Lancashire and South Cumbria Integrated Care System

Lancashire and South Cumbria Health and Care Partnership Terms of Reference

Approved: ***date***
Next Review due: ***January 2023***

1. Background and Context

1.1. Lancashire and South Cumbria Integrated Care Board (ICB) and Blackburn with Darwen Borough Council, Blackpool Council, Cumbria County Council, Lancashire County Council and North Yorkshire County Council have resolved to establish a committee known locally as the Lancashire and South Cumbria Health and Care Partnership (referred to nationally as the Integrated Care Partnership), in accordance with Schedule 1A of the National Health Service Act 2006 (as amended) ("the NHS Act").

2. Purpose

2.1. An Integrated Care Partnership (ICP), is a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. Locally, we are describing this as the **Lancashire and South Cumbria Health and Care Partnership (LSC HCP)** referred to as the Partnership.

2.2. National guidance outlines the following core purposes of an ICP;

- Achieve the four common aims of ICS's;

  1. Improve outcomes in population health and healthcare
  2. Tackle inequalities in outcomes, experience and access
  3. Enhance productivity and value for money
  4. Help the NHS support broader social and economic development

- Build shared purpose and common aspiration across the whole-system to help people live healthier and more independent lives for longer, set out in an Integrated Care Strategy. The strategy will be informed by both Health and

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Wellbeing Boards (HWB) and Joint Strategic Needs Assessments (JSNA) and is a statutory requirement.

2.3. The Partnership will focus on setting short, medium, and long-term priorities and agreeing intended outcomes that are aligned to our strategic aims (as above). It will seek assurance on delivery of these outcomes from the relevant organisations/sectors/partnerships across the system to be certain that the Partnership is adding value and moving towards delivery of its ambitions.

3. Scope

3.1. The Partnership will be a statutory component of the Lancashire and South Cumbria system and will provide a strategic, multi-sectoral perspective to the strategy and ways of working of the health and care system, built upon existing partnerships, without duplicating.

3.2. It is important that the scope and function of the Partnership is well-defined, both in its own right and within the context of the wider landscape. The Partnership will therefore focus on:

- Tackling the most complex issues that cannot be solved by individual organisations, and/or where the potential achievements of working together are greater than the sum of the constituent parts.
- Staying strategic and avoid being drawn into operational detail.
- A small number of key priorities

4. Role and Functions

4.1. Developing an Integrated Care Strategy to address the broad physical health, mental health and social care needs of the population (both children and adults), including determinants of health such as employment, environment, and housing issues.

4.2. To plan for the future and develop strategies for using available resources creatively in order to address the longer-term challenges which cannot be addressed by a single sector or organisation alone.

4.3. Ensuring the right partnerships, policies, incentives, and processes are in place to support practitioners and local organisations to work together to help people live healthier and more independent lives for longer.

4.4. Complementing place-based working and partnerships, developing relationships and tackling issues that are better addressed within a larger geographical area.

4.5. Supporting broad and inclusive integration across places and driving meaningful improvements in cross-cutting health and care outcomes and experiences. The Partnership will provide a forum for agreeing collective objectives, enabling place-based partnerships to thrive alongside opportunities for connected scaled activity to address population health challenges. This can be achieved through:

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a) highlighting where coordination is needed on health and care issues and challenging partners to deliver the action required. These include, but are not limited to:

i. helping people live more independent, healthier lives for longer.
ii. taking a holistic view of people's interactions with services across the system and the different pathways within it.
iii. Taking a whole-system view of workforce requirements and identifying opportunities to deliver different workforce models to improve outcomes.
iv. addressing inequalities in health and wellbeing outcomes, experiences and access to health services.
v. improving the wider social determinants that drive these inequalities, including employment.
vi. housing, education, environment, and reducing offending.
vii. improving the life chances and health outcomes of babies, children and young people.
viii. improving people's overall wellbeing and preventing ill-health.

4.6. The Partnership will need to evolve, and therefore we will use 2022/23 to develop its role and remit, along with optimising ways of working with Place-based Partnerships, Health and Wellbeing Boards and other existing partnerships such as the Lancashire and South Cumbria Provider Collaborative and the Lancashire Enterprise Partnership. Health and Wellbeing Boards will also use this period to review their ways of working in the context of the new, wider system architecture. The Partnership will also need to adapt as the local government reorganisation progresses in Cumbria, as the new authorities operate from 1st April 2023.

4.7. It is important to note that there is a highly permissive approach to the development of ICP's and we will maximise this opportunity and be bold and ambitious in identifying shared priorities, in setting out our desired outcomes, and in delivering these through truly integrated ways of working. This will require a new level of commitment to partnership working and will need us to focus on the culture and behaviours necessary to enable us to see a difference from what has gone before.

5. Key Principles

5.1. Come together under a distributed leadership model and commit to working together equally.

5.2. Use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity as the norm, including working though difficult issues where appropriate.

5.3. Operate a collective model of accountability, where partners hold each other mutually accountable for their shared and individual organisational contributions to shared objectives.

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5.4. Agree arrangements for transparency and local accountability, including meeting in public with minutes and papers available online.
5.5. Focus on improving outcomes for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced health inequalities.
5.6. Champion co-production with our residents and inclusiveness throughout the ICS.
5.7. Support the triple aim (better health for everyone, better care for all and efficient use of NHS resources), the legal duties on statutory bodies to co-operate and the principle of subsidiarity (that decision-making should happen at the most local appropriate level).
5.8. Ensure place-based partnership arrangements are respected and supported, and have appropriate resource, capacity and autonomy to address community priorities, in line with the principle of subsidiarity.
5.9. Draw on the experience and expertise of professional, clinical, political and community leaders and promote strong clinical and professional system leadership.
5.10. Create a learning system, sharing evidence and insight across and beyond the ICS, crossing organisational and professional boundaries.

6. Membership and Chair

6.1. The membership of the partnership will consist of:

Sector	Organisation	Position	Notes
Local Government	Upper Tier Local Authority (TBC)	**Chair**	Elected Member*
Voluntary, Community, Faith and Social Enterprise Sector	Voluntary, Community, Faith and Social Enterprise Sector	**Deputy Chair**	VCFSE reps to be determined by the sector, but proposal is to include three representatives that include a range of perspectives from larger service provider organisations, community groups and Hospices
Local Government	Blackpool Council	Elected Member	*Four UTLA Elected Members, from Blackpool, Blackburn, Cumbria, Lancashire in total, one of which will take the Chair on an annual basis ***For our fifth UTLA, we will have a separate process for ensuring engagement with North Yorkshire County Council, which will be formally documented in the revision to this TOR in January 2023*
Local Government	Blackburn with Darwen Borough Council	Elected Member	
Local Government	Cumbria County Council (until April 2023)	Elected Member	
Local Government	Lancashire County Council	Elected Member	
Local Government	District Council (TBC)	Elected Member	(2 rep for the Districts, one from an urban area and one from a rural area)
Local Government	District Council (TBC)	Elected Member	
NHS ICB	LSC ICB	ICB Chief Executive	
Providers (Primary Care)	LSC ICB	Partner Member for Provider of Primary Medical Services	
Providers (Mental Health)	Provider Collaborative	Clinical Representative for Mental Health Services	

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Providers (Acute and Community)	Provider Collaborative	Clinical Representative for Acute and Community Services	
Place-based Partnerships	LSC ICB / Local Authority	Director of Health and Care Integration	(1 rep on behalf of the places)
Place-based Partnerships	Place-based Partnerships	Chair	(1 rep on behalf of the places)
Voluntary, Community, Faith and Social Enterprise Sector	VCFSE**	Representative	VCFSE to be determined by the sector, but proposal is to include three representatives that include a range of perspectives from larger service provider organisations, community groups and Hospices
Voluntary, Community, Faith and Social Enterprise Sector	VCFSE**	Representative	
Public, Patients and Communities	Healthwatch***	Representative	Healthwatch has a specific statutory role within ICPs. The legislation will require ICPs to involve their local Healthwatch organisations on the preparation of their strategies.
Public, Patients and Communities	LSC ICB Public and Patient Involvement Committee	Chair	
Public, Patients and Communities	The Independent Race and Equality Panel (I-REP) for Lancashire	Representative	
Business	Lancashire Enterprise Partnership Health Sector Board ****	Chair	To be noted that this covers Lancashire, Blackpool and Blackburn, but not Cumbria or North Yorkshire
Higher Education	University (TBC)	Vice Chancellor	
			Total – 20

6.2. The members of the Partnership shall be jointly appointed with approval from the ICB and the upper tier Local Authorities

6.3. Members of the Partnership should aim to attend all scheduled meetings. The Chair of the Partnership will review any circumstances in which a member's attendance falls below 75% attendance.

6.4. The Partnership may co-opt additional members subject to the following terms:

- They have subject matter expertise required to support the Partnership in meeting its responsibilities
- They represent a community, place, or organisation required to support the Partnership in meeting its responsibilities.

6.5. Partnership members may nominate a suitable deputy when necessary and subject to the approval of the Chair. All deputies should be fully briefed, and the secretariat informed of any agreement to deputise so that quoracy can be maintained.

6.6. No person attending the meeting in one role can additionally act on behalf of another person as their deputy

6.7. The ICB and local authorities will jointly select a Partnership Chair, appointed on an annual rotational basis, from each of the upper tier local authorities. The first authority taking the role for 2022/23 will be (tbc).

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6.8. The Deputy Chair will be a representative from the VCFSE sector, which will also rotate on an annual basis.
6.9. Membership may change as the priorities of the Partnership evolve and whilst the Partnership must engage with a wide range of stakeholders and understand the different viewpoints across the system and communities, membership should be kept to a productive level.

7. Quorum

7.1. Quoracy - A quorum shall be XXX [Number or percentage] [TBC Once the Partnership has met] Partnership members, which must include:
- TBC once the Partnership has met

7.2. At the start of the meeting, the Chair will confirm that the Partnership is quorate, after any actions have been taken to manage any declared conflicts of interest.
7.3. Nominated deputies attending ICP meetings, on behalf of substantive members, will count towards quorum.
7.4. If a meeting is not quorate, the Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary. The Chair will have the final decision as to their suitability.
7.5. Any decisions put to a vote at a ICP meeting shall be determined by a majority of the votes of members present. (For clarity: members may be physically attending the meeting or participating by an agreed telecommunications link).
7.6. In the case of an equal vote, the Chair shall have a second and casting vote. The Chair will declare the result of the vote.

8. Meetings

8.1. The Partnership will meet on a regular basis, meeting at least four times per year, and have an annual rolling programme of meeting dates and agenda items. The frequency of the meetings will be determined in the development phase (July-December 2022), and the terms of reference updated.
8.2. There will be administrative support required for the meetings which will include:

- Giving notice of meetings (including, when the Chair of the ICP deems it necessary in light of the urgent circumstances, calling a meeting at short notice)
- Issuing an agenda and supporting papers to each member and attendee no later than 5 days before the date of the meeting; and
- Ensuring an accurate record (minutes) of the meeting.

8.3. The responsibility for this administrative support will be determined during the development phase (July-December 2022).
8.4. Meetings of the Partnership will be held in public and agendas and papers will be published at least seven working days in advance of the meeting except where confidential or sensitive information is likely to be disclosed. This may include:

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- information given to any of the partners in confidence,
- information about an individual that it would be a breach of the Data Protection Act to disclose, or
- information the disclosure of which could prejudice the commercial interests of any of the partners or third parties

9. Decision-making

9.1. The aim of the Partnership is to achieve consensus decision-making wherever possible.
9.2. Each voting member of the Partnership shall have one vote.
9.3. If the Chair determines that there is no consensus or one member disputes that consensus has been achieved, a vote will be taken by the Partnership members. The vote will be passed with a simple majority the votes of members present. In the case of an equal vote, the Chair shall have a second and casting vote.
9.4. The result of the vote will be recorded in the minutes and a record will also be made of the outcome of the voting for the other ICB committees.
9.5. All decisions taken in good faith at a meeting of the Partnership shall be valid even if there is any vacancy in its membership or, it is discovered subsequently, that there was a defect in the calling of the meeting, or the appointment of a member attending the meeting

10. Governance

10.1. The Partnership will agree a number of minimum requirements that demonstrate full commitment to delivery of agreed system priorities, along with an accompanying development programme that sees 2022/23 as a year of evolution.
10.2. A key priority is understanding the interface – i.e. the role of, and relationships between this Partnership and other fora (including but not limited to) the Health and Wellbeing Boards, and the Place-based Partnerships. This work will be concluded in the development phase and inform the evolution of the Partnership.

11. Sub Committees & Delegation

11.1. The Partnership may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are governed by Terms of Reference as appropriate, and reflect appropriate arrangements for the management of conflicts of interest.

12. Accountability/relationships/assurance/authority

12.1. National guidance provides the following detail on the status and establishment of an ICP:

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- Will be established in law as a statutory committee of the ICS.
- Not a statutory body; therefore, members come together to take decisions on an integrated care strategy, but the committee does not take on functions from other parts of the system.
- Must be established locally and jointly by the relevant local authorities and the ICB as equal partners.
- Local authorities and designated ICB chairs and Boards should meet in the Partnership as co-owners and equal partners of that committee.
- Should evolve from existing arrangements, with mutual agreement on terms of reference, membership, ways of operating and administration.
- To facilitate broad membership and stakeholder participation, Partnerships may use a range of sub-groups, networks and other methods to convene parties to agree and deliver the priorities set out in the shared strategy.

13. Code of conduct/managing conflicts of interest

*To be developed, including resolution, values, standards and behaviours during the development phase from July – December 2022

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