Northamptonshire Integrated Care Partnership

Terms of Reference

| rsion mber | Review Date | Reviewed and Amended By |
|---------------|-------------|-------------------------|
| 1.0 | | |

1. Introduction

Each Integrated Care System (ICS) will have a Partnership at system level established by the NHS and local government as equal partners. The Integrated Care Partnership (ICP) for Northamptonshire will be a committee and not a corporate body. There will be no prescriptive legislation on how the ICP should operate. There will be a high-level legislative framework to develop which will embrace;

- i. Equal partnership across health and Local Government
- ii. Subsidiarity
- iii. Collaboration
- iv. Flexibility

These Terms of Reference state the overall understanding of the ICP for Northamptonshire, highlighting to all parties the scope, objectives and responsibilities of the partnership.

2. Scope and Definition

To deliver an Integrated Care Strategy for its whole population, with a focus on;

- i. Improving health and care outcomes
- ii. Reducing inequalities
- iii. Addressing the consequences of the pandemic for communities

3. Purpose

The primary purpose of the ICP is to support integration and development of a plan to address health, public health and social care needs of people in the Northamptonshire area.

4. Membership – Discussion required

| Organisation | Title | Member (Name) | Role in ICP |
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| Organisation | Title | Member (Name) | Role in ICP |
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Additional Attendees:

If a member is unable to attend then a nominated deputy may attend on their behalf. Other staff members or stakeholders may be co-opted on as required for the partnership to achieve its key objectives.

Chair:

A co-chairing arrangement consisting of the Chair of the ICP and an elected member from both of the local authorities in the ICS.

5. Quorum

Meetings will be quorate when there is a minimum of the following: [insert]

6. Secretariat and administration

All documents i.e. agendas, reports, action logs, presented at the meeting and circulated following the meeting will be in an agreed format.

The agenda and supporting papers will be circulated to all members a minimum of 5 working days before the meeting is due to take place.

The administrative function for the Integrated Care Board will also act as secretariat for the ICP.

7. Frequency of Meetings

The ICP will initially meet formally twice a year and the frequency will be reviewed during the period of delivery. Development days to be added

8. ICP Principles

The ICP Principles are to:

- i. Come together under a distributed leadership model and commit to working together equally.
- ii. 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 through difficult issues where appropriate.
- iii. Operate a collective model of accountability, where partners hold each other mutually accountable for their shared and individual organisational contributions to shared objectives.
- iv. Agree arrangements for transparency and local accountability, including meeting in public with minutes and papers available online.

- v. Focus on improving outcomes for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced health inequalities.
- vi. Champion co-production and inclusiveness throughout the system.
- vii. 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).
- viii. 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.
- ix. Draw on the experience and expertise of professional, clinical, political and community leaders and promote strong clinical and professional system leadership.
- x. Create a learning system, sharing evidence and insight across and beyond the system, crossing organisational and professional boundaries.

9. Accountability

The ICP will focus on system wide delivery incorporating both places of North Northamptonshire and West Northamptonshire.

Accountability is maintained through statutory and local frameworks. The ICP supports local Health and Wellbeing Boards, Health Scrutiny, Independent Chairs, Non-Executive Directors and overall quality arrangements in partner organisations.

The Health and Wellbeing Boards are a statutory partnership and remains the central route for local governance. Other place-based partnerships are valued arrangements and will continue unchanged.

10. Conduct

- i. Identify and feedback risks, issues, constraints, dependencies and assumptions relating to planned activities.
- ii. Read all relevant and supporting documentation supplied.
- iii. Notify Chair or Vice Chair if unavailable to attend.
- iv. To nominate alternate representation to cover meeting attendance, where needed.
- v. Nominated representatives must be fully briefed and accountable for decisions made.
- vi. Be accountable for ensuring actions assigned are completed and fully reported upon.
- vii. To inform the Chair of any conflicts of interest arising from any agenda items or discussions as they arise in committee.

11. Date agreed by the ICP

| Version | Date | SRO | Workstream Lead |
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| 1.0 | | | |