

North East North Cumbria Health & Care Partnership



North East and North Cumbria Integrated Care Partnership (ICP)

Terms of Reference and Membership for the Strategic ICP and Area ICPs

Background

1. The North East and North Cumbria Integrated Care Partnership (herein referred to as the Strategic ICP) is a joint committee established by the North East and North Cumbria Integrated Care Board and the soon to be fourteen upper tier local authorities in the North East and North Cumbria as equal partners:
2. The local authorities of the North East and North Cumbria ICP are:
 - County Durham
 - Cumberland
 - Darlington
 - Gateshead
 - Hartlepool
 - Middlesbrough
 - Newcastle upon Tyne
 - North Tyneside
 - Northumberland
 - Redcar and Cleveland
 - South Tyneside
 - Stockton-on-Tees
 - Sunderland
 - Westmorland and Furness
3. Together, the North East and North Cumbria Integrated Care Board (ICB) and the North East and North Cumbria Integrated Care Partnership (Strategic ICP) forms the new statutory North East and North Cumbria Integrated Care System (ICS).
4. While acknowledging the diversity of organisations and partners in our integrated care system there are a number of responsibilities placed on the ICB and local authorities as statutory co-owners and equal partners to formally engage with stakeholders and establish an effective and broad-based ICP. These requirements have guided the establishment of an inclusive ICP for the North East and North Cumbria that builds on existing partnership structures to galvanise the partnership behind some common aims and set the culture of the system that we all work in.

Purpose

5. The Strategic ICP will facilitate joint action to improve health and care outcomes and work together to influence the wider determinants of health as well as the broader social and economic development of the North East and North Cumbria

6. Our ICP will create the space for partners to develop joint strategies that better serve local populations, based on population health management approaches. They will enable partners to plan for the future and develop strategies for using available resources creatively to address the longer-term challenges which cannot be addressed by a single sector or organisation alone.
7. National guidance states that ICPs will highlight where coordination is needed on health and care issues and challenge partners to deliver the action required. These include, but are not limited to:
 - helping people live more independent, healthier lives for longer
 - taking a holistic view of people's interactions with services across the system and the different pathways within it
 - addressing inequalities in health and wellbeing outcomes, experiences and access to health services
 - improving the wider social determinants that drive these inequalities, including employment, housing, education, environment, and reducing offending
 - improving the life chances and health outcomes of babies, children and young people
 - improving people's overall wellbeing and preventing ill-health
8. In meeting these challenges, the Strategic ICP has a specific responsibility for developing the **North East and North Cumbria Integrated Care Strategy** for the whole population. This strategy will build on the Joint Local Health and Wellbeing Strategies from all of the Health and Wellbeing Boards in our ICS area, 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 and 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.
9. While the Strategic 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 Strategic ICP will also continue to evolve in the way it works in response to the changing priorities of the partnership.

Responsibilities of the Strategic ICP

10. The Strategic ICP's responsibilities are to:
 - Develop and approve an Integrated Care Strategy for the population of North East and North Cumbria – which the ICB and local authorities will be required by law to have regard to the ICP's strategy when making decisions, and commissioning and delivering services.
 - Ensure the Integrated Care Strategy:
 - is focused on reducing health inequalities
 - uses the best available evidence and information
 - takes account of local challenges, assets and resources
 - expands the range of organisations and partners involved in strategy development and delivery,
 - is underpinned by insights gained from our communities,
 - benefits from strong clinical and professional input and advice.
 - Focuses on those issues where ICP partners need to take joint action in relation to managing collective issues and challenges
 - Design and oversee a joint accountability framework to ensure the delivery of the Integrated Care Strategy.
11. In addition to these responsibilities, the Strategic ICP will:

- Consider recommendations from partners and reach agreement on priority work programmes and workstreams that would benefit from a cross-partnership approach
- Commission specific advice from established groups, including but not limited to the multi-agency Healthier and Fairer Advisory Group, to obtain subject matter expertise, in setting the direction of the Strategic ICP.
- Provide active support to the development of four Area ICPs across the North East and North Cumbria, enabling local partnership arrangements, engagement and co-production, bringing together Local Authorities, voluntary and community groups, and other key partners.
- Facilitate and support cross-area working and sharing of best practice where this would benefit the population or provide efficiencies in our approach.
- 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.

12. For the avoidance of doubt, it is not a function of the Strategic ICP to duplicate the statutory functions of its constituent organisations. The Strategic ICP will not perform a health scrutiny function and will itself be subject to scrutiny by the Health Scrutiny Committees as appropriate of the fourteen local authorities in the ICS area.

Membership

13. The statutory membership of the Strategic ICP will comprise the Chair and Chief Executive of the Integrated Care Board and an elected member and senior officer from each of the fourteen local authorities. Subject to the agreement of the Strategic ICP, an additional initial range of members will be as set out in Appendix 1.

14. In addition to the membership outlined in Appendix 1, the Strategic ICP may appoint such additional persons as it sees fit, either as co-opted voting members or as observers who shall be entitled to participate in discussion at its meetings but shall not be entitled to vote.

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

Deputies

16. If a member is unable to attend a meeting of the Strategic ICP, they 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 effectively. Deputies will be eligible to vote if required. The Chair of the Strategic ICP must be informed in advance of the relevant meeting of the identity of a substitute

Chairing

17. Until a substantive chair of the ICP is appointed in 2023, meetings will be convened and chaired by the chair of the ICB on an interim basis.

Frequency of Strategic ICP Meetings

18. The Strategic ICP will meet at least biannually to instigate and then sign off the Integrated Care Strategy development process. As a formal joint committee of the ICB and the local authorities the Strategic ICP will be required to meet in public, and its meetings will be recorded and made available on the ICB website.

Operating Model and Area ICPs

19. Whilst there is a legislative basis for Integrated Care Partnerships, and extensive national guidance on the formation of Integrated Care Systems, there is, in addition, considerable flexibility for the Integrated Care Partnership's members to determine its operating model.
20. Therefore, the statutory members of the ICP have agreed a "one plus four" model, with one Strategic ICP (with a core membership of the ICB and all the local authorities in the ICS) which will be built up from the four existing and well-established partnership forums within North East and North Cumbria. These are based on geographical groupings that created valuable forums to think through how we better coordinate care and create new opportunities for wider access to services. NHS chairs and local authority leaders, as well as their chief executives and senior officers, have already been meeting together informally in this way for several years, building the relationships and trust that are helping to deliver increasing levels of integration and joint planning.
21. Therefore, our Area ICPs will be based on these existing geographies within our ICS:
- **North:** Gateshead, Newcastle upon Tyne, North Tyneside, and Northumberland.
 - **Central:** County Durham, South Tyneside, and Sunderland.
 - **Tees Valley:** Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, and Stockton-on-Tees.
 - **North Cumbria:** Cumberland, and Westmorland & Furness (given part of the latter authority is within the North East and North Cumbria ICS area). It was agreed to establish this as a separate Area ICP given the unique challenges of geographical isolation and service fragility within North Cumbria, and their need to collaborate on these challenges with the neighbouring ICP for Lancashire and South Cumbria, as well as its neighbours to the east.

Complimentary role of the Strategic ICP and Area ICPs

22. The Strategic ICP will:

- oversee and approve the ICS-wide Integrated Care Strategy, built up from an analysis of need from the four Area ICPs led by the Joint Strategy Development Group.
- promote a multi-agency approach to improving population health and wellbeing and tackling the wider social and economic determinants of health for our population of over 3 million people
- consider and suggest ways forward to tackle health inequalities, and improve experiences and access to health services at this same population level
- champion initiatives involving the contribution of the NHS and wider health and care organisations to large scale social and economic development

23. The Area ICPs will:

- Develop and strengthen relationships between professional, clinical, political and community leaders
- Analyse needs from each of the constituent places within that Area (based on the HWBB-led Joint Strategic Needs Assessment process) to feed into the Integrated Care Strategy setting process
- Agree how to deliver the priorities set out in the Integrated Care Strategy within their Area
- Provide a regular forum for system partners to share intelligence, identify common challenges, agree joint objectives and share learning
- Ensure the evolving needs of their local population are well understood

24. The membership of the Area ICPs will be diverse and drawn from a range of organisations as set out in Appendix 2 – including the Integrated Care Board, local

authorities, foundation trusts, primary care networks, the voluntary sector and HealthWatch, and other partners.

Chairing of Area ICPs

25. This will be for local determination between Area ICP partners, but typically this will be undertaken by a non-executive chair, such as the chair of a local Health and Wellbeing Board.

Relationship of ICPs to place through Health and Wellbeing Boards

26. In recognition of the importance of place, Department of Health Social Care guidance issued on 22 November 2022 recognises the important ongoing role of Health and Wellbeing Boards (HWBs), and expects as a minimum that all partners – the HWBs, ICBs and ICPs – will adopt a set of principles in developing relationships, including:

- building from the bottom up
- following the principles of subsidiarity
- having clear governance, with clarity at all times on which statutory duties are being discharged
- ensuring that leadership is collaborative
- avoiding duplication of existing governance mechanisms
- being led by a focus on population health and health inequalities

27. ICP need to have regard for and build on the work of HWBs to maximise the value of place-based collaboration and integration, and reduce the risk of duplication. They should ensure that action at system-wide level adds value to the action at place level, and they are all aligned in understanding what is best for their population.

28. ICB and ICP strategies and priorities should not detract from or undermine the local collaboration at place level. In an effective health and care system the ICP should build upon the existing work by HWBs and any place-based partnerships to integrate services. Working together at system level is helpful for issues that benefit from being tackled at scale.

29. HWBs will remain legally distinct from Integrated Care Partnerships but the latter's strategic priorities should be informed by local population health data as expressed through Joint Strategic Needs Assessments, and Joint Local Health and Wellbeing Strategies (JLHWS). The JLHWS sets out the vision, priorities and action agreed by the HWB to meet the needs identified within the JSNA and to improve the health, care and wellbeing of local communities and reduce health inequalities. The JLHWS is for the footprint of the local authority (with children's and adult social care and public health responsibilities).

30. HWBs will need to consider the integrated care strategies when preparing their own strategy (JLHWS) to ensure that they are complementary. Conversely, HWBs should be active participants in the development of the integrated care strategy as this may also be useful for HWBs to consider in their development of their strategy. When the HWB receives an integrated care strategy from the ICP, it does not need to refresh JLHWS if it considers that the existing JLHWS is sufficient

31. The integrated care strategy should build on and complement JLHWSs, identifying where needs could be better addressed at the system level. It should also bring learning from across the system to drive improvement and innovation. Our Area ICPs will

therefore facilitate opportunities to share innovation and expertise in how to deliver integrated approaches in the context of local circumstances – but they should not seek to overrule or replace existing place-based plans.

Frequency of Area ICP Meetings

32. Meetings of the Area ICP will be held on a quarterly basis as a minimum. As these are not formal joint committees of public bodies their meetings are not required to be made public, but Area ICPs can hold meetings in public if they wish, and their minutes will be published on the ICB website.

Reporting arrangements

33. Area ICPs will provide regular updates to the Strategic ICP via the minutes from each meeting. These minutes will be agreed by the Chair and circulated to representatives for approval and ratification (with the exception of any elements of any minutes need to be redacted due to conflicts of interest or withheld for reasons of commercial or personnel confidentiality).

Administrative Support

34. The ICB's Corporate Governance, Communications and Involvement team will provide a secretariat to the Strategic and Area ICPs to ensure the effective administration of the partnership, including the publication of meeting details on the ICB's website and the recording of meetings. The agenda and papers for meetings of the Strategic ICP and Area ICPs will be distributed no less than five working days in advance of the meeting unless agreed with the chair.

Conflicts of Interest

35. It is imperative that members ensure complete transparency in any discussions and/or subsequent recommendations by declaring any interests, both actual and/or perceived. The matter must always be resolved in favour of the public interest rather than the individual member or related organisation.

36. Members of the ICP are responsible for declaring any conflicts of interest in relation to the agenda items of the Partnership's meetings. Where any representative has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair shall use their discretion to decide, having regard to the nature of the potential or actual conflict of interest, whether or not that representative may participate in that part, or any other parts of the meeting, in which the relevant matter is discussed. Each representative must abide by all policies of the organisation he/she represents in relation to conflicts of interest.

Conduct of the ICPs

37. Each representative and those in attendance at ICP meetings will abide by the 'Principles of Public Life' and the NHS Code of Conduct, and the Standards for members of NHS boards and governing bodies, Principles of the Citizen's Charter and the Code of Practice on Access to Government Information together with all other applicable guidance, statutory guidance and/or requirements applying from time to time.

Date of review

38. The Partnership will review its own effectiveness, membership and terms of reference annually, however an initial review will take place after a period of six months following its establishment. Recommendations for amendment of the terms of reference will be submitted to the Board for approval.

Approved by the members of the Strategic ICP:

December 2022

Approved by NHS North East & North Cumbria (ICB) Board:

28 March 2023

Appendix 1:

Strategic ICP Membership

Members from statutory partner organisations:

Integrated Care Board

- Chair: Professor Sir Liam Donaldson
- Chief Executive: Samantha Allen

County Durham

- Cllr Chris Hood, Lead Member for Adults Services
- Jane Robinson, Corporate Director, Adult and Health Services

Cumbria (interim position pending the council reorganisation in 2023)

- Cllr Martin Harris, Lead Member for Adults (Cumberland)
- Cllr Patricia Bell, Lead Member (Westmorland & Furness)
- Colin Cox, Director of Public Health

Darlington

- Cllr Kevin Nicholson, Cabinet Member for Health & Housing
- James Stroyan, Group Director of People

Gateshead

- Cllr Lynne Caffrey, Chair of the Health and Wellbeing Board
- Alice Wiseman, Director of Public Health

Hartlepool

- Cllr Shane Moore, Leader of the Council
- Craig Blundred, Director of Public Health

Middlesbrough

- Cllr David Coupe, Chair of the Health and Wellbeing Board
- Erik Scollay, Director of Adults Services

Newcastle upon Tyne

- Cllr Karen Kilgour, Deputy Leader of the Council
- Matt Wilton, Assistant Chief Executive

North Tyneside

- Cllr Karen Clark, Chair of the Health and Wellbeing Board and the Cabinet Member for Public Health
- Wendy Burke, Director of Public Health

Northumberland

- Cllr Wendy Pattison, lead member for Adult Wellbeing
- Liz Morgan, Director of Public Health

Redcar & Cleveland

- Mary Lanigan, Leader of the Council
- Patrick Rice, Corporate Director Adults and Communities

South Tyneside

- Cllr Anne Hetherington, Lead Member for adults, health and independence
- Tom Hall, Director of Public Health

Stockton-on-Tees

- Cllr Bob Cook, Leader of the Council & Chair of the Health and Wellbeing Board
- Ann Workman, Director Adults & Health Services

Sunderland

- Cllr Kelly Chequer, Healthy City Portfolio Holder
- Gerry Taylor, Director of Public Health

Members from non-statutory partner organisations:

ICS VCSE Partnership

- Jane Hartley, Social Prescribing and Health Partnerships Strategic Manager (and ICB Participant)
- Lisa Taylor, Health and Wellbeing Programme Director

ICS HealthWatch Network

- Christopher Akers-Belcher, Chief Executive, Healthwatch Hartlepool
- Paul Jones, Lead Officer for Healthwatch North Tyneside

Housing Sector

- Tracy Harrison, Chief Executive of the Northern Housing Consortium
- Chris Smith, Chief Executive of Thirteen Housing Group

Social Care Provider Sector

- (Member TBC)

Regional Hospice Network

- Steph Edusei, Chief Executive of St Oswald's Hospice

University Sector

- Professor Jane Robinson, Pro-Vice-Chancellor, Newcastle University

Police and Fire & Rescue Services

- (Members TBC)

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.

Appendix 2:

Area ICP Membership

This will be for local determination, but it is expected that each Area ICP will have members drawn from the following organisations and sectors:

- **NHS North East and North Cumbria Integrated Care Board**
- **Foundation Trusts (Acute, Mental Health and Ambulance)**
- **Local Authorities (e.g., Health and Wellbeing Board Chairs and Directors of Adult's Services, Children's Services & Public Health)**
- **Primary Care Networks**
- **Healthwatch**
- **Housing Sector**
- **Police and Fire & Rescue Services**
- **University and Education sector**
- **VCSE providers and local infrastructure organisations**