Integrated Care Partnership
Terms of Reference Draft v1

Appendix 2

11 /5/22 Draft v1

Purpose

The Integrated Care Partnership (herein referred to as the ICP) is a partnership across Mid and South Essex, established by the Mid and South Essex Integrated Care Board and the three upper tier local authorities (Southend City Council, Essex County Council and Thurrock Council) as equal partners, with a focus on aligning purpose and ambitions to support the residents of Mid and South Essex. It is formed as a joint committee between the Mid and South Essex ICB and the upper tier local authorities.

The ICP will facilitate joint action to improve health and care outcomes, to influence the wider determinants of health and broader social and economic development.

Together, the Integrated Care Board (ICB) and the ICP forms the new statutory Integrated Care System (ICS).

The ICP has specific responsibility for developing the Mid and South Essex Integrated Care Strategy for the whole population. The strategy will take forward the health and wellbeing strategies of our upper tier health and wellbeing boards, use the best available evidence and data, covering health and social care (both children's and adult's social care), and seek to address the wider determinants of health and wellbeing. The strategy will be built bottom-up from local assessments of needs and assets identified through our four Alliances, district, borough, and city councils. The strategy will be focused on improving health and care outcomes, reducing inequalities, ensuring inclusion, and addressing the consequences of the pandemic for our communities.

While the ICP has no formal delegated powers from its constituent organisations, it will provide leadership, oversight, and support for system-wide activities, playing a key role in ensuring joint accountability to our population.

The ICP builds on the existing Health & Care Partnership and will therefore be underpinned by the existing Partnership Memorandum of Understanding (MoU), which will need to be

slightly amended in light of the agreed new membership of the ICP and these ToRs should be read in conjunction with that modified MoU.

The existing Health and Care Partnership 5-year Strategy (December 2019) describes the following high-level ambitions which will support the ICP in its definition of the integrated care strategy:

We will reduce health inequalities by:

- Creating opportunities for our residents, through education, employment, and socio-economic growth
- Support health and wellbeing, with a focus on prevention, self-care, and early identification
- Bring care closer to home, where safe and possible
- Transform and improve our services

This will be underpinned by:

- Strong clinical and multi-professional leadership
- Meaningful engagement with our communities to ensure true coproduction

Our Beliefs and Values as an Integrated Care Partnership

- **Subsidiarity -** devolving planning and delivery to the lowest possible level.
- **Respect for sovereignty** of statutory organisations
- **Collaboration** to bring about improved Standards, Outcomes and the application of Common Clinical Policies
- **A shared agenda** driven and owned by partners working together with a focus on **reducing health inequality**
- **Data Driven:** serving the individual needs of our population, not organisations
- **Delivery of integrated care,** with meaningful engagement with our communities
- **Asset and strengths-based approaches**, delivering care according to people's preferences
- **A focus on healthy lives –** prioritising prevention and self-care
- **Clinical and Care Professional engagement** at the earliest opportunity
- **Empowering front line staff to do the right thing** – through distributed leadership
- **Pragmatic pluralism** –differing needs across our populations require different approaches. Not a one size fits all approach

- **Innovative - trying** new and innovative approaches, test and learn

Our Responsibilities as an Integrated Care Partnership

As designated by the NHS, the ICPs responsibilities are to:

1. Develop the integrated care strategy for the population of Mid and South Essex.

2. Design and oversee a joint accountability framework to ensure delivery of the integrated care strategy.

3. Ensure the integrated care strategy:

    a. Is focused on reducing the inequalities that our population faces
    b. Uses the best available evidence and information, including the joint strategic needs assessments and health and wellbeing strategies of local authorities
    c. Is built 'from the bottom up' taking account of health inequalities, challenges, assets and resources locally at neighbourhood and Alliance level.
    d. Expands the range of organisations and partners involved in strategy development and delivery.
    e. Is underpinned by insights gained from our communities.
    f. Benefits from strong clinical and professional input and advice.

4. Agree and monitor delivery of Alliance plans (Basildon and Brentwood; Mid-Essex, South-East Essex and Thurrock), with a focus on shared learning and support.

5. Agree and have oversight of the statutory ICS health inequalities strategy.

6. Consider recommendations from partners and reach agreement on:

    - Priority work programmes and workstreams that would benefit from a cross-partnership approach
    - The apportionment of transformation monies from national bodies aligned to the ICP
    - The need to take joint action in relation to managing collective issues and challenges.

7. Commission specific advice from established groups – including but not limited to, the Clinical and Multi-professional Congress, our Population Health Management function, our Engagement Network, Healthwatch organisations, Stewardship groups, our Digital, Data and Technology Board, our People Board, our System Finance Leaders' Group, and our Estates function, in order to obtain subject matter expertise, leadership, advice and support in setting the strategic direction of the ICP.

8. Provide active support to the development of the four Alliances across Mid and South Essex, enabling local partnership arrangements, engagement and co-production, bringing together Local Authorities, voluntary and community groups, NHS partners and residents. Facilitate and support cross-Alliance working and sharing of best practice where this would benefit the population or provide efficiencies in our approach.

9. Ensure that the ICP has a greater focus on population health improvement, integration of health and care services around the needs of residents, and a focus on care provided in primary and community settings.

10. Provide a mechanism for joint action and joint decision-making for those issues which are best tackled on a wider scale.

For the avoidance of doubt, it is not a function of the ICP to duplicate the statutory functions of constituent organisations.

Chair and Vice Chair Arrangements

The Chair of Mid & South Essex ICB will act as Chair of the ICP. The chairs of the three upper tier local authorities Health and Wellbeing Boards (Southend City Council, Essex County Council and Thurrock Council) will act as vice chairs.

Voting

Membership of the ICP is given at Appendix 2.

The ICP will generally operate on the basis of forming a consensus on issues considered and will attempt to resolve in good faith any issues between partners, as per the principles of the Partnership MoU. It will seek to make any decisions on a "Best for Mid and South Essex" basis.

On the rare occasion that a vote is required to support a decision, for example, should that become necessary in respect of priorities for investment or apportionment of transformation funding, the ICP may make a decision provided that it is supported by a simple majority of ICP members present at the meeting. If notwithstanding a consensus decision cannot be achieved, the issue resolution process outlined in the MoU will be followed.

Accountability and Reporting

Minutes, and a summary of key messages arising from each meeting will be submitted to all members after each meeting and made available on the ICS website.

The ICP has no formal powers delegated by Partner organisations.

Conduct & Operation

The ICP will meet formally bi-monthly. Formal decision-making meetings will be held in public. A schedule of meetings will be published by the secretariat.

The agenda and supporting papers will be agreed by the Chair and Vice Chairs and be sent to members and attendees (and made available to the public for meetings held in public) no less than four working days before the meeting. A minimum of five working days' notice will be given when calling an extraordinary meeting.

Conflicts of Interest

Where any ICP member has an actual or potential personal conflict of interest (in other words, one which is not related to the role they undertake for the partner organisation) in relation to any matter under consideration at any meeting, the Chair shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.

Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.

Each member must abide by the policies of the organisation they represent in relation to conflicts of interest.

Secretariat

The secretariat function for the ICP will be provided by the Mid & South Essex ICB in partnership with upper tier local authorities. A member of the team will be responsible for

arranging meetings, recording notes and actions from each meeting and preparing agendas and ensuring these are agreed by the Chair and Vice Chairs.

Review

The terms of reference and the membership of the ICP will be reviewed at least annually.

Appendix 1

East of England Leadership Compact

In working together as a leadership community, we will adopt the following behaviours and hold each other to account for upholding these:

- We will put people first – our patients, staff, and citizens.
- We will support each other to deliver excellence in quality and performance.
- We will respect and trust each other and share important information, so there are no surprises
- We will have inclusive robust, honest, and realistic conversations where all voices are heard, views respected, and differences resolved for the greater good of our population.
- We will be compassionate and caring, supporting each other, especially in difficult times.
- We will value each other's contributions, celebrate successes collectively and learn from failure
- We will ensure our collective decisions are transparent and inclusive and we will abide by them.
- We will agree expectations and hold each other to account.
- We will be ambitious to improve health and wellbeing, sharing expertise, talent, knowledge, best practice, innovation and learning for the benefit of our patients, staff, and citizens
- We will work together to have a strong, united external voice for our region.

Appendix 2

Mid & South Essex ICP Membership

1. Chair, Mid & South Essex ICB (Chair)
2. Chair, Southend City Council Health & Wellbeing Board (Vice Chair)
3. Chair, Essex County Council Health & Wellbeing Board (Vice Chair)
4. Chair, Thurrock Council Health & Wellbeing Board (Vice Chair)
5. CEO, Mid & South Essex ICB
6. Chair of the Mid & South Essex Foundation Trust
7. Chair of the Essex Partnership NHS Foundation Trust
8. Chair of Provide CIC
9. Chair of the North East London NHS Foundation Trust
10. Lead Non-Executive Director of the East of England Ambulance Services Trust
11. Director of Public Health, Southend City Council
12. Director of Public Health, Essex County Council
13. Director of Public Health, Thurrock Council
14. Director of Adult Social Services, Southend City Council
15. Director of Adult Social Services, Essex County Council
16. Director of Adult Social Services, Thurrock Council
17. Director of Children's Services, Southend City Council
18. Director of Children's Services, Essex County Council
19. Director of Children's Services, Thurrock Council
20. Clinical Lead, Basildon & Brentwood Alliance
21. Alliance Director, Basildon & Brentwood Alliance
22. Clinical Lead, Mid-Essex Alliance
23. Alliance Director, Mid-Essex Alliance
24. Clinical Lead, South East Essex Alliance
25. Alliance Director, South East Essex Alliance
26. Clinical Lead, Thurrock Alliance
27. Alliance Director, Thurrock Alliance
28. Lead Officer, Basildon Council
29. Lead Officer, Braintree District Council
30. Lead Officer, Brentwood Council
31. Lead Officer, Castle Point Council

32. Lead Officer, Chelmsford City Council
33. Lead Officer, Maldon District Council
34. Lead Officer, Rochford Council
35. CEO, Essex Local Medical Committee
36. CEO, Healthwatch Southend
37. CEO, Healthwatch Essex
38. CEO, Healthwatch Thurrock
39. Representative of Mid & South Essex Community & Voluntary Sector Organisations
40. Representative of Hospice Sector
41. Representative of Anglia Ruskin University
42. Representative of University of Essex
43. Representative of Writtle University College
44. Locality Director, NHS England & Improvement
45. Executive Director of Strategy & Partnerships, Mid & South Essex ICB
46. Director of Communications & Engagement, Mid & South Essex ICB
47. Chief People Officer, Mid & South Essex ICB
48. Chief Finance Officer, Mid & South Essex ICB
49. Director of Strategic Partnerships, Mid & South Essex ICB
50. Medical Director, Mid & South Essex ICB

Deputies

If a member is unable to attend a meeting of the ICP, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and understanding of the issues to be considered to represent their organisation, Alliance, or group effectively. Deputies will be eligible to vote if required.

Additional Attendees

At the discretion of the Chair, additional representatives may be requested to attend meetings from time to time to participate in discussions or report on particular issues.