Issues for Consideration

1. Is Cheshire & Merseyside the right footprint? Is it a 'done deal'?

2. Should each local Authority 'place' be represented in future governance arrangements for the Cheshire and Merseyside Integrated Care System? There are different political views about whether politicians should be implicated in C&MHCP decision making (as there are some tricky decisions ahead) or should the political role be to scrutinise them.

3. What would be the role for the Health and Wellbeing Board in each Place? Formal recognition of Health and Wellbeing Boards as the strategic decision-making body for Integrated Care Partnerships in each place, given they are best positioned to support improved outcomes in the wider determinants of population health.

4. What would be the arrangements for the democratic scrutiny of health and social care provision both at Place and 'at scale' across the Cheshire and Merseyside footprint?

5. How the proposal for a single ICS and ICPs for Cheshire and Merseyside would impact on the **commissioning and delivery of health and social care provision** at Place and 'at scale' across the Cheshire and Merseyside footprint.

6. How the proposal for a single ICS and ICPs for Cheshire and Merseyside would impact on the **funding of health and social care provision** at Place and 'at scale' across the Cheshire and Merseyside footprint.

7. How the proposal for a single ICS and ICPs for Cheshire and Merseyside would impact on the **quality of health and social care provision** at Place and 'at scale' across the Cheshire and Merseyside footprint.

8. How the proposal for a single ICS and ICPs for Cheshire and Merseyside would impact on the **clinical robustness of health and social care provision** at Place and 'at scale' across the Cheshire and Merseyside footprint.

9. Formal assurance that budgets will be devolved to place; and that residual budgets retained at Cheshire and Merseyside level will be agreed in advance by each place.

10. Seek reassurance that the delivery of health & social care services will be closest to home wherever possible and only at scale where this is more appropriate.

11. How does the system structure encourage the shift away from spending money on fixing sick people to keeping them well? Increased focus on prevention and population health.

12. How/will the system structure encourage community provision rather than expensive acute provision?

13. Is there a role for expanded s75 agreements in each Place (children's, adult's and public health together with out of hospital NHS)?

14. Legislative barriers to change – 2022 looks, very ambitious … is the legislation ready to go (and where do foundation trusts exist in this)?

15. What about facilities like major trauma centres? Walton Centre? Alder Hey - is there a NW or NHSE residual role?

16. Greater involvement of social care (Adult and CYP) to achieve a whole system approach to wellness, health and social care.