Calderdale MBC		
Wards Affected	All	
Cabinet	14 February 2022	

CALDERDALE CARES PARTNERSHIP AGREEMENT

Report of the Director for Adult Services and Wellbeing

1. Purpose of Report

1.1 The purpose of this report is to share the Calderdale Cares Partnership Agreement (the Agreement), which sets out the ways in which health and care partners in Calderdale are committing to work together for the benefit of Calderdale's population. Signatory partners – including the Council – are being asked to approve the Agreement and to recommend that the Agreement is finalised and shared with the Health and Wellbeing Board for ratification.

2. Need for a decision

2.1 The Agreement, though not binding, sets out how the Council is agreeing to continue working with other health and care organisations in Calderdale for the benefit of Calderdale's population.

3. Recommendation

- 3.1 Cabinet is asked to:
 - 3.1.1 Approve the contents of the Calderdale Cares Partnership Agreement.
 - 3.1.2 Recommend that the Calderdale Cares Partnership Agreement is finalised and shared with the Health and Wellbeing Board for ratification.

4. Background and/or details

4.1 Background

- 4.1.1 Calderdale Cares began in 2018 as the Calderdale place-based model for integrated health, care and wellbeing. At the heart of Calderdale Cares were the principles of better wellbeing for all, harnessing the strengths of people and communities, seamless services for those that need help, and partners working collaboratively to make that all happen.
- 4.1.2 The aim was to create strong collaboration across Calderdale where organisations, including the NHS, Calderdale Council and the voluntary and community sector work together and share resources to deliver a range of support to meet each person's individual needs, within their own community.
- 4.1.3 Since the inception of Calderdale Cares collaborative working has continued to progress, further accelerated by organisations' joint response to the Covid-19 pandemic.
- 4.1.4 In February 2021 the Department of Health and Social Care published a white paper which set out intentions to establish statutory integrated care systems. In doing so the white paper emphasised the need for place-based collaboration between the NHS, local government and wider key partners such as the voluntary and community sector.
- 4.1.5 In response to the white paper each place within the West Yorkshire Health and Care Partnership is further developing their place-based partnership. In Calderdale it is recognised that what this requires is an evolution of the original Calderdale Cares concept, building on the strong foundations already developed and moving forwards as the Calderdale Cares Partnership.
- 4.1.6 The Calderdale Cares Partnership is rooted in local knowledge, shifts in power, distributed leadership, and most importantly its innate values and behaviours of kindness and resilience. As a place Calderdale has strong relationships across its Partnership and with its people, continually seeking to listen and learn from communities and those who use services and to work together as equals.
- 4.1.7 As the Partnership progresses the original aims of the Calderdale Cares model will continue to be pursued, driven through a relentless focus on reducing health inequalities and starting with prevention, meaning Calderdale is not only a great place to visit, but is most importantly a place to live a larger life.

4.2 The Calderdale Cares Partnership Agreement

4.2.1 A Partnership Agreement has been developed across the Partnership's organisations to lay out the ways in which partners have agreed to work together for the benefit of Calderdale's population. The Agreement sets out the key commitments of the Partnership, including:

- 4.2.1.1. The vision of the Partnership and the vision's supporting objectives.
- 4.2.1.2. The shared principles, values and behaviours that the Partners have agreed to adopt throughout their joint working.
- 4.2.1.3. The governance structures and supporting arrangements underpinning the Partnership.
- 4.2.2 The Agreement is not legally binding and does not impose any legal obligations on any partners, nor does it add to or override any existing contractual obligations held by any partners. In endorsing the Agreement partners will fully retain their organisational sovereignty and continue to be accountable for their respective statutory responsibilities.
- 4.2.3 As it has done to date, the Calderdale Cares Partnership will continue to evolve over years to come; so too should the Partnership Agreement to reflect the Partnership's development. In particular section 9 of the Agreement Governance Model will require updating as the Partnership's supporting arrangements are finalised. Within this context the Agreement will first be reviewed in April 2023 a year after the Agreement's commencement date.

4.3 Next steps

- 4.3.1 January 2022 February 2022: The Agreement is being taken to signatory partners' formal Boards/Cabinet/Governing Body for approval.
- 4.3.2 03 March 2022: The final Agreement will be taken to the Calderdale Health and Wellbeing Board for ratification.
- 4.3.3 07 11 March 2022: Signatures for the Agreement will be collected.
- 4.3.4 01 April 2022: The Agreement takes effect.

5. Options considered

5.1 None.

6. Financial implications

6.1 At this stage the arrangements laid out within the Partnership Agreement do not have any financial implications for the Council. The resources that will be managed by the Calderdale Cares Partnership Board will be NHS resources as delegated to Calderdale from the West Yorkshire Integrated Care Board.

7. Legal Implications

7.1 The Agreement is not legally binding and does not impose any legal obligations on any partners, nor does it add to or override any existing contractual obligations held by any partners. In endorsing the Agreement partners will fully retain their organisational sovereignty and continue to be accountable for their respective statutory responsibilities.

8. Human Resources and Organisation Development Implications

8.1 The Agreement will support the Council in continuing to work in partnership with health and care organisations across Calderdale.

9. Consultation

9.1 The Agreement has been shared with signatory partners throughout its development.

10. Environment, Health and Economic Implications

- 10.1 The Agreement will enable further extension of the Council's commitment to the climate emergency.
- 10.2 Calderdale as a whole will retain its focus on sustainability and will continue supporting West Yorkshire's ambition on climate change.
- 10.2 The new arrangements will support the delivery of the refreshed Health and Wellbeing Strategy.

11. Equality and Diversity

- 11.1 Calderdale will retain its focus on equality and diversity.
- 11.2 An aim of the new architecture will be to support delivery of the outcomes agreed by the Health and Wellbeing Board as part of the refresh of the wellbeing strategy this includes outcomes related to health inequalities.
- 11.3 Additionally a Communications, Engagement and Equalities Collaborative has been launched across partners as reflected within the Calderdale Cares Partnership governance model which supports even greater focus on collaboration across those three disciplines and ultimately will support Calderdale in building plans based on the needs of communities.

12. Summary and Recommendations

- 12.1 The proposed Calderdale Cares Partnership Agreement sets out the ways in which health and care partners in Calderdale are committing to work together for the benefit of Calderdale's population.
- 12.2 Though not binding, approval of the Agreement signifies partners' commitment to continue working in collaboration with the other partners.
- 12.3 Signatory partners including the Council are being asked to approve the Agreement and to recommend that the Agreement is finalised and shared with the Health and Wellbeing Board for ratification.

For further information on this report, contact:

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The documents used in the preparation of this report are:

1. Calderdale Cares Partnership Agreement.

The documents are available for inspection at:

Appendix to this report.