

H&W Integrated Care Partnership (ICP) and Integrated Care Partnership Assembly (ICPA)

Agreed Terms of Reference (July 2022)

Last reviewed: 28.07.2022

Next Review:

Co-Chairs	Chair, Herefordshire Health & Wellbeing Board Chair, Worcestershire Health & Wellbeing Board
Vice Chair	Chair, NHS Herefordshire and Worcestershire
Joint Responsible Executives	Executive Director of Strategy and Integration, NHS Herefordshire & Worcestershire Director of Public Health, Herefordshire Council Director of Public Health, Worcestershire County Council
Administrator	Senior Business Support Officer, NHS Herefordshire & Worcestershire
Frequency of Meetings	At least twice a year
Core Purpose of the ICPA	To oversee development and delivery of the System Integrated Care Strategy and its deployment across partner organisations.
Reporting and Relationships	There is a direct relationship with the Herefordshire Health and Well-being board and the Worcestershire Health and Well-being board.

1. INTRODUCTION

- a) The Integrated Care Partnership (“**The ICP**”) is a statutory committee jointly established between NHS Herefordshire and Worcestershire, Herefordshire Council and Worcestershire county council (“**The statutory organisations**”) and is established in accordance with Section 116ZA of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022).
- b) When the statutory committee meets, it will do so in public and will invite a wide range of local partners and stakeholders to participate in the discussions. For the purposes of clarity, this wider group will be called The Integrated Care Partnership Assembly (“**The ICPA**”).
- c) The work of the ICPA does not duplicate the work of the Herefordshire and Worcestershire Health and Well-being Boards.
- d) These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the joint committee.

2. PURPOSE

The ICPA is established to:

- a) Bring a broad alliance of partners together to develop an integrated care strategy that describes how the assessed health, care and wellbeing of the population of Herefordshire and Worcestershire will be met. Addressing integration of health, social care and health related services.

3. OBJECTIVES

The objectives for the ICPA are to:

- a) Develop strong relationships and a collaborative culture across all partners, driving the strategic direction of the system, through setting the overarching strategy for integration at system and place.
- b) Create a system level forum to support and enhance the work programmes to improve population health outcomes and reduce health inequalities at Place by addressing complex, long term issues that require a system level integrated approach across stakeholders.
- c) Enable the engagement of people and communities in the development of the integrated care strategy and associated work programmes as well as drawing on insights from the existing work such as that undertaken to develop the Health and Wellbeing strategies.
- d) Identify areas where work undertaken by individual Health and Wellbeing Boards can be shared in the spirit of collective learning, economies of scale and to the benefit of the local people.
- e) Ensure that best available evidence and data is used to inform the development of the integrated care strategy through drawing upon the joint strategic needs assessments and other sources of rich data, insight and intelligence, with support of public health teams to ensure robust application of evidence to work programme design.

- f) Enable, encourage and support partners, places and collaboratives to improve and innovate, including advocating for new approaches and transformational ways of working.

4. MEMBERSHIP AND ATTENDANCE

4.1 – Core Members of the statutory committee

- a) The proposed core membership of the statutory committee is:

Organisation	Role
Chair	HWBB Chairs as Co-Chairs ICB Chair as Vice-Chair
Herefordshire Council (5 committee members)	Health and Wellbeing Board Chair
	Leader
	Corporate Director for Community Wellbeing
	Corporate Director for Children and Young People
	Director of Public Health
Worcestershire County Council (5 committee members)	Health and Wellbeing Board Chair
	Cabinet member for Adult Social Care
	Strategic Director for People
	Chief Executive WCF & Director of Children's Services
	Director of Public Health
NHS Herefordshire and Worcestershire ICB (5 committee members)	Chair (Vice-chair of the ICPA)
	Non-Executive Member
	Chief Executive
	Executive Director of Strategy and Integration
	Director of Partnerships, Prevention and Health Inequalities

- b) The Core Members are accountable and responsible for decisions made by the ICP. In reaching these decisions they will listen to and have due regard to the advice and input of the wider assembly membership.

4.2 – Additional members

- a) To enable the opportunity to have open wide-ranging stakeholder input to the partnership, the following places on the Assembly will be created:

Additional Members	Places
Healthwatch Herefordshire and Healthwatch Worcestershire	2
Chief Executive Leads for the two Place-based Partnerships	2
West Midlands Ambulance service	1
Worcestershire District Councils*	6
Hereford and Worcester Fire and Rescue Service	1
Office of the Police and Crime Commissioner	1
West Mercia Police	1

Worcester University – 3 Counties medical school	1
Representative Members	
Local Medical, Dental and Optometry Committees	3
Other providers in areas such as Audiology, Pharmacy, Drug Services, Sexual Health	5**
VCSE Sector across both counties	4
Domiciliary Care Providers	2
Care Home Providers representatives	2
Housing Provider / RSL representatives	2
Education Providers representatives	2
Carer's Representatives	2
Additional and Representative Members	37
Core Committee Members	15
Total Membership	52

*Local Government Structures are different in the two counties – see Appendix 1 for more information

**Estimate, dependent on engagement and feedback from sectors.

- b) Representative Members will be asked to make connections between the ICPA and the sector in which they are representing. The core focus of this role is not to champion the interests of any single organisation.

4.3 – Attendance

- a) It is expected that Core Members will make themselves available, where this is not possible, by exception, a deputy of sufficient authority may attend.
- b) Additional and Representative Members are welcome to nominate a substitute for the Assembly Meetings if these leaves the sector un-represented.

4.4 – Quorum

- a) The quorum is set at two thirds of the Core Membership, with at least 2 members from each statutory partner. If a quorum has not been reached, then the meeting may proceed, but no decisions may be taken.
- b) There is no Quorum requirement governing the wider Assembly Membership.

5. DECLARATIONS OF CONFLICTS OF INTEREST

- a) All members of the ICPA will be asked to declare conflicts of interest. Any substitutes nominated to attend on behalf of core members or wider assembly members must provide declarations of interest in relation to agenda items in advance of the meeting.
- b) The Chair will have an extract of members conflicts of interest declarations available for reference. Where a member/attendee is aware of an interest, conflict or potential conflict of interest in relation to the scheduled or likely business of the meeting, they will bring this to the attention of the Chair of the meeting as soon as possible, and before the meeting where possible.

- c) Members of the ICPA will adopt the following approaches to managing and mitigating conflicts or potential conflicts of interest:
 - i. To operate in line with their own sovereign organisational governance frameworks and sector specific guidance for probity and decision making and managing conflicts.
 - ii. To work in line with the ICS behaviours, values and priorities (which are currently under development)
 - iii. To abide by the Nolan Principles (appendix 2)
- d) Conflicts of interest will be included as a standing agenda item at the beginning of each meeting, where the chair will invite any members to declare any interests in connection to the business of the meeting.
- e) The Chair will determine how this should be managed and inform the member of their decision. The Chair may require the individual to withdraw from the meeting or part of it. Where the Chair is aware that they themselves have such an interest, conflict or potential conflict of interests they will bring it to the attention of the meeting, and the Vice Chair will act as Chair for the relevant part of the meeting
- f) Any declarations of interests, conflicts and potential conflicts, and arrangements to manage those agreed in any meeting will be recorded in the minutes. This will be subsequently recorded within the “Conflicts of Interest Declared During a Meeting” register.
- g) Failure to disclose an interest, whether intentional or otherwise, will be treated in line with the Managing Conflicts of Interest: Revised Statutory Guidance and may result in suspension from the meeting

6. MEETINGS AND VOTING

- a) The Chair will always actively seek to facilitate discussions that reach consensus amongst the core members. Decisions are expected to relate, in the main to the approval and oversight of the Integrated Care Strategy (which is to be developed between August and December 2022 and reviewed annually following initial approval).
- b) In the event of needing to vote on a decision, the following approach will be taken:
 - a. One vote per core member who is in attendance at the meeting.
 - b. Core member deputies are able to vote.
- c) Voting requirements do not apply to wider assembly members.
- d) If a decision is needed which cannot wait for the next scheduled meeting or it is not considered necessary to call a full meeting, the joint committee may choose to convene a special meeting to conduct its business.

7. SECRETARIAT AND ADMINISTRATION

- a) The Committee will be supported by an officer from NHS Herefordshire and Worcestershire, who will work closely with the joint responsible executives supporting the Health and Wellbeing Boards. The overarching aim of ensuring that the joint committee receives relevant and timely information and that key documents such as the agendas, reports, minutes, the forward plan and action log are effectively maintained and circulated in a timely manner. This will include ensuring that:
 - i. Papers will be circulated at least 5 working days prior to meetings
 - ii. Additional agenda items will be by exception and agreed by the Chair in advance
 - iii. Draft minutes will be circulated within 5 working days of the meeting being held and will be ratified at the following meeting
 - iv. Ratified minutes will be published on the ICS website

8. FREQUENCY

- a) In normal years ICPA meetings shall take place bi-annually in September/October and May/June.
- b) In the first year of formation ICPA meetings will take place in July (inaugural meeting to form the Joint Committee), September (to review progress on the creation of the Draft Integrated Care Strategy and December (to approve the Draft Integrated Care Strategy for publication).
- c) A minimum of 7 day's notice for calling a special meeting shall be given unless the meeting is being called due to urgent circumstances. If a discussion is needed which cannot wait for the next scheduled meeting, the Chair may choose to convene an ad hoc virtual meeting to conduct the discussion.
- d) During the year the two Health and Well-being boards will undertake the remit for overseeing the delivery of integration at place through their normal meeting cycle.

9. AUTHORITY

The ICP is a Statutory Joint Committee, convened under the 2022 Health & Care Act. It operates on a partnership and collaborative basis. Each of the constituent statutory partner members organisations remains responsible for discharging their sovereign statutory duties.

- a) The meetings will be Co-Chaired by the two Health and Wellbeing Board chairs on a rotating basis, with the specific arrangements to be agreed as part of the agenda setting process for each meeting. Where one HWBB chair is not available, the meeting will be chaired by the other. Where both HWBB chairs are not available, the meeting will be chaired by the ICB Chair.

10. REPORTING

- a) Outputs from the ICPA (in particular the Integrated Care Strategy) will be reported to:
 - a. Herefordshire Health and Wellbeing Board
 - b. Worcestershire Health and Wellbeing Board
 - c. NHS Herefordshire and Worcestershire Integrated Care Board

11. CONDUCT OF THE MEETING

- a) The joint committee shall conduct its business in accordance with any national guidance. The seven Nolan principles of public life shall underpin the committee and its members.

12. REVIEW OF TERMS OF REFERENCE

- a) Under normal circumstances the joint committee shall review its terms of reference annually. In the first year these will be reviewed after 6 months.

APPENDIX 1 – Public Sector Landscape in Herefordshire and Worcestershire

	Herefordshire	Worcestershire
Upper Tier Local Authority Services	Herefordshire Council	Worcestershire County Council
Children's Services		Worcestershire Children's First
Lower tier Local Authority Services		Six District Councils
NHS Acute Services	Wye Valley NHS Trust	Worcestershire Acute Hospitals NHS Trust
NHS Community Services		
NHS Mental Health Services	Herefordshire and Worcestershire Health and Care Trust	
NHS Ambulance Services	West Midlands Ambulance Service	
NHS 111 Services	West Midlands Ambulance Service (until Oct '22) DHU Healthcare (after Oct '22)	
GP Services	19 Practices in 5 PCNs	60 Practices in 10 PCNs
Police	West Mercia Police	
Fire and Rescue	Herefordshire and Worcestershire Fire and Rescue Service	

Worcestershire's Six District Councils



APPENDIX 2 – THE NOLAN PRINCIPLES

1 Selflessness

Holders of public office should act solely in terms of the public interest.

2 Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3 Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4 Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5 Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6 Honesty

Holders of public office should be truthful.

7 Leadership

Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

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