenditure which is, or the making of savings which are, in excess of 10% of the relevant budget head or £500,000, whichever is the smaller; or
- (ii) is significant in terms of its effect on communities living or working in an area comprising two or more wards (where the meaning of 'significant' is subject to any guidance to be issued by the Secretary of State and, in the absence of any such guidance, is to be interpreted as a decision which, in the view of the Leader, will have a significant effect on a significant number of people).

4.5.4 If the JSCB is to consider business which will require the taking of a key decision, that decision shall not be taken unless 28 days public notice of the intention to take a key decision has been taken. This notice is called the Forward Plan.

4.5.5 The Forward Plan shall contain the following detail insofar as the information is available or might reasonably be obtained:

- (i) that a Key Decision is to be made on behalf of the Council.
 - (ii) the matter in respect of which a decision is to be made.
 - (iii) where the decision maker is an individual, his/her name and title, if any, and where the decision maker is a body, its name and details of membership.
 - (iv) the date on which, or the period within which, the decision is to be made.
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- (v) where the decision relates to confidential or exempt information, as defined below, a statement that the decision will be made in private.
- (vi) a list of the documents submitted to the decision maker for consideration in relation to the matter.
- (vii) the address from which, subject to any prohibition or restriction on their disclosure, copies of, or extracts from, any document listed is available.
- (viii) that other documents relevant to those matters may be submitted to the decision taker.
- (ix) the procedure for requesting details of those documents (if any) as they become available.

4.5.6 There is no requirement to disclose confidential or exempt information in such a Notice.

Key decisions - general exception

- 4.5.7 If 28 days' notice of a matter likely to be a key decision has not been given then the decision may still be taken if:-
- the date by which the decision must be taken makes it impractical to defer until it has been included on a later Notice issued in accordance with the procedures at 5.4 – 5.5 above,
 - the Monitoring Officer, or if absent the Deputy Monitoring Officer, or if they are absent the Chief Executive or Section 151 Officer, has been informed of the reasons for urgency and is satisfied that the reasons satisfy the criteria for urgent decisions, and that the decision must be taken with less than 28 days' notice,
 - this Notice is available to the public at the offices of the Council and on the Council website, and
 - at least five clear days have elapsed since the Notice was given.

Key decisions - special urgency

4.5.8 If the date by which a decision must be taken means the general exception procedure at procedure 5.7 above cannot be followed, the decision can only be taken if agreement has been obtained from the Mayor that the taking of the decision is urgent and cannot be reasonably deferred. If the Mayor is absent, the Deputy Mayor shall be consulted.

4.6 Press and Public

4.6.1 The press and public shall be entitled to attend and to record or film all meetings of the JSCB, except when it is likely that confidential and / or exempt information is likely to be considered and the JSCB has resolved to exclude the press and public. Reports and other documents to be considered by the JSCB may likewise be excluded from publication. The ICB may resolve to exclude the public under its own powers.

Confidential information - requirement to exclude public

4.6.2 Confidential information means information given to the Council by a Government Department on terms which forbid its disclosure or information which cannot be publicly disclosed by Court Order.

4.6.3 The public must be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that confidential information would be disclosed.

Exempt information - discretion to exclude public

4.6.4 The public may be excluded from meetings whenever it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that exempt information, as defined below, would be disclosed.

4.6.5 In all cases, before the public is excluded the meeting must be satisfied that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

4.6.6 Where the meeting will determine any person’s civil rights or obligations, or adversely affect their possessions, Article 6 of the Human Rights Act 1998 establishes a presumption that the meeting will be held in public unless a private hearing is necessary for one of the reasons specified in Article 6.

4.6.7 Exempt information means information falling within the following categories (subject to any condition):

CATEGORY	QUALIFICATIONS / INTERPRETATION
1. Information relating to an individual.	
2. Information which is likely to reveal the identity of an individual.	
3. Information relating to the financial or business affairs of any particular person (including the authority holding the information)	<p>‘Financial or business affairs’ includes contemplated, as well as past or current, activities.</p> <p>Information is not exempt information if it is required to be registered under either the Companies Acts (as defined in the s2 of the Companies Act 2006); the Friendly Societies Act 1974; the Friendly Societies Act 1992; the Industrial and Provident Societies Acts 1965 to 1978; the Building Societies Act 1986; or the Charities Act 1993.</p> <p>“Registered” in relation to information required to be registered under the Building Societies Act 1986, means recorded in the public file of any building society (within the meaning of that Act).</p>
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in	<p>‘Labour relations matters’ are as specified in paragraphs (a) to (g) of Section 218(1) of the Trade Unions and Labour Relations (Consolidation) Act 1992, i.e. matters which may be the subject of a trade dispute within the</p>

<p>connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or officeholders under, the authority.</p>	<p>meaning of that Act, or any dispute about a matter falling within the above.</p> <p>‘Employee’ means a person employed under a contract of service.</p> <p>‘Officeholder’ means the holder of any paid office appointments which are or may be made or confirmed by the authority or by any joint board on which the authority is represented or by any person who holds any such office or is an employee of the authority.</p>
<p>5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.</p>	
<p>6. Information which reveals that the authority proposes</p> <p>(a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or</p> <p>(b) to make an order or direction under any enactment</p>	
<p>7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.</p>	

4.6.8 Information falling within any of paragraphs 1-7 above is not exempt by virtue of that paragraph if it relates to proposed development for which the local planning authority can grant itself planning permission under Regulation 3 of the Town and Country Planning General Regulations 1992.

4.6.9 There is no requirement to disclose confidential or exempt information in such a Notice.

4.6.10 If proper notice of private business has not given, the decision to hold a meeting or part of a meeting in private may still be taken if the JSCB has obtained the agreement of the Mayor (or, in the absence of the Mayor, the Deputy Mayor) that the meeting is urgent and cannot reasonably be deferred. As soon as is practicable, a notice shall be published setting out the reasons why the meeting is urgent and cannot reasonable be deferred.

Excluding the press and public

4.6.11 Where a meeting of the JSCB is to resolve to exclude the press and public, the Committee must resolve the following resolution -



“That, under section 100 (A) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the following item of business on the grounds that it involves the likely disclosure of exempt information as defined by paragraph [INSERT RELEVANT PARAGRAPH NUMBER] of Part I of Schedule 12A (as amended) to that Act in that it contains [INSERT RELEVANT TEXT CONSISTENT WITH QUOTED PARAGRAPH NUMBER]. The Public Interest test has been applied and favours exclusion”.

4.7 Quorum

4.7.1 The quorum for a meeting of the JSCB is set at two members of the JSCB Sub-Committee and a representative of the ICB.

4.7.2 If a quorum is not present at the conclusion of 15 minutes following the notified commencement time for a meeting of the JSCB, the meeting shall not be held, and business referred either -

- to a special meeting of the JSCB (if so agreed by the Chair); or
- to the next scheduled meeting of the JSCB; or
- exceptionally, direct to the Adult, Social Care and Public Health Committee and / or ICB if timescales so dictate, and such referral is agreed by both the Chief Executive of WBC and the ICB.

4.7.3 Business remaining should a meeting in progress become inquorate shall be dealt with in a similar manner.

4.8 Conflicts of Interest

4.8.1 Councillor Members of the JSCB will comply with the requirements of the Wirral Council Members' Code of Conduct as contained in the Council Constitution. It is acknowledged that the Codes of Conduct for each organisation may place different obligations on their Members, but members of the JSCB from Wirral Council must make whatever declarations of interest at meetings and take such actions as are required by law and by the Council's Members' Code of Conduct, and these shall be recorded in the minutes of the meeting.

4.8.2 For the avoidance of doubt, should a member of the JSCB declare a disclosable pecuniary interest and / or a prejudicial interest they must withdraw from the meeting room in accordance with the Members' Code of Conduct.

4.9 Voting

Exercise of powers delegated by one partner only

4.9.1 The ability to make decisions on matters that have been delegated by one partner only can be exercised and voted upon only by the Committee or duly authorised representative of the body that has delegated the power.

Exercise of powers delegated by both partners

4.9.2 If any business of the JSCB requires a formal resolution of both parties, the JSCB will revert to its constituent parts. The vote of the JSCB will be conducted as outlined in Rule 3.2 above and in accordance with the Council's Constitution, on the proviso that such decisions are taken in consultation with and in the presence of the ICB.

- 4.9.3 A member of the JSCB may require their vote or abstention on a particular matter to be recorded in the minutes of a meeting.
- 4.9.4 The intent of the JSCB shall be to seek consensus on issues. In the event of a matter being the subject of conflicting votes by the partners, the Chair of the JSCB meeting may either continue debate on the item with the purpose of seeking to achieve consensus or move to the following item of business on the agenda. Any matter left unresolved by a conflicting vote may be considered further outside the meeting and placed on the agenda for consideration at a future meeting of the JSCB.

4.10 Minutes

4.10.1 The minutes of the meeting will include

- a record of attendance, including any substitution arrangements.
- a record of any declarations of interest made and whether any Council JSCB Member(s) left the meeting due to a declared interest and at which point in the proceedings; and
- a record of the decision or recommendation, the reasons for the decision or recommendation being forwarded, and any alternative options considered and rejected at the meeting.

4.10.2 Minutes shall be published for both public and private parts of a JSCB meeting. There is no requirement to reveal confidential or exempt information within the published minutes.

4.10.3 The minutes of meetings of the JSCB shall be submitted to the Wirral Place Based Partnership Board regardless of whether or not there are decisions to note or recommendations for approval contained therein. Submission of minutes shall provide surety to the Council of the progress of the JSCB towards the agreed objectives of integrated commissioning.

4.11 Scrutiny and Audit

Decision Review

4.11.1 Article 7 in Part 2 of Wirral Council's Constitution allows for a majority of the members of the Policy and Resources Committee to request that a decision taken by one of the other Policy and Service Committees including Sub-Committees such as JSCB, or of a Key Decision taken by an officer acting under delegated authority from a committee, is reconsidered by the Policy and Resources Committee. The effect of this process is to remove delegated authority from the Committee or officer in respect of that item of business, so that the decision is nullified, allowing the Policy and Resources Committee to confirm, refer back or make the decision afresh under this procedure.

4.11.2 The decision reconsideration procedure shall not apply where the decision being taken by the JSCB is urgent. A decision will be urgent if any delay likely to be caused by the reconsideration process would seriously prejudice either the JSCB's, WBC's, ICB's or the public's interest. The record of the decision and the notice by which it is made public shall state whether, in the opinion of the JSCB, the decision is an urgent one and therefore not subject to reconsideration. The Chief Executive must agree both that the decision proposed is reasonable in all the circumstances and to it being treated as a matter of urgency. Decisions taken as a matter of urgency must be reported to the next available meeting of the Council, together with the reasons for urgency.

Audit

4.11.3 The decisions and / or activities of the JSCB Sub-Committee may be subject to review by the Council's external auditors and / or the Audit and Risk Management Committee.

Scheme of Delegation

Delegations to the Joint Strategic Commissioning Board

4.12.1 The following powers and authority to make decisions, advise upon and deal with the following matters falling within the Adult Social Care and Public Health, and Children and Families, shall lie with the JSCB Committee –

to exercise delegated authority on behalf of the Council in respect of:

(a) pooled funding arrangements with the NHS or other governmental bodies.

(b) the place-based health and care arrangements as may be provided for by legislation; and

(c) such other commissioning, strategic design quality and performance of health and care services across the Borough of Wirral, including the outcomes and quality of those services, within the terms of reference of the Adult Social Care and Public Health Committee, that the Committee may from time to time determine shall be the responsibility of the Sub-Committee.

Appendix 3

Place Director and Wirral System Chief Executive Group

Terms of Reference

1. Introduction

NHS Cheshire and Merseyside has been established to:

- 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.

NHS Cheshire and Merseyside is working with each of the nine places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Place Director and Wirral System Chief Executives Group is part of these governance arrangements within the Wirral Place.

2. Purpose

These Terms of Reference set out the membership, duties, and responsibilities of the Place Director and Wirral System Chief Executives Group. This meeting is a collaborative forum in which the Place Director (Wirral), NHS Cheshire and Merseyside, engages with senior executives from Wirral Council and NHS providers to support the delivery of Place priorities and objectives and a forum for escalating risks, both operational and strategic. The primary focus of the group will be advisory rather than decision-making.

The Place Director and Wirral System Chief Executives Group will make recommendations on escalations in relation to the delivery of strategy and commissioning plans. The meeting will support decision-making on **escalated** performance management and risk management issues to provide robust assurance to NHS Cheshire and Merseyside, Wirral Council and the Wirral Place Based Partnership Board.

3. Responsibilities / duties

The scope of the Place Director and Wirral System Chief Executives Group is to support the effective delivery of the Wirral Health and Care Plan and related work streams. The meeting will also be a forum in which the Place Director and senior executives can work together on any issue relating to health and care in Wirral that requires an integrated and collaborative response. The meeting will support the Place Director in the discharge of their duties on behalf of NHS Cheshire and Merseyside, acting as a “guiding hand” for the Wirral health and care system with the Place Director.

Overarching responsibilities

- Supporting the Wirral Place Based Partnership to work efficiently, effectively and economically, securing improvements in commissioning of care and services through integration and improved use of resources.
-

- Providing strategic leadership, management and direction of health and care services, ensuring the effective prioritisation of resources (both financial and other) at Place.
- Supporting the delivery of measurable improvements in the provision and delivery of health and care, through a range of opportunities including integration of services and joint commissioning.
- Ensuring the financial sustainability of all partners at Place, including understanding the financial recovery plans of partners.
- Making recommendations to the Wirral Place Based Partnership Board direct or, through the supporting groups about the strategic direction and priorities to be delivered at Place.
- Support NHS Cheshire and Merseyside to deliver its plans, strategies, and statutory duties within Wirral.

Other responsibilities

- Provide Place based direction (as a Category 1 responder) in the event of emergency planning, preparedness, and response, and ensure NHS Cheshire and Merseyside supports its Partners with system, and as appropriate, with borough wide planning and activity.
- Oversee NHS England and other statutory bodies assurance planning and responses as they apply to Place.
- Co-ordinate its business with the Place wide partners, as appropriate, on matters relevant to the Wirral Place Based Partnership.
- Provide a platform for system escalation and discussion.

3. Specific Duties of the Place Director and Wirral System Chief Executives meeting

Governance

The Place Director and Wirral System Chief Executives Group will:

- support the development of agendas and business for the Wirral Place Based Partnership Board.
- commission reports and audit/surveys it deems necessary to help fulfil its obligations.
- work within the Wirral Place Based Partnership governance structure.
- work with partners on the development and application of key governance, assurance and risk systems at Place.
- ensure appropriate arrangements in respect of information governance.

Risk

The Place Director and Wirral System Chief Executives Group will:

- promote good risk management and ensure effective corporate governance systems and processes are embedded across the Wirral Place Based Partnership that also promote effective partnership working and integration.
- recognise the strategic system risks as described in the Place Delivery Assurance Framework (PDAF)



4. Administration

NHS Cheshire and Merseyside will support the organisation and conduct of meetings. This will include:

- Agreement of agendas with meeting attendees and the collation of papers.
- Papers will be issued 4 working days in advance of the meeting. Tabled papers and presentations are permitted to take account of up to date and live information.
- Keeping a record of actions, key issues, matters arising and issues to be carried forward.

5. Membership & Attendance

Cheshire and Wirral Partnership NHS Foundation Trust	Chief Executive
NHS Cheshire and Merseyside	Place Director (Wirral)
Wirral Community Health and Care NHS Foundation Trust	Chief Executive
Wirral Council	Chief Executive
Wirral University Teaching Hospitals NHS Foundation Trust	Chief Executive

Notified, named deputies to support attendance and participation are encouraged. Other colleagues may be invited to the group as required to support discussions. Those in attendance may attend all or part of the meeting.

6. Meetings

Leadership

The System Chief Executives Group meetings will be Chaired by the Place Director. In the absence of the Place Director the group will select a Chair for that meeting.

Frequency

The System Chief Executives Group meetings will be held monthly. Meetings will not be open to the public. Meetings will be arranged as either face to face or virtual / digital.

The Chair, or any member via the Chair, may call an extraordinary meeting if urgent matters require input, discussion and leadership from the group. Nominated deputies, with appropriate authority, will be accepted to attend in such circumstances.

Emergency Powers & Urgent Decisions

In the case of urgent discussions and extraordinary circumstances, every attempt will be made for the group to meet virtually. Where this is not possible the most senior or appropriate decision maker may exercise their powers in line with agreed delegations.



Format

An agenda for each meeting will be agreed with the meeting members. Calls for items supporting discussion will also be made from the membership.

Advice, opinion and engagement may be sought from amongst the membership outside of the regular meetings, either as a group or on an individual basis.

7. Behaviours and Conduct

Members will be expected to conduct business in line with the NHS Cheshire and Merseyside values and objectives and the principles set out by the organisation.

Members shall behave in accordance with NHS Cheshire and Merseyside's constitution, Standing Orders, and Standards of Business Conduct Policy.

All members are required to make open and honest declarations of the interest at the commencement of each meeting or to notify the Chair of any actual, potential or perceived conflict in advance of the meeting.

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

8. Review

The Place Director and Wirral System Chief Executives Group will review its effectiveness at least annually.

These Terms of Reference will be reviewed at least annually and earlier if required.

Reviewed January 2024

Appendix 4

Terms of Reference

Quality Performance Group

Terms of Reference

1. Introduction

The Quality & Performance Group is a group of the Wirral Place Based Partnership Board and the Cheshire & Merseyside Integrated Care Board (ICB), known as NHS Cheshire and Merseyside (NHS C&M). These Terms of Reference (ToR) set out the membership, remit, responsibilities, and reporting arrangements of the group.

2. Purpose

To provide a forum where partners from across health, social care, public health and the VCSFE sector can share insight and intelligence on local quality performance including the identification of opportunities for improvement, the identification of concerns or risks to system-wide quality, and the development of relevant system responses.

The group will ensure Place and local leaders have:

- an understanding of quality performance issues at Place, and the objectives and priorities to ensure the quality, safety, experience, and effectiveness of care for local people, as delivered by local NHS providers.
- timely insight into any quality performance concerns/issues that need to be addressed, responded to and escalated to Wirral Place Based Partnership Board and/or the NHS C&M Quality and Performance Committee (including to the System Quality Group (SQG)).
- assurance that identified risks and issues are being managed and effectively addressed through the Place Delivery Assurance Framework (PDAF)
- confidence in performance against each of the performance dimensions of quality (safe, effective, person-centred, well-led, sustainable, and equitable) at Place and delivery of the agreed workplan.

3. Specific duties

- Monitor key quality performance standards and metrics (as defined at Place) across all system providers
 - Monitor any other performance issues or outcomes that may impact on or create risks to quality
 - Review evidence of provider and place-based quality performance, see examples of data in **Appendix 1** (ICB Place Performance Report).
 - Review the integrated performance reports (via Business Intelligence Portal, BIP) with a focus on quality, safety and patient experience and outcomes, and ensure appropriate accountability across the system, through joint and collaborative working
 - Provide leadership at Place in the delivery of NHS C&M's key quality priorities, including unwarranted variation and inequalities in care
 - Provide oversight and management of relevant system risks through the Place Delivery Assurance Framework (PDAF) e.g., risks relating to quality and safety and any service risks that could impact on the safe delivery of care.
-

- Share good practice and learning across the system.
- Monitor the effectiveness of quality performance management structures at Place to ensure key objectives and updates are shared consistently with the NHS C&M Board, Quality and Performance Committee, SQG and ICS leaders via the appropriate and established governance structures.
- Ensure appropriate mechanisms are in place to involve people that use services as equal partners in quality activities.
- Acknowledge the work of, and consult or advise as necessary with the FIRG, STG and Workforce Groups at Place.

4. Principal roles and responsibilities

The Quality & Performance Group Chair has principal responsibility for:

- Chairing the meetings to ensure the group achieves its overall objectives and delivers against requirements including monitoring delivery of the agreed workplan
- Providing regular reports to the Place Based Partnership Board and NHS C&M groups as required

5. Responsibility of members

All members will have a responsibility to ensure the smooth and effective operation of the group to deliver the purpose and duties outlined above, and the priorities set out in the workplan. All members will be expected to participate in discussion, review evidence and provide objective and expert input to the best of their knowledge and ability.

All members and any nominated deputies are also responsible for declaring any relevant interests in line with appropriate policy.

Management and mitigations of actual or potential conflicts will be at the discretion of the Chair and will be documented in the meeting minutes.

It is not envisaged that voting will be either necessary or encouraged.

6. Frequency

Meetings shall be held bi-monthly with a minimum of 6 per year. Administration support will be provided by an identified quality coordinator.

Papers will be distributed electronically at least 5 working days prior to the meeting. Draft minutes will be circulated within 10 working days of the meeting.

7. Openness and confidentiality

Members are required to treat documents as confidential. The status of all documents circulated will be clearly indicated.

8. Conflicts of Interest

It is expected that members act in the spirit of co-production and consensus in line with the agreed workplan and share all information relevant to the effective operation of the group in an honest, open and timely manner.

All members are required to uphold the Nolan Principles and all other relevant requirements which are applicable to them including the NHS C&M Conflicts of Interest Policy. The group will

ensure that C&M ICS and NHS England requirements and statutory guidance on the management of conflicts of interest is adhered to. In particular, the group will:

- Have regard to guidance published by NHS England in relation to the management of conflicts of interest.
- Operate within the terms of the NHS C&M Conflicts of Interest Policy
- Maintain appropriate registers of interests and a register of decisions.

9. Membership

The Chair will be the Associate Director of Quality and Safety Improvement.

All members will be expected to contribute to discussions as subject matter experts and for the benefit of the Place, not solely from a single organisation point of view.

If members cannot attend, they may send a deputy/nominated representative with appropriate authority.

Designation	Organisation
Associate Director of Quality and Safety Improvement - Chair	NHS C&M - Wirral Place
Head of Quality & Safety Improvement	NHS C&M - Wirral Place
Quality Manager	NHS C&M - Wirral Place
Clinical Director	NHS C&M - Wirral Place
Associate Director of Finance	NHS C&M - Wirral Place
Director of Public Health	Wirral Local Authority
Director of Adult Social Care	Wirral Local Authority
Director of Childrens Services	Wirral Local Authority
2 x representatives	Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector
1 x representative	HealthWatch Wirral
Senior clinical professional (x 3) from NHS provider organisations	WCHC WUTH CWP
1 x representative	Primary Care
Lay Members with Lived Experience <i>(NOTE: these members will attend according to relevant agenda items and will not count towards the quorum)</i>	

At the discretion of the Chair, other individuals may also be invited to attend meetings if relevant to the agenda.

10. Quorum

50% of members (= 7/8) are required for the meeting to be quorate including an NHS C&M representative, a representative from an NHS provider, a Local Authority representative and one representative from either VCSFE or HealthWatch.

Each member is required to attend at least 75% of meetings (4 or 5 meetings depending on frequency and a minimum of 6 per year).

11. Attendance

Each member shall nominate a deputy of appropriate seniority to attend and participate in meetings on their behalf when necessary (“Nominated Deputy”). Any nominated deputy will count towards quorum.

All members are expected to actively participate in the discussions and decision making and deputies should be fully briefed to be able to participate in discussion and given delegated authority for any decision making. Alternatively, where appropriate members’ views may be sought by email and reported verbally at the meeting.

12. Reporting

The Quality and Performance Group will report on:

- Quality control, statutory responsibilities, roles and functions to
 - Wirral Place-Based Partnership Board
 - NHS C&M Quality & Performance Committee
 - Other ICS established forums and Local Authorities, as required or determined by NHS C&M

- Quality improvement, transparency and sharing of learning to
 - the Wirral Place-Based Partnership Board
 - NHS C&M Quality & Performance Committee
 - C&M System Quality Group (SQG)

13. Review

The membership and terms of reference of the group will be reviewed annually in the first instance.

An annual effectiveness review of the group may also be undertaken.

Reviewed January 2024

Finance and Investment Group

Terms of Reference

1. Introduction

NHS Cheshire and Merseyside (NHS C & M) has been established to:

- 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

The Wirral Place Based Partnership Board has been established to support the delivery of NHS C & M objectives and to:

- To provide strategic oversight, consultation, and ownership of the Place Partnership model of delivery to achieve the objectives of the Wirral Place Partnership to improve the health and wellbeing of the Wirral population
- To utilise existing contractual frameworks and the Section 75 agreement between statutory organisations to transform the way health and care services are delivered and services are integrated
- To contribute to and be responsible for the Wirral Place Plan aligned with the Joint Health and Wellbeing Strategy

2. Purpose

The group will oversee financial delivery and provide assurance on the arrangements in place for financial control and value for money across the system.

The group will assist Wirral Place Based Partnership Board to achieve its objectives to improve the health of the Wirral population in a sustainable manner. The group will also provide strategic oversight of the financial resources of the partner organisations in the Wirral Place Partnership.

The group will support the Wirral Place Partnership financial plan, reflecting the strategic direction of the partnership and provide advice to the Place Based Partnership Board to support effective and efficient system decision making as appropriate

3. Responsibilities / duties

The group will fulfil its purpose by:

Applying the principles for financial operations and management within Wirral and through making recommendations for financial priorities including:

- Delivery of long-term system financial sustainability and year on year system balance.
- Identifying and developing risk and gain share options.
- Resource distribution and funds flow arrangements.
- Capital, investment, and digital investment priorities.
- Strategic estates considerations.

Securing assurance, oversight, and any action to ensure delivery of the financial plan.

Enabling development of a financial strategy in support of the Wirral system clinical strategy including:

- Aligning financial performance to quality and activity and workforce standards.
- Reviewing the allocation of resources to organisations taking into account the strategic objective of reducing health inequalities, improving health outcomes and supporting financial sustainability.
- Considering the road map for resource distribution across the system to support both place and provider collaboration design over the medium term.
- Identify, evaluate, and provide a regular report on financial performance against plans and other resource risk across the Partnership, including monitoring the system performance dashboard, and recommending any mitigating actions required.
- Provide oversight to the development of the Better Care Fund and Section 75 agreement, to expand in line with the place strategy.
- Monitor the performance of the collaboration agreement (Section 75) made between partners and to work with the integrated commissioning group (JHCCEG) to develop recommendations.
- Identify opportunities to shift/release resources to ensure the Wirral £ and resources of the Partnership are used effectively to further the Place Partnership Plan, using population health intelligence and horizon scanning.
- Develop and provide financial and other resource modelling information for the Wirral £ at the request of the Place Based Partnership Board in relation to the broader Place Partnership priorities.
- Evaluate and recommend decisions to be made by the Place Based Partnership Board which have a material impact on the resources of the Partnership or any Partners.
- Provide evaluation to the Place Based Partnership Board on system sustainability.
- Establish the financial framework and principles against which proposals for service change within the Partnership are developed.
- Advise on the development of mechanisms for risk/gain share amongst Place Partnership partners, taking account of financial consequences incurred by all member organisations.
- Have regard to potential impact of other financial and commissioning decisions which may have an impact on the Wirral Borough area.

The group will also advise and make recommendations to the Programme Delivery Group upon request in relation to resource and contractual implications of proposals and recommendations under discussion by the Programme Delivery Group, before the Provider Board puts any such proposals or recommendations to the Place Based Partnership Board.

4. Delegated Powers and Authority

The group will act within the authority of the NHS Cheshire and Merseyside covering the scope of its remit through regular reporting, discussions, investigation, and action.

5. Membership & Attendance

Members

- Associate Director of Finance and Performance (Wirral) - NHS C&M
 - Deputy Associate Director of Finance & Performance (Wirral) - NHS C&M
 - Director of Finance - Wirral Borough Council
 - Wirral Place Director - NHS C&M (Wirral)
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- Associate Director of Quality and Safety (Wirral) - NHS C&M
- Head of Primary Care and Partnerships (Wirral) - NHS C&M
- Head of Medicines Management
- Director of Finance - Wirral University Teaching Hospital NHS Foundation Trust
- Director of Finance - Wirral Community Health and Care NHS Foundation Trust
- Director of Business and Value - Cheshire and Wirral Partnership NHS Foundation Trust
- Director of Finance - Wider Determinants
- Nominated representatives from the VCFSE sector (2)

In attendance

The group may invite representatives from the wider system, NHS C&M, NHSE/I region or supporting staff such as secretariat, governance, performance, direct commissioning, local authority, or transformation colleagues as required to support discussions.

6. Meetings

Leadership

The Group will be chaired by the Associate Director of Finance and Performance (Wirral) – NHS C&M.

Quorum

For a meeting to quorate, at least 50% of the membership must be present.

It is not envisaged that voting will be either necessary or encouraged.

Frequency

Meetings will be held monthly with at least 10 meetings per year. On occasion it may be necessary to arrange extraordinary meetings at short notice. In these circumstances the Chair will give as much notice as possible to members

Meetings will not, usually, be open to the public and will have the ability to schedule meetings as either face to face or electronically.

Papers for the meeting will be issued ideally one week in advance of the date the meeting is due to take place and no later than 4 working days.

Format

An agenda for each meeting will be agreed with the Chair. Calls for items supporting discussion will also be made from the membership.

It is anticipated that the meeting may initially have both a business and developmental focus as it established and defines its role. Sufficient time will be allocated to items to enable full exploration of issues, constructive challenge, and reflection.

Advice, opinion, and engagement may be sought from amongst the membership outside of the regular meetings, either as a group or on an individual basis.

Reporting

The outputs of the group will be reported to the NHS C&M Finance, Investment and Resources Committee and the Wirral Place Based Partnership Board.

Meeting paperwork and content can be shared within the system finance community

7. Behaviours and Conduct

All members are required to make open and honest declarations of the interest at the commencement of each meeting or to notify the Chair of any actual, potential or perceived conflict in advance of the meeting.

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

8. Review

These terms of reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the Place Based Partnership Board for approval.

Reviewed January 2024



Strategy and Transformation Group

Terms of Reference

1. Introduction

NHS Cheshire and Merseyside (NHS C & M) has been established to:

- 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

The Wirral Place Based Partnership Board has been established to support the delivery of NHS C&M objectives and to:

- To provide strategic oversight, consultation, and ownership of the Place Partnership model of delivery to achieve the objectives of the Wirral Place Partnership to improve the health and wellbeing of the Wirral population.
- To utilise existing contractual frameworks and the Section 75 agreement between statutory organisations to transform the way health and care services are delivered and services are integrated.
- To contribute to and be responsible for the Wirral Place Plan aligned with the Joint Health and Wellbeing Strategy.

2. Purpose

The Strategy and Transformation Group (WPSTG) will support the Place Based Partnership Board (PBPB) in:

- Setting strategy and delivering long term transformational change.
- Driving high quality sustainable outcomes.
- Providing robust governance and assurance.
- Creating a compassionate and inclusive culture.
- Building trusted relationships with partners and communities.
- Leading for social justice and health equality.

The WPSTG will support the PBPB in responding to national, regional, and local priorities for health and care - the strategic intent for these being set out in guidance to the NHS and/or local authority, developed through the Wirral Health and Wellbeing Strategy and aligned with the Wirral Plan 2026.

The WPSTG will ensure that there are plans in place for ratification by the PBPB that demonstrate how strategic priorities will be delivered through clear and agreed plans. This will include an agreed Wirral Place Plan for the relevant operating year as well as agreeing delivery plans for specific areas of work or in response to additional requests.

The WPSTG will have oversight of the key transformation work programmes being undertaken in Wirral and give assurance of delivery against ICP, ICB and Wirral Place Plans to the PBPB. The Group will support the achievement of the Wirral Place Plan and key transformation programmes, and report progress, develop solutions to challenges and keep programmes of work on track for the Place Based Partnership Board.

The WPSTG should be a forum to support the development of plans and delivery approaches that allow all partners to understand the why, agree the what and when and allow for the Wirral Provider Partnership to describe and deliver the how in practice.

3. Responsibilities / duties

The WPSTG will fulfil its purpose by:

Providing a collaborative leadership forum to oversee the development of the annual plan for key transformation programmes. The plan will reflect the strategy and policy of NHS England, NHS Cheshire and Merseyside, NHS provider strategies and Wirral Council's Strategies and Wirral Plan (and making recommendations to the PBPB on their approval as required).

- Retaining a focus on health inequalities and improved outcomes.
- Ensure that the delivery of the annual plans are achieved within devolved financial allocations.
- Ensuring that it has the appropriate representation on its Group to ensure oversight of delivery of the integrated work programme to enable the achievement of the Place Plan priorities.
- Establish effective communication, engagement, and co-ordination of reporting to the PBPB, identifying progress within work streams, any key issues or risks and/or proposed changes.
- Provide oversight and management of relevant system risks through the Place Delivery Assurance Framework.
- Gain assurance on the delivery against the annual plan and the key transformational programmes. Ensuring that work streams are fully established and driven forward at pace using service improvement methodology, tools, and techniques.
- Make recommendations to the PBPB and maintain robust records of investment/spend and resultant benefit/ outcome.
- Ensure effective co-ordination between the individual transformation workstreams and the enabler work streams, to enable delivery as well as to support requests for resource/additional support from NHS Cheshire and Merseyside /other partners.
- Identify any changes required to the scope of individual work streams and/or additions to the work programme, ensuring there is sufficient aligned resources to enable delivery.

4. Delegated Powers and Authority

The Group is responsible for overseeing the delivery of key transformation work programmes and give assurance of delivery against ICP, ICB and Wirral Place Plans to the PBPB. The Group will support the achievement of the Wirral Place Health and Care Plan and key transformation programmes by;

- Making clear recommendations to the PBPB.
- Escalate issues to the PBPB.
- Produce an annual transformation plan to discharge its responsibilities
- Review the work programme and Terms of Reference of the Group annually.

The Group will act within the authority of the NHS Cheshire and Merseyside covering the scope of its remit through regular reporting, discussions, investigation and action.

5. Membership & Attendance

Members

The following roles and representatives from sectors will form the membership of the group.

Role	Organisation
Place Director (Wirral) - Chair	NHS Cheshire and Merseyside
Associate Director - Transformation and Partnerships (Wirral)	NHS Cheshire and Merseyside
Programme Director	Wirral Improvement Team
Director for Adults' Care and Health - Deputy Chair	Wirral Council
Director of Public Health	Wirral Council
Director of Children's Services	Wirral Council
Director of Strategy and Partnerships and/or Director of Operations	Cheshire and Wirral Partnership NHS Foundation Trust
Chief Strategy Officer and/or Chief Operating Officer	Wirral Community Health and Care NHS Foundation Trust
Chief Strategy Officer and/or Chief Operating Officer	Wirral University Teaching Hospital NHS Foundation Trust
Chief Executive	Healthwatch Wirral
One representative	Hospice Sector
Two nominated representatives	Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector
Four nominated representatives	Up to 4 Primary Care representatives of general practice, community dentistry, community optometry and community pharmacy.

If members cannot attend, they may send a deputy/nominated representative with appropriate authority.

In attendance

The group may invite representatives from the wider system, NHS C&M, NHSE region or supporting staff such as secretariat, governance, performance, direct commissioning, local authority, or transformation colleagues as required to support discussions.

Other representatives from Wirral Place, particularly the Senior Responsible Officers of programmes of work, will be asked to attend the meeting as appropriate to support the meeting agenda.

6. Meetings

Leadership

The Group will be chaired by the Place Director (Wirral), NHS C&M.

The Director for Adults' Care and Health will act as deputy.

Quorum

The quorum shall be at least the Chair (or Deputy Chair), plus representatives from two NHS organisations, one from the VCSFE sector, two from primary care and one from Local Authority. At least one representative of NHS Cheshire and Merseyside should be present for the meeting to be quorate.

If a deputy is representing a member of the Group, that individual will be expected to be able to agree recommendations to the PBPB on behalf of the formal member.

Each organisation is required to send representation to at least 75% of meetings (9 or 7 meetings depending on frequency) per annum to ensure adequate representation to the Group.

Other representation/stakeholders may be invited to attend by the Chair either on a standing basis or as and when required according to the needs of the Group.

It is not envisaged that voting will be either necessary or encouraged.

Frequency

Meetings will be held monthly with at least 10 meetings per year. At certain times of year, for example for winter planning or to produce annual strategies and plans as required by NHS C&M, the Group may meet fortnightly. On occasion it may be necessary to arrange extraordinary meetings at short notice. In these circumstances the Chair will give as much notice as possible to members.

Meetings will not, usually, be open to the public and will have the ability to schedule meetings as either face to face or virtual / digital.

Papers for the meeting will be issued ideally one week in advance of the date the meeting is due to take place and no later than 5 working days.

Format

An agenda for each meeting will be agreed with the Chair. Calls for items supporting discussion will also be made from the membership.

It is anticipated that the meeting may initially have both a business and developmental focus as it established and defines its role. Sufficient time will be allocated to items to enable full exploration of issues, constructive challenge, and reflection.

Advice, opinion, and engagement may be sought from the membership outside of regular meetings, either as a group or on an individual basis.

Reporting

The outputs of the group will be reported to the Wirral Place Based Partnership Board via a Chair's Report.

7. Behaviours and Conduct

All members are required to make open and honest declarations of the interest at the commencement of each meeting or to notify the Chair of any actual, potential, or perceived conflict in advance of the meeting.

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

8. Review

These Terms of Reference and membership will be reviewed at least annually and earlier if required. Where people are nominated on behalf of primary care or the VCFSE this will also be reviewed at the same time. Any proposed amendments to the Terms of Reference will be submitted to the Place Based Partnership Board for approval.

Reviewed January 2024



Workforce Group

Terms of Reference

1. Introduction

NHS Cheshire and Merseyside (NHS C & M) has been established to:

- 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.

The Wirral Place Based Partnership Board has been established to support the delivery of NHS C & M objectives and:

- To provide strategic oversight, consultation, and ownership of the Place Partnership model of delivery to achieve the objectives of the Wirral Place Partnership to improve the health and wellbeing of the Wirral population.
- To utilise existing contractual frameworks and the Section 75 agreement between statutory organisations to transform the way health and care services are delivered and services are integrated.
- To contribute to and be responsible for the Wirral Place Plan aligned with the Joint Health and Wellbeing Strategy.

2. Purpose

The Workforce group will oversee the delivery of Place level programmes designed to deliver an effective workforce that will support Wirral Place to achieve the best outcomes for Wirral residents and provide assurance on the arrangements in place for monitoring and control of this programme.

The group will assist Wirral Place Based Partnership Board to achieve its objectives to improve the health and wellbeing of the Wirral population through integrated and collaborative approaches across Wirral Anchor Institutions and wider partnerships. The group will also seek to share learning with the wider Liverpool City region, Cheshire and Merseyside and beyond.

The group will support the Wirral Place Partnership health and care plan, reflecting the strategic direction of the partnership and provide advice to the Place Based Partnership Board to support effective and efficient system decision making as appropriate.

The key strategic outcome will be the establishment and implementation of a Wirral People Strategy and Delivery Plan, that recognises and addresses the role and contribution of the formal and informal workforce, volunteers and carers to improving health and care outcomes across the Wirral system and ensures Wirral Place has the right people to provide the right support and care in the right place at the right time.

3. Responsibilities / duties

The group will fulfil its purpose by:

Applying the principles of sound programme management, monitoring and control, in order to

clearly identify, track and deliver programme benefits and through making recommendations for place strategic workforce priorities.

- Understand the Wirral Place Workforce through a comprehensive workforce capacity and capability analysis, identifying key workforce pressures and gaps.
- Explore opportunities to create a flexible workforce for Wirral Place that can respond to current and future needs.
- Create a Skills and development offer that spans the entire Career Pathway, including apprenticeships.
- Create workforce opportunities that address employment inequalities, embrace diversity, inclusion and encourage new pathways into employment, including volunteering.
- Develop and promote the Health, Care and VCFSE workplaces as somewhere people want to work and stay.
- Work closely with the wider Health and Care Programme leads to identify workforce priorities and strategic workforce redesign considerations.
- Identify opportunities to align resources to maximise place performance in regard to workforce strategies
- Champion and share good practice across Wirral Place and the wider system.

Securing assurance, oversight, and any action to ensure delivery of the identified programmes within the health and care plan.

Consider local, regional and national intelligence to ensure effective synergy between place and wider initiatives that impact on workforce strategy.

Enabling development of effective workforce strategies that support the Wirral system clinical strategy including:

- Reviewing the use of workforce in support of the strategic objective to reduce health inequalities, improve health outcomes and support financial sustainability.
- Identify opportunities to effectively use Place resources to further the Place Partnership Plan, using population health intelligence and horizon scanning.
- Evaluate and recommend decisions to be made by the Place Based Partnership Board which have a material impact on the resources of the Partnership or any Partners.
- Have regard to potential impact of other workforce, employment, financial, capital and commissioning decisions which may have an impact on the Wirral Borough area and the wider Cheshire and Merseyside Integrated Care System.

The group will also advise and make recommendations to the Strategy and Transformation group upon request in relation to resource and contractual implications of proposals and recommendations under discussion to support any such proposals or recommendations to the Place Based Partnership Board.

4. Delegated Powers and Authority

The group will act within the authority of the Wirral Place Based Partnership Board covering the scope of its remit through regular reporting, discussions, investigation, and action.

5. Membership & Attendance

Members

- Chief People Officer - Wirral University Teaching Hospital NHS Foundation Trust (Chair)
- Chief People Officer - Wirral Community Health and Care NHS Foundation Trust
- Chief People Officer - Cheshire and Wirral Partnership NHS Foundation Trust
- Lead People Officer Wirral Borough Council
- Nominated Representative from VCFSE Sector
- Wirral Public Health Lead
- Professional Lead for Adult Social Care
- Clinical Director Wirral PCN's/ Primary Care Workforce Lead
- Programme Director Wirral Improvement Team
- Head of Primary Care and Partnerships (Wirral) - NHS C&M

In attendance

The group may invite representatives from the wider system, NHS C&M, NHSE region or supporting staff such as secretariat, governance, performance, direct commissioning, local authority, or transformation colleagues as required to support discussions.

6. Meetings

Leadership

The Group will be chaired by the Chief People Officer (Wirral University Teaching Hospitals NHS Foundation Trust).

Quorum

For a meeting to be quorate, at least 50% of the membership organisations must be represented.

It is not envisaged that voting will be either necessary or encouraged.

Frequency

Meetings will be held monthly with at least 10 meetings per year. On occasion it may be necessary to arrange extraordinary meetings at short notice. In these circumstances the Chair will give as much notice as possible to members

Meetings will not, usually, be open to the public and will be held either face to face or virtually.

Papers for the meeting will be issued ideally one week in advance of the date the meeting is due to take place and no later than 4 working days prior.

Format

An agenda for each meeting will be agreed with the Chair. Calls for items supporting discussion will also be sought from the membership.

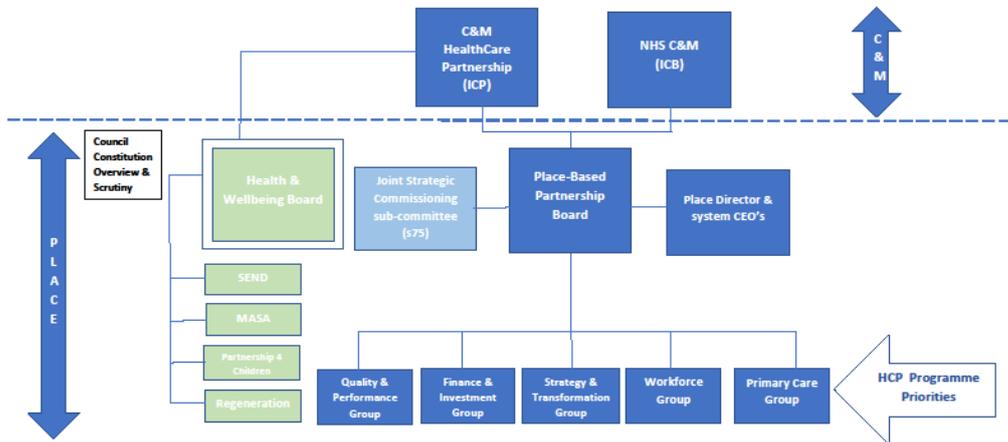
It is anticipated that the meeting may initially have both a business and developmental focus as it establishes and defines its role. Sufficient time will be allocated to items to enable full exploration of issues, constructive challenge, and reflection.



Advice, opinion, and engagement may be sought from amongst the membership outside of the regular meetings, either as a group or on an individual basis.

Reporting

Accountability and reporting of the Workforce Group is established within the Wirral Place Governance Manual and summarised in the figure below. Accordingly, the outputs of the group will be reported to the Wirral Place Based Partnership Board.



Meeting paperwork and content can be shared within the system workforce, strategy and transformation community.

7. Behaviours and Conduct

All members are required to make open and honest declarations of interest at the commencement of each meeting or to notify the Chair of any actual, potential or perceived conflict in advance of the meeting.

All members are required to uphold the Nolan Principles and all other relevant Code of Conduct requirements.

8. Review

These terms of reference will be reviewed annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the Place Based Partnership Board for approval.

Reviewed January 2024

Primary Care Group

Terms of Reference

1. Introduction

NHS Cheshire and Merseyside (NHS C&M) has established a committee to oversee the NHS C & M's exercise of its statutory powers relating to the provision of primary medical services under the NHS Act 2006, as amended by the Health and Care Act 2022.

2. Purpose

NHS C&M has established a series of Primary Care Groups nine of which sit within place-based arrangements, the tenth being a C&M System-wide Primary Care Committee with oversight of the full Cheshire & Merseyside area to function as the corporate decision-making forum for the management of the delegated functions and the exercise of the delegated powers.

These Terms of Reference (ToR) relate to the Wirral Place Primary Care Group.

3. Statutory Framework

The Health and Care Act 2022 amends the NHS Act 2006 by inserting the following provisions:

13YB Directions in respect of functions relating to provision of services

- (1) *NHS England may by direction provide for any of its relevant functions to be exercised by one or more integrated care boards.*
- (2) *In this section "relevant function" means*
 - (a) *any function of NHS England under section 3B(1) (commissioning functions);*
 - (b) *any function of NHS England, not within paragraph (a), that relates to the provision of*
 - (i) *primary medical services,*
 - (ii) *primary dental services,*
 - (iii) *primary ophthalmic services, or*
 - (iv) *services that may be provided as pharmaceutical services, or as local pharmaceutical services, under Part 7;*
 - (c) *any function of NHS England by virtue of section 7A or 7B (exercise of Secretary of State's public health functions);*
 - (d) *any other functions of NHS England so far as exercisable in connection with any functions within paragraphs (a) to (c).*

82B Duty of integrated care boards to arrange primary medical services

- (1) *Each integrated care board must exercise its powers so as to secure the provision of primary medical services to such extent as it considers necessary to meet the reasonable requirements of the persons for whom it has responsibility.*
-

(2) *For the purposes of this section an integrated care board has responsibility for (a) the group of people for whom it has core responsibility (see section 14Z31), and (b) such other people as may be prescribed (whether generally or in relation to a prescribed service).*

In exercising its functions, NHS C&M must comply with the statutory duties set out in the NHS Act, as amended by the Health and Care Act 2022, including:

- Having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 1989 and section 14Z32 of the 2009 Act);
- Exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act);
- section 14Z34 (improvement in quality of services),
- section 14Z35 (reducing inequalities),
- section 14Z38 (obtaining appropriate advice),
 - a. section 14Z40 (duty in respect of research),
 - b. section 14Z43 (duty to have regard to effect of decisions)
 - c. section 14Z44 (public involvement and consultation),
 - d. sections 223GB to 223N (financial duties), and
 - e. section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

In addition, NHS C&M will follow the Procurement, Patient Choice and Competition (No.2) Regulations 2013 and any subsequent procurement legislation that applies to NHS C&M as the Integrated Care Board (ICB).

4. Delegated Powers and Authority - Role of the Group

The Wirral Place Primary Care Group is established as a Group of NHS C&M in accordance with the NHS Act 2006, as amended by the Health and Care Act 2022, and is subject to any directions made by NHS England or by the Secretary of State.

The group has been established in accordance with the above statutory provisions to enable the effective review, planning and procurement of primary care services in relation to GP primary medical services and community pharmacy at a local level across the nine identified places of Cheshire & Merseyside – under delegated authority from NHS England.

In performing its role, the group will exercise its management of the functions in accordance with the agreement entered into between NHS C&M and NHS England. The agreement will sit alongside the delegation and terms of reference in accordance with the NHS C&M constitution.

The functions of the Group are undertaken in line with NHS C&M's desire to promote increased co-commissioning to increase quality, efficiency, productivity, and value for money and to remove administrative barriers.

5. Commissioning of Primary Medical Services

The role of the group shall be to oversee the functions relating to the commissioning of primary medical services under section 82B of the NHS Act 2006 in relation to GP primary medical services and community pharmacy - at a Place level. This includes the following:

- Management of General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts, including the design of PMS and APMS contracts, monitoring of contracts sat within its Place, and recommending material action to the System Primary Care Committee on some areas e.g., removing a contract.
- Making recommendations to the System Primary Care Committee or making a decision on whether to establish new GP practices in an area.
- Approving practice mergers, branch closures, list closures and parties to contract changes.
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes) where referred to Place by NHS C&M.
- To manage the place-delegated budget for commissioning of primary care services.
- Ensure the delivery of NHS C&M Primary Care strategy including implementing the GP Forward View through robust contractual arrangements with general practices and appropriate developmental support.
- To review and propose service specifications and contractual proposals within a framework provided by the ICB for commissioned services from primary care providers within its Place.
- Support Primary Care Networks (PCNs) at Place to co-ordinate a common approach to the commissioning and delivery of primary care services.
- Any other contractual issues above not listed but detailed in the National Primary Medical Care Policy and Guidance Manual (link below).

<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

6. Commissioning of Community Pharmacy - To be confirmed

7. Additional responsibilities

The Wirral Place Primary Care Group may also carry out the following activities depending on local place governance:

- Support Primary Care development including:
 - development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships and support General Practice relationship management.
 - Workforce, resilience, and sustainability.
 - Maximisation of GP Contract opportunities such as ARRS (Additional roles) and QOF outcomes
- Development of an integrated Estates programme at local level using flexibilities available through PCN arrangements, mixed estates with other partners, premises Improvement Grants and capital investment monies.
- To plan, including needs assessment, for primary care services within its place and to support, where required, System planning at scale for primary care.
- To undertake risk reviews of primary care services within its Place.
- To ensure contract proposals achieve health improvement and value for money both at Place and in-line with C&M wider strategy.
- To oversee quality and safety of primary care services delivered at place – providing regular assurance reporting to the NHS C&M System Primary Care Committee and ICB Quality and Performance Committee.

- Quality Improvement support where identified (e.g., improvement plans following Care Quality Commission (CQC) visits or GMS or PMS Contract reviews)
- Ensure that conflicts of interest have been mitigated in line with the NHS C&M Conflicts of Interest Policy and relevant national guidance, and all actions/ decisions involving consultation with committee members, its attendees or GPs in attendance or involved in discussion / the development of proposals will record any declarations of interest.
- Design of Local Enhanced Services (LES) and Local Improvement Schemes and Quality Outcomes Framework (QOF) type frameworks.
- Performance monitoring, providing assurance, on above schemes and services, and compliance to and through the NHS C&M System Primary Care Committee to NHSE/I; escalating issues to the NHS C&M System Primary Care Committee as may be required by legislation and/or delegation on the above local schemes if applicable.

The Group will operate in accordance with its delegated authority from the NHS C&M System Primary Care Committee and make decisions within the bounds of its remit. The decisions of the Group shall be binding on NHS England and NHS C&M.

For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the Delegation will prevail.

8. Sub-groups

The Group may establish sub-groups/working groups to support its agreed functions; this can include co-opting members from other organisations/stakeholders and other external bodies in an advisory role. The Group will receive and consider recommendations and proposals from the sub-groups while fulfilling its functions.

A report from each of the above sub-groups will be a standing item on every meeting agenda for the Group.

9. Risk Management

The Group will ensure the appropriate identification and management of place level primary care related corporate risks and relevant Place delivery strategic risks as per NHS C&M Risk Management Strategy.

The group will act within the authority of NHS C&M covering the scope of its remit through regular reporting, discussions, investigation, and action.

10. Membership and Attendance

Members

- Place Director (Wirral) - NHS C&M.
 - Associate Director of Finance & Performance (Wirral) - NHS C&M.
 - Associate Director of Quality and Safety (Wirral) - NHS C&M.
 - Associate Director of Transformation and Partnerships (Wirral) - NHS C&M.
 - Head of Primary Care & Partnerships (Wirral) - NHS C&M.
 - Local Authority officer representative - Wirral Council.
-

- Primary Care representative(s) from Place-based Partnership Board.
- Two representatives from the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, one of whom shall be the **Chair** of the Group.

In attendance by invitation:

- Healthwatch nominated representative.
- Local Representative Committee nominations (General Practice, Dentistry, Community Pharmacy, Community Optometry).
- Other partners as required.

All Group members may appoint a deputy to represent them at meetings of the Group. Group members should inform the Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).

The Group may also request attendance by appropriate individuals to present agenda items and/or advise the Group on particular issues.

Attendees

Only members of the group have the right to attend group meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Group.

Meetings of the group may also be attended by the following individuals who are not members of the Group for all or part of a meeting as and when appropriate. Such attendees will not be eligible to vote.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

In attendance

The group may invite representatives from the wider system, NHS C&M, ICS, NHSE/I region or supporting staff such as secretariat, governance, performance, direct commissioning, local authority, or other colleagues as required to support discussions.

Meetings

The Group will normally meet in private. The Chair, in consultation with the Place Director, may agree to convene a meeting of the group in public where it meets criteria agreed with the ICB relating to public scrutiny of any proposed service changes.

The group will normally meet six times each year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

NHS C&M, the System Primary Care Committee Chair, Group Chair, NHS C&M Chief Executive or Place Director may ask the group to convene further meetings to discuss particular issues on which they want advice.

In accordance with the Standing Orders, the Group may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Leadership

The Group will be chaired by a representative from the VCFSE sector.

11. Quorum

A meeting of the group is quorate if the following are present:

- At least five group members in total.
- At least one “independent” or system Partner
- At least one Clinical Member
- At least two NHS C&M Directors / Associate Directors (or their nominated deputies).

If regular members are not able to attend, they should make arrangements for a representative to attend and act on their behalf.

12. Decision-making and voting

Decisions should be taken in accordance with the financial delegation of the Executive Directors and directors present and/or any authority delegated to the committee by NHS C&M.

These Terms of Reference will be reviewed against NHS C&M’s Scheme of Reservation and Delegation once that document is formally approved by NHS C&M.

The group will usually make decisions by consensus. Where this is not possible, the Chair may call a vote.

Only voting members, as identified in the ‘membership’ section of these terms of reference, may cast a vote.

A person attending a meeting as a representative of a group member shall have the same right to vote as the group member they are representing.

In accordance with NHS C&M policy, no member (or representative) with a conflict of interest in an item of business will be allowed to vote on that item.

Where there is a split vote, with no clear majority, the Chair will have the casting vote.

13. Administrative Support

The group shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant lead officer.
 - Records of members’ appointments and renewal dates are retained, and the Group is prompted to renew membership and identify new members where necessary.
 - Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
 - The Chair is supported to prepare and deliver reports to the Group.
 - The Group is updated on pertinent issues/ areas of interest/ policy developments and action points are taken forward between meetings.
-

14. Accountability and Reporting Arrangements

The group is accountable to the NHS C&M System Primary Care Committee and shall report to the System Primary Care Committee on how it discharges its responsibilities.

The draft minutes of the meetings shall be formally recorded by the secretary and submitted to the group within 7-10 working days of the meeting.

The group will submit copies of its minutes and a key issues report to the System Primary Care Committee following each of its meetings. The group will also receive an equivalent report from the System Primary Care Committee.

The group may also provide ratified minutes and reports to other key groups within place – such as the Health and Wellbeing Board - as it deems appropriate.

The Group will provide the System Primary Care Committee with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

The outputs of the group may be reported to NHSE/I supporting assurance, awareness, and interaction though the main channel of communication with NHSE/I will be the NHS C&M System Primary Care Committee.

15. Behaviours and Conduct

Members will be expected to conduct business in line with the NHS C&M values and objectives and the principles set out by NHS C&M.

Members of, and those attending, the group shall behave in accordance with the NHS C&M's Constitution, Standing Orders, and Standards of Business Conduct Policy.

All members shall comply with NHS C&M's Managing Conflicts of Interest Policy at all times. In accordance with NHS C&M's policy on Managing Conflicts of Interest, members should:

- Inform the Chair of any interests they hold which relate to the business of the group.
- Inform the Chair of any previously agreed treatment of the potential conflict / conflict of interest.
- Abide by the chair's ruling on the treatment of conflicts / potential conflicts of interest in relation to ongoing involvement in the work of the Group.
- Inform the Chair of any conflicts / potential conflicts of interest in any item of business to be discussed at a meeting. This should be done in advance of the meeting wherever possible.
- Declare conflicts / potential conflicts of interest in any item of business to be discussed at a meeting under the standing "declaration of interest" item.
- Abide by the Chair's decision on appropriate treatment of a conflicts / potential conflict of interest in any business to be discussed at a meeting.

As well as complying with requirements around declaring and managing potential conflicts of interest, members should:

- Comply with NHS C&M's policies on standards of business conduct which include upholding the Nolan Principles of Public Life.
 - Attend meetings, having read all papers beforehand.
 - Arrange an appropriate deputy to attend on their behalf, if necessary.
 - Act as 'champions', disseminating information and good practice as appropriate.
-

- Comply with the ICBs' administrative arrangements to support the Group around identifying agenda items for discussion, the submission of reports etc.

Equality diversity and inclusion

Members must demonstrably consider the equality, diversity, and inclusion implications of decisions they make.

16. Monitoring Effectiveness and Compliance with the Terms of Reference

The Group will review its effectiveness at least annually.

17. Review of the Terms of Reference

These Terms of Reference will be reviewed at least annually and earlier if required. Any proposed amendments will be submitted to the Group for approval.

Appendix 6 Templates

Place Based Partnership Board

Agenda

(There will be a separate pre-meeting with a separate agenda circulated)

Meeting	Wirral Placed Based Partnership Board
Date	
Time	
Location	

Agenda Item	Lead	Presenter
1. Welcome and Apologies for Absence	Chair	
2. Declarations of Interest	Chair	
3. Minutes of Previous Meeting	Chair	
4. Action Log	Chair	

Operational Oversight and Assurance

- | | | |
|---|-------|--|
| 5. Chair's Business and Strategic Issues
- Verbal | Chair | |
| 6. Board Assurance Reports | | |
| 9.1) Quality and Performance
Dashboard | | |
| 9.2) Finance Report | | |
| 9.3) Board Assurance Report and
Risk | | |
| 9.4) Programme Dashboard | | |

Items for Discussion and Decision

- | | | |
|----------|--|--|
| 7. Items | | |
|----------|--|--|

Items for Information

- | | | |
|-----------------------------|------------------|--|
| 8. Committee Chairs Reports | Committee Chairs | |
|-----------------------------|------------------|--|
-

- Primary Care
- Quality Performance
- Strategy and Transformation
- Finance and Performance
- Resources



Closing Business

- | | |
|------------------------------|-------|
| 9. Questions from the Public | Chair |
| 10. Any other Business | Chair |

Date and Time of Next Meeting

Date

NOTE: The JCSB will carry a separate agenda to the WPBPB but will meet on the same day.



Sub-Groups

Agenda

Meeting	
Date	
Time	
Location	

Agenda Item	Lead	Presenter
1. Welcome and Apologies for Absence	Chair	
2. Declarations of Interest	Chair	
3. Minutes of Previous Meeting	Chair	
4. Action Log	Chair	

Operational Oversight and Assurance

5. Chair's Business and Strategic Issues
Verbal Chair
6. Assurance Reports

Items for Discussion and Decision

7. Items

Items for Information

8. Items

Risk

Any new risks identified to be added to the relevant risk register
Any risks to be escalated to the PBPB (via the Chair's report)

Closing Business

9. Agreement of actions and decisions
Any other Business Chair

Date and Time of Next Meeting

Date

Title	(Insert title of the report – it should match the agenda)
Area Lead	(Insert Name, Job Title)
Author	(Insert Name, Job Title)
Report for	

<p>Report Purpose and Recommendations</p> <p>The purpose of this report is to provide.....</p> <p>(Insert a high-level summary of why this report is presented and what it asking for, e.g. approval, noting, etc.)</p> <p>It is recommended that the Group/Board/Committee (delete as appropriate):</p> <ul style="list-style-type: none"> (Insert the recommendations that will be reflected in the minute)

<p>Key Risks</p> <p>This report relates to these key Risks:</p> <ul style="list-style-type: none"> (Insert high level risks – link to risk register where possible. Consider which risks are most impacted by this report, and/or which risks this report mitigates. Further detail of controls and mitigations should be included in the “implications” section.)
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Governance journey			
Date	Forum	Report Title	Purpose/Decision
	(Insert where the report has been)		(Insert brief indication of what the report required)

1	Narrative
1.1	<p>(Insert Sub-Heading)</p> <p>(Insert ...</p> <p>What is the background narrative of the report? Where did it come from and why is it here?</p> <p>Consider what this forum has already seen (above) and ensure they have enough information in order to fully understand what is being requested. Have other Boards or Committees reviewed or scrutinised this information, and what were their conclusions/recommendations?</p> <p>What’s the timescale involved, if any?</p> <p>What is the decision requested, or what is to be noted? What will need to be changed, implemented, or stopped?</p>

1.2	(Insert further rows for additional sub headings as needed)
1.3	(Insert further rows for additional sub headings as needed)
1.4	(Insert further rows for additional sub headings as needed)

2	Implications
2.1	<p>(Insert Sub Heading) (Insert ... Link to the risk assessment on the first page – how does this link to or impact the Risk Register?</p> <p>Consider the risk involved</p> <ul style="list-style-type: none"> - What is the risk if we do this? Consider operational, safety, financial, reputational, current and future risks - What if we don't do this? - Are there are risks that would be increased or decreased as a result of this proposal? What mitigations and controls are in place around these and what needs to be implemented? Do these controls require further cost? <p>Consider the financial implications</p> <ul style="list-style-type: none"> - What impact will this have on budget? What other financial implications could this have? - What implications would this have on the Business Plan and is further stress testing required? <p>How will it be monitored?</p> <p>Consider the regulatory perspective</p> <ul style="list-style-type: none"> - Which regulatory entity will this impact - Is regulatory engagement required and what are the timescales for this?
2.2	(Insert further rows for additional sub headings as needed)

3	Conclusion
3.1	<p>(Insert ... What are the next steps? Where/when does the next approval take place? Is there any further assessment or process that needs to take place if this approval goes ahead?)</p>

Author	(Insert Name, Job Title)
Contact Number	(Insert)
Email	(Insert)



Template Minutes Format

Meeting	
Date	
Location	

Members present:

(insert initials) (insert name) (insert job title)
(insert further rows as needed)

In attendance:

Agenda Item	Minutes	Action
(insert item No)	(insert further rows as needed for each agenda item)	(insert name or initials)

(The meeting closed at TBC.)



Template Action Plan

Action Log
Forum
Date

No.	Date of Meeting	Minute Ref	Action	By Whom	Action status	Due Date
1.						
2.						
3.						
4.						



Template Sub-Group Chairs Update

Meeting Name
Date

Item No

Report Title	
Author	

Overview of Assurances Received

- (Give a short outline of key assurance received by the meeting, i.e. year end reports, ongoing risk mitigation/controls, performance management...)

New/Emerging Risks

- (Give a short outline of any new or emerging risks identified by the meeting)
- (Highlight mitigations/controls if considered by the meeting.)

Items for Escalation/Action

- (What assurances have the meeting requested from staff or other Committees?)
- (What items did the Committee feel should be escalated? What is the context around this and what timescales are involved)

Other comments from the Chair

- (Anything further to note, i.e. any next steps, upcoming activity, etc)

