

## Annex one

### Summary of actions, commitments or offers from the Partnership

Further to discussions at the Partnership Board on 27 January 2021 the below sets out how a number of important matters will be developed as the Partnership matures as an emerging ICS primarily relating to engagement, development or interactions across Cheshire and Merseyside.

The areas detailed are not included in the MoU because this is either not the right place for such matters to be recorded, as work needs to take place across the partnership in some areas, or because we are not yet sufficiently clear on the statutory frameworks we may have to work within.

Accordingly a number of areas of work will be initiated by the Partnerships' executive, alongside partners, as follows:

1. The Partnership's Development Plan through 2021/22 will include work to define, develop and explore implementation of:
  - ICS Architecture: Assurance & Transformation which may include further development of mutual accountability in practice in Cheshire and Merseyside
  - System governance
  - A refreshed approach to programme delivery – including a focus on outcomes and clarity of objectives
  - Consistent ambition and progress in Place / ICP Development
  - Leadership Capacity & Capability – ensuring leadership across all areas of vertical and horizontal integration and developing and embedding assurance capability
  - Streamlined Commissioning – Establishing a fully functioning JCCCG and the expected integration between collaboratives and the Partnership
  - System Plans – Maximising alignment between place and system plans. Ensuring critical enabling infrastructure plans are well developed in areas such as Estates, Capital and Digital
  - Provider collaboratives – Delivering our roadmap for establishment of provider collaboratives detailing the purpose, form, leadership and governance requirements
  - Partnership working and collaboration (especially with local government colleagues)
  - HCP communications and engagement
  - Delivering NHS performance and assurance oversight

- Workforce Transformation and Planning
2. Development of terms of reference, for HCP groups or forums, which will provide more clarity on their interrelationship and accountabilities. This piece of work will include the redefinition of the role of the Partnership Coordination Group no later than August 2021
  3. That definitions and arrangements for clinical leadership in new systems and ways of working form an early piece of work to be considered by both the emerging Provider Collaborative and our ICP Forum
  4. That our ICP Forum consider whether any specific measures or steps are needed to maximise the role, value and contribution of Health and Wellbeing Boards, consistently, in our systems
  5. That a number of related potential roles or expectations for ICP or Places be explored via our ICP Forum or ICP's themselves:
    - Use and applicability of VCS Compact
    - How place delegations will be exercised / granted and how escalations should occur to the Partnership Board. In keeping with a response to our engagement we recognise the outcome of this work will likely have an influence on who and which organisations need to be represented in which forums and groups
  6. That discussions continue with partners on the basis of developing a Political Assembly a part of the Partnership's established governance
  7. The Partnership has formally recorded a number of legitimate queries and areas requiring exploration on how statutory arrangements and interlinkages might work in future – while we can discuss this and like issues we recognise we may only fully know the requirements we will need to work toward when and if legislation is brought forward. The same position is true around how and when an ICS, once established, might be required to trigger action plans or manage any disputes.