North East London Integrated Care Partnership

TERMS OF REFERENCE

Status	1. The following partner organisations within the North East London Integrated Care System ("**ICS**"), otherwise known as the North East London Health & Care Partnership, have come together to establish a joint committee in accordance with section 116ZA of the Local Government and Public Involvement in Health Act 2007 ("**2007 Act**") to be known as the North East London Integrated Care Partnership ("**ICP**"). 2. The partner organisations are: (a) City of London Corporation (b) London Borough of Barking and Dagenham (c) London Borough of Hackney (d) London Borough of Havering (e) London Borough of Newham (f) London Borough of Redbridge (g) London Borough of Tower Hamlets (h) London Borough of Waltham Forest (i) The North East London Integrated Care Board ("**ICB**"). 3. In addition, the statutory joint committee has broadened its membership to ensure the perspective of its wider system partners. 4. The ICP brings together a broad alliance of organisations concerned with improving the care and health and wellbeing of the population of North East London. Alongside the ICB, the formation of the ICP gives a statutory underpinning to the North East London Health and Care Partnership.[1] 5. In accordance, with the 2007 Act, the ICP may determine its own procedure (including as to quorum) and this has been set out in these terms of reference.

[1] The ICB is the statutory system-wide NHS body responsible for planning and funding most NHS services in the area. The ICP is a statutory committee that bring together a broad set of system partners (including local government, the voluntary, community and social enterprise sector (VCSE), NHS organisations and others) to develop a health and care strategy for the area. (source: Kings Fund)

	6. The ICP may establish groups to assist it to undertake its functions, but it cannot delegate decisions to such groups. In reliance on this authority, the ICP has established and approved terms of reference for the North East London Integrated Care Partnership Steering Group. The role of the Steering Group is to support and steer the work of the ICP.
Purpose	7. The ICP is a key component in supporting the ICS with the achievement of the 'four core purposes' of Integrated Care Systems, namely to: (a) Improve outcomes in population health and healthcare; (b) Tackle inequalities in outcomes, experience and access; (c) Enhance productivity and value for money; (d) Help the NHS support broader social and economic development. 8. The ICP will ensure that the partnership focuses on our collectively agreed ambition and purpose, with co-production central to our approach: We will work with and for all the people of North East London to create meaningful improvements in health, wellbeing and equity. In line with the following principles to: • Improve quality and outcomes • Secure greater equity • Create value • Deepen collaboration 9. The ICP will aim to meet the five expectations of integrated care partnerships set out in the Department of Health & Social Care's Guidance, dated 23 March 2022, and these shall guide the ICP's work. It shall: **A. Drive the direction and policies of the ICS** (e.g. through building strong relationships across the ICS and driving a culture of collaboration) **B. Be rooted in the needs of people, communities and places** (e.g. by recognising the critical role that Healthwatch and VCSE partners play in supporting the ICP's work with communities and places; by promoting a listening and responsive culture across the entire ICS, ensuring that decisions are made as close to the people and communities they serve as possible; by drawing on insights from the existing work of the partners of the ICS with regards to inclusive engagement activities; by ensuring that mental health representation plays a significant role in the ICP)

	C. Create a space to develop and oversee population health strategies to improve health outcomes and experiences (e.g. by looking beyond traditional organisational boundaries to address population health, health inequalities and the wider determinants of health, and by ensuring there is the space to take a long term view and a considered approach to complexity issues) **D. Support integrated approaches to subsidiarity** (e.g. by ensuring that work at system level complements and supports the work undertaken at place level, whilst itself ensuring that the ICP does not duplicate the local role of the Health and Wellbeing Boards; and by engaging with other systems and sharing experience of how to create an effective culture and dynamic between partners) **E. Take an open and inclusive approach to strategy development and leadership, involving communities and partners, and utilising local data and insights** (e.g. a focus of the ICP to be to build maximum consensus between partners, enabling good culture driven by shared goals and evidence informed by the communities which the ICS serves. This should be underpinned by strong relationship between leaders across the system, which the ICP will have a key role in nurturing)
Responsibilities of the ICP	10. The ICP has a statutory role as stated in the 2007 Act and reflected in the National Health Service Act 2006 (‘**2006 Act’**). Additionally, as described below, the ICP has a role in the relation to the Place-Based Partnership arrangements established in the seven Places across North East London. 11. The core role of the ICP is described below: **Integrated care strategy** 12. The ICP’s primary responsibility will be, in line with its statutory role, to develop an Integrated Care Strategy setting out how the assessed needs in relation to its area are to be met by the exercise of functions of the ICB, NHS England and/or the eight local authority partner organisations. **ICS strategic priorities and operating principles** 13. The ICP, through the development of the Integrated Care Strategy, and otherwise, will have a lead role in co-ordinating the partners to develop the Strategic Priorities of the ICS. 14. The ICP will also make recommendations to the partners of the ICS on the development and refinement of the North East London ICS Operating Principles. 15. The current Strategic Priorities of the ICS and its Operating Principles can be found here.

	Addressing key issues 16. The ICP will provide a forum for system leaders to: (a) Discuss and debate on key system issues; (b) Focus on facilitating agreement between partners on key health and well-being issues and responses; (c) Identify key outcomes and ensure the experience of service users and patients remain at the centre; (d) Set the culture and tone for the ICS through leading by example; (e) Openly discuss difficult issues with a focus on what is best for the North East London population; (f) Provide constructive challenge to the established ways of working; (g) Ensure that the needs of people, places and communities are widely understood.
Chairing arrangements	17. The ICP will be Chaired by the Chair of the Integrated Care Board. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference. 18. The ICP may appoint a Deputy Chair from amongst its members.
Membership	19. Section 116ZA requires that the ICP shall consist of one member which is appointed by the ICB and one member from each of the eight local authorities. Some guidance has referred to members as 'founding members.' 20. The ICP itself is then permitted to appointed other members, and has chosen to do so to ensure the perspective of its wider system partners. 21. The membership of the ICP shall be as follows: *Founding members* (a) Chair of the ICB (Chair) (b) One member, from each of the eight local authorities, who shall be: (i) Health and Wellbeing Board cabinet member, City of London Corporation; (ii) Health and Wellbeing Board cabinet member, London Borough of Barking and Dagenham; (iii) Health and Wellbeing Board cabinet member, London Borough of Hackney;

(iv) Health and Wellbeing Board cabinet member, London Borough of Havering;

(v) Health and Wellbeing Board cabinet member, London Borough of Newham;

(vi) Health and Wellbeing Board cabinet member, London Borough of Redbridge;

(vii) Health and Wellbeing Board cabinet member, London Borough of Tower Hamlets;

(viii) Health and Wellbeing Board cabinet member, London Borough of Waltham Forest.

Members appointment by the ICP

(c) The following members drawn from the ICB:

(i) Chief Executive

(ii) Chief Medical Officer

(d) The following four members drawn from the eight NHS Trust and Foundation Trust partner organisations operating in North East London:[2]

(i) Chair, Barts Health and BHR Hospitals Trust

(ii) Chair, Homerton Healthcare

(iii) Chair, East London Foundation Trust

(iv) Chair, North East London Foundation Trust

(e) The following eight members drawn from VCSE organisations across the local authority areas in North East London:

(i) Barking & Dagenham Council for Voluntary Service

(ii) City of London

(iii) Hackney Council for Voluntary Service

(iv) Havering Compact of Voluntary Organisations

(v) Redbridge Council for Voluntary Service

(vi) Compost London (Newham)

(vii) Tower Hamlets Community Voluntary Services

(viii) Waltham Forest,

[2] As specified in clause 3.5.1 of the ICB's Constitution.

(f) The following eight members drawn from Healthwatch organisations across the local authority areas in North East London:

(i) City of London Healthwatch

(ii) Healthwatch Barking and Dagenham

(iii) Healthwatch Hackney

(iv) Healthwatch Havering

(v) Healthwatch Newham

(vi) Healthwatch Redbridge

(vii) Healthwatch Tower Hamlets

(viii) Healthwatch Waltham Forest

(g) [*TBC*] clinical representatives with primary care, allied health, acute, and/or mental health expertise:

(i) [ ]

(h) Other representatives as follows:

(i) Care Providers Voice

22. With the permission of the Chair the members, set out above, may nominate a deputy to attend a meeting of the ICP that they are unable to attend. The deputy may speak and vote on their behalf. Where possible, members should notify the Chair of any apologies before papers are circulated.

Participants

23. Only members of the ICP have the right to attend meetings. However, other individuals may be invited to attend all or part of any meeting as and when appropriate to assist the ICP with its discussions.

24. The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Meetings, Quoracy and Decisions

Scheduling meetings

25. The ICP shall ordinarily meet quarterly. Additional meetings may be convened on an exceptional basis at the discretion of the Chair.

Quoracy

26. For a meeting to be quorate, 50% of the members must be present. This must include five of the nine founding members.

27. If any member of the ICP 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.

28. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Voting

29. The ICP will ordinarily reach conclusions by consensus. When this is not possible, the Chair may call a vote. Only members of the ICP may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair will hold the casting vote. The result of the vote will be recorded in the minutes.

Papers and notice

30. A minimum of seven clear working days' notice is required of the date and time of a meeting. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting

31. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair.

Virtual attendance

32. It is for the Chair to decide whether or not the ICP will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. How a person has attended a meeting shall be specified in the meeting minutes.

Admission of the public

33. Meetings will usually be open to the public, unless the Chair determines, at his or her discretion, that it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for some other good reason.

34. The Chair shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the business shall be conducted without interruption and disruption.

35. A person may be invited by the Chair to contribute their views on a particular item or to ask questions in relation to agenda items. However, attendance shall not confer a right to speak at the meeting.

	36. Matters to be dealt with by a meeting following the exclusion of representatives of the press and other members of the public shall be confidential to the members of the ICP and others in attendance. 37. [There shall be a section on the agenda for public questions to the ICP. The ICP will adopt the ICB's procedure for public questions: [*insert link*].] *Recordings of meetings and publication* 38. Except with the permission of the Chair, no person admitted to a meeting of the ICP shall be permitted to record the proceedings in any manner whatsoever, other than in writing. *Confidential information* 39. Where confidential information is presented to the ICP, all those who are present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles. *Meeting minutes* 40. The minutes of a meeting will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the ICP together with the action log as soon after the meeting as practicable. The minutes will be submitted for agreement at the next meeting where they will be signed by the Chair. *Governance support* 41. Governance support to the ICP will be provided by the ICB's governance team. *Conflicts of interest* 42. The ICP is committed to conducting its business in a fair, transparent, accountable and impartial manner. Members will comply with the arrangements for managing conflicts of interest established by the organisations that they represent or the ICS as a whole, and any relevant national statutory guidance.
Behaviours and Conduct	43. All members shall follow the Seven Principles of Public Life (i.e. the Nolan Principles), which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership. 44. Members of the ICP have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view and reach agreement by consensus. The purpose of the ICP is to consider the best interests of service users and residents in North East London, when taken as a health and care system as a whole, rather than representing the individual interests of any of the partner organisations over those of another. ICP members participate in the ICP to - as far as possible - promote the greater collective endeavour.

	45. Members must demonstrably consider equality, diversity and inclusion implications of the decisions they make.
Accountability and Reporting	46. The ICP shall comply with any reporting requirements that are specifically required by any of the statutory partner organisations for the purposes of its constitutional or other internal governance arrangements. 47. Members of the ICP shall disseminate information back to their respective organisations as appropriate, and feedback to the group as needed.
Review	48. The ICP will review its effectiveness at least annually. 49. These ToR will be reviewed at least annually and more frequently if required.

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