**Coventry & Warwickshire Integrated Care System**

**Integrated Care Partnership**

**Terms of Reference**

**27 April 2022**

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# Introduction and context

This document sets out the terms of reference, agreed principles and ways of working for the Coventry and Warwickshire Integrated Care Partnership (ICP).

The ICP is a joint committee between Coventry City Council, Warwickshire County Council and NHS Coventry and Warwickshire Integrated Care Board (ICB).

It will be formally established on 1 July 2022, when the ICB moves on to a statutory footing under the new Health and Care Bill.

The ICP’s work and role will be shaped by:

* The four key aims of Integrated Care Systems (Appendix I)
* The five national guiding expectations for Integrated Care Partnerships, set by the DHSC, LGA and NHSIE (Appendix II)
* The ICP’s own principles, developed and agreed by the ICB and Coventry City and Warwickshire County councils, based on the Coventry and Warwickshire Health and Wellbeing Concordat 2018 (Appendix III).

# Document Management

## Revision History

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| **Version** | **Date** | **Summary of Changes** |
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## Approved by

This document must be approved by the following:

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| **Name** | **Title** | **Signature** | **Version** | **Date** |
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## Document Control

The controlled copy of this document is maintained by Coventry and Warwickshire Integrated Care Partnership (ICP). Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

# Constitution

* 1. The Integrated Care Board and Coventry City and Warwickshire County councils have established the Integrated Care Partnership (the ICP or the Committee), as per NHSIE guidance and the Health and Care Bill 2022. The Integrated Care Partnership is a statutory committee of the ICB. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.
	2. The Committee is a joint committee of the ICB and Coventry City Council and Warwickshire County Council, as the two local authorities with responsibility for social care. Its members are governed by the agreed ways of working and the responsibilities of the committee set out in this Terms of Reference.
	3. The Terms of Reference for the Committee outlined below are defined by the ICB and Coventry City and Warwickshire County councils and may be amended by them at any time.
	4. These Terms of Reference set out the membership, the remit, responsibilities, and reporting arrangements of the Committee.

# Aims

The primary aims of the Committee are:

* the successful development and agreement of the Integrated Care Strategy for the Coventry and Warwickshire ICS.
* that the four key aims of ICSs are being delivered on.
* review performance and progress on delivery of strategy and working with regulators.
* effective integration in the system and engagement with partners and stakeholders.
* a focus on population health and system quality priorities and outcomes e.g., across pathways/settings with particular emphasis on reducing inequities in access, experience, and outcomes.

# Authority

The Integrated Care Partnership has authority under the Health and Care Act to exercise its function as a statutory committee of the ICB.

The Integrated Care Partnership holds only those powers as described in these Terms of Reference.

The Committee is authorised to:

* Investigate any activity within its Terms of Reference.
* Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the committee) within its remit as outlined in these Terms of Reference.
* Commission any reports it deems necessary to help fulfil its obligations.
* Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the ICB for obtaining legal or professional advice.
* Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee’s members. The Committee shall determine the membership and Terms of Reference of any such task and finish sub-groups in accordance with the ICB’s Constitution, Standing Orders and Scheme of Reservation and Delegation but may not delegate any decisions to such groups.

# Duties of the ICP

The ICP will develop an integrated care strategy for Coventry and Warwickshire ICS, for which all partners will be accountable.

It will do this using the best available evidence and data, covering health and social care (both children’s and adult social care) and addressing the wider determinants of health and wellbeing including for example, employment, environment and housing issues.

In addition to developing the integrated care strategy, the ICP key duties of the ICP are to:

* challenge all partners to demonstrate progress in reducing inequalities and improving outcomes
* agree a plan for consulting and engaging the public and communicate to stakeholders in the development of the strategy
* seek assurance that the integrated care strategy has been developed in an inclusive and transparent way and elements of the strategy have been co-produced with people with lived experience and expertise from professional, clinical, social, political and community leadership
* work with the Place Forum to enhance relationships between leaders across the health and care system in order to consider best arrangement for its local area
* submit the integrated care strategy it develops to the ICB, local authorities and NHS England
* monitor the ICBs performance against the strategy
* continually review and ensure its effective in all aspects of its role and appropriately focused on the four core purposes, to: improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money and help the NHS support broader social and economic development
* champion the new governance arrangements, collaborative leadership and effective partnership working, including with local government, NHS bodies and the voluntary sector.

# Working arrangements

The ICP will complement, not duplicate, the work of the Coventry and Warwickshire Health and Wellbeing Boards and provide an opportunity to strengthen the alignment of the ICS and Health and Wellbeing Boards.

The ICP’s working arrangements, developed in partnership by the ICB and Coventry City and Warwickshire County councils, and with input from ICP members, set out in detail how the ICP will work and the expectations of ICP members.

The full detail of the ICP’s working arrangements can be seen in Appendix IV.

These have been jointly developed by the ICB chair, chief executive and senior executives from Coventry City Council and Warwickshire County Council. They build on the Coventry and Warwickshire Health and Wellbeing Concordat, as well as taking inspiration from NHS England and Improvement (NHSIE) guidance.

# Membership

The Integrated Care Partnership membership is:

* ICB Independent Chair
* ICB Chief Executive Officer
* CE / their deputy from Warwickshire County Council
* CE / their deputy from Coventry City Council
* 4 x NHS Provider Chairs
* 3 x LA elected members (Coventry HWB Chair & Warwickshire HWB Chair, West Midlands Combined Authority representative)
* 2 x Primary Care Representatives
* 2 x Directors of Public Health (Warwickshire County Council, Coventry City Council)
* 2 x Care Collaborative Chairs
* 2 x Healthwatch
* 2/3 x VCSE representatives (from VCSE alliance)
* 2 x Academic institution representatives (Coventry University & University of Warwick)
* 2 x Faith Representatives
* 1 x Housing Representative

It is expected that sub-groups operating on a task and finish basis alongside dedicated workshops, dedicated public meetings and other methods to be used for broader stakeholder participation and to include views and needs of patients, carers, the social care sector.

# Chair and Deputy Chairs

The Chair of the Integrated Care Partnership is the ICB chair, appointed on account of their specific knowledge skills and experience and to provide a strong link across the ICB and ICP, making them suitable to chair the Committee.

The Deputy Chairs are the chairs of the Coventry and Warwickshire Health and Wellbeing Boards to provide strong links into place.

In the absence of the Chair and Deputy Chairs, or if the Chair and Deputy Chairs have a conflict of interest, the remaining members present shall elect one of their number to Chair the meeting.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.

The Chair will also be part of the Health and Wellbeing Boards of Coventry and Warwickshire, to facilitate system working and so as to ensure that the agenda of the Committee complements and builds on assurances that Board Committees at individual organisations have gained.

# Meetings

The Integrated Care Partnership will meet four times a year:

1. to agree the strategy,
2. to review performance and progress at 4 months
3. to review performance and progress at 8 months
4. to review progress at the end of the year and initiate the development of the strategy for the next year.

Extraordinary meetings may be held at the discretion of the Chair. A minimum of two working days’ notice should be given when calling an extraordinary meeting.

In accordance with the Standing Orders, the Committee may meet virtually and members attending using electronic means will be counted towards the quorum.

# Transparency

All meetings will be held in public and papers made available online.

Where minutes and reports identify individuals, they will not be made public.

# Attendance

Committee members are expected to make every effort to attend meetings and come prepared.

Where a member or any attendee of the Committee is unable to attend a meeting, a suitable alternative (deputy) may be agreed with the Chair. In the case of members the deputy may speak and vote on their behalf and will count towards the quorum where necessary.

If unable to attend, members must send their apologies to the Chair and Secretary prior to the meeting and, if appropriate, seek the approval of the Chair to send a deputy to attend on their behalf.

# Attendees

Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff and individuals to attend the meeting (for all or part of a meeting) as necessary in accordance with the business of the Committee. Such attendees will not be eligible to vote.

Opportunities will be created for members of the public to attend and be given opportunity to speak at select meetings of the Committee.

# Quoracy

The quorum of the Committee is a minimum of 12 members including at least one representative from the ICB and one from each Coventry City Council and Warwickshire County Council as the statutory partners.

If any member of the Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If the Committee is not quorate then the meeting may proceed if those attending agree, but no decisions may be taken, or the meeting may be postponed at the discretion of the Chair.

# Decision making and voting

Decisions will be guided by national NHS policy and best practice.

Decisions will be taken by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

If a decision is needed which cannot wait for the next scheduled meeting and it is not appropriate to call an extraordinary meeting, the Chair may conduct business on a ‘virtual’ basis through the use of telephone, email, or other electronic communication.

# Conflicts of Interest

All members and those in attendance must at the start of the meeting, declare any conflicts of actual or potential conflicts of interest (even if such a declaration has previously been made) in accordance with the ICB’s policies and procedures. This will be recorded in the minutes.

Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

# Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

# Secretariat and Administration

The Committee shall be supported with a secretariat function. Which will include ensuring that:

* The agenda and papers are prepared and distributed in good time before meetings having been agreed by the Chair with the support of the relevant executive lead. Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
* Records of members’ appointments and renewal dates.
* Good quality minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
* The Committee is updated on pertinent issues/ areas of interest/ policy developments.
* Action points are taken forward between meetings.

# Accountability and reporting arrangements

The Committee is accountable to the ICB and shall report to them on how it discharges its responsibilities.

# Review of the Committee

The Committee will undertake an annual evaluation of its performance, membership, and Terms of Reference against its key objectives.

These Terms of Reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval**.**

# Appendices

## Appendix I

The four key aims of ICSs are:

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

## Appendix II

The 5 expectations are:

* ICPs are a core part of ICSs, driving their direction and priorities.
* ICPs will be rooted in the needs of people, communities and places.
* ICPs create a space to develop and oversee population health strategies to improve health outcomes and experiences.
* ICPs will support integrated approaches and subsidiarity.
* ICPs should take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights.

## Appendix III

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| **Principles** | **What this means** |
| **Championing better health for everyone** | * We will champion better, patient-centred, care for everyone and support subsidiarity throughout the system and putting people at the heart of decision making.
 |
| **Providing strategic leadership** | * We will provide collective strategic leadership for the ICP, aligned to and driven by the four key aims of ICSs.
* We will lead with a strong, collective, moral purpose.
 |
| **Prioritising prevention** | * We will tackle the causes of health-related problems to reduce the impact of ill-health on people's lives, their families and communities.
* We will seek to address the root cases of problems, listening to local people's priorities and acting on their concerns.​
 |
| **Strengthening and empowering communities** | * We will support strong and stable communities.
* We will support the voice of communities and people in the planning and delivery of the services they need.
* We will ensure our work is connected to the communities we serve.
 |
| **Championing integration and co-ordinating services** | * We will work together to design services which take account of the complexity of people's lives and their over-lapping health and social needs.
* We will focus on the best way to achieve good outcomes for people, reducing the number of interactions people have with our services and avoiding multiple interventions from different providers.
* We will champion care for those in need being delivered by teams of staff working seamlessly across different sectors, so that support can be provided as efficiently and effectively as possible.
 |
| **Sharing responsibility and accountability** | * We will treat each other with respect and equality and value the distinct contributions made by all the organisations that are part of the ICP.
* We will maintain partnerships between the public sector, voluntary and community sector, local businesses and residents, recognising that we share responsibility to transform the health and well-being of our communities.
* We will pool resources, budgets and accountabilities where it will improve services for the public.
 |
| **Engaging, listening and learning**  | * We will actively engage the people and communities of Coventry and Warwickshire on the strategic work of the ICP.
* We will foster a culture of engagement, learning and sharing across the ICS.
* We will engage with, listen to and learn from the expertise of professional, clinical, political and community leaders at the forefront of the ICP’s strategic thinking and help promote strong clinical and professional system leadership.
 |

## Appendix IV

|  |  |
| --- | --- |
| **Working arrangements** | **What this might look like** |
| **We will work together in alliance with each other, operating with mutual respect and accountability.** | * Working together as equals to effectively exercise the ICPs core strategic role in the ICS in a way that best meets the four key aims.​
* Working collaboratively as the ICP and with key partners and stakeholders to champion the strategic work of the ICP and build a partnership approach to key health and care issues across Coventry and Warwickshire.​
* Coming to meetings of the ICP briefed, engaged and prepared to make active contributions and recommendations.​
* Demonstrating commitment by prioritising attendance at meetings, development sessions and activity in between meetings, such as responding to email communications and providing information within set deadlines.​
 |
| **We will design systems which are easy for everyone to understand and use.​** | * Ensuring that there are communication mechanisms in place within the partner organisations and across communities to enable information about the ICP’s work are disseminated and appropriate action is taken to ensure the shared objectives are met.​
* Ensuring systems are accessible to all and take account of different needs and barriers to access.
 |
| **We will agree a common set of outcomes to be delivered.​** | * Agreeing a set of outcomes and objectives for the ICP strategy, informed by the existing strategies of the Coventry and Warwickshire Health and Wellbeing Boards, local authorities, trusts and other partners and building on the Joint Strategic Needs Assessments for both areas.
* Conducting regular performance and progress checks against the delivery of the integrated care strategy and conducting annual reviews.
 |
| **We will streamline system governance to enable decisions to be taken at scale and pace.​** | * Supporting and facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development.​
* Operating a collective model of decision-making that seeks to find consensus between system partners. ​
 |
| **We will make evidence-based commissioning decisions focused on the best way to achieve good results.​** | * Actively participate in discussions at ICP meetings bringing the views of partner organisations and communities.​
 |
| **We will Learn from others and from our own experiences.​** | * Listening to and learning from best practice across partners in the system.
* Engaging with people and communities about their experience of care at system, place and neighbourhood level.
* Shaping a positive culture across the ICS, a culture of a learning system, innovation, bravery, ambition and willingness to learn from mistakes. ​
 |