

**Humber and North Yorkshire**

**Integrated Care Partnership**

**Terms of Reference**

|  |  |
| --- | --- |
| **Terms of Reference:** | Humber and North Yorkshire Integrated Care Partnership |
| **Authorship:** | Corporate Affairs |
| **Board / Committee Responsible for Ratifying:** | ICB Board Health and Wellbeing Boards |
| **Approved Date:** | March 2024 |
| **Ratified Date:** |  May 2024 |
| **Review Date:** | March 2025 |
| **Version Number:** | v3.0 |
| **The online version is the only version that is maintained. Any printed copies should, therefore, be viewed as ‘uncontrolled’ and as such may not necessarily contain the latest updates and amendments.** |

**Contents**

[**1.0** **Parties to the Terms of Reference** 3](#_Toc162512306)

[Local Authorities 3](#_Toc162512307)

[National Health Service 3](#_Toc162512308)

[Definitions and Interpretation 3](#_Toc162512309)

[Term ……………………………………………………………………………………………………………3](#_Toc162512310)

[**2.0** **Introduction and context** 3](#_Toc162512311)

[2.1 Purpose 4](#_Toc162512312)

[**3.0** **How we work together in Humber and North Yorkshire** 5](#_Toc162512313)

[3.1 Our shared vision and objectives 5](#_Toc162512314)

[3.2 Our shared values and behaviours 5](#_Toc162512315)

[**4.0** **Partnership Committee** 5](#_Toc162512316)

[4.1 Responsibilities 6](#_Toc162512317)

[4.2 Membership and attendance 6](#_Toc162512318)

[4.3 Chair and Vice Chair 6](#_Toc162512319)

[4.4 Deputies 7](#_Toc162512320)

[4.5 Attendees 7](#_Toc162512321)

[4.6 Quoracy 7](#_Toc162512322)

[4.7 Decision Making Arrangements 7](#_Toc162512323)

[4.8 Conflicts of Interest 8](#_Toc162512324)

[4.9 Meeting Arrangements 8](#_Toc162512325)

[4.10 Sub-Groups of the Integrated Care Partnership 8](#_Toc162512326)

[4.11 Special responsibility of the ICP – Symposium 9](#_Toc162512327)

[4.12 Reporting Arrangements 9](#_Toc162512328)

[4.13 Secretariat and Administration 9](#_Toc162512329)

[4.14 Review 9](#_Toc162512330)

# **1.0 Parties to the Terms of Reference**

The Integrated Partnership is a statutorily equal partnership between the NHS and local government to work with and for their partners and communities. The members of the Humber and North Yorkshire Integrated Care Partnership (the Partnership), include:

## Local Authorities

The following are Local Authorities (the Councils) within Humber and North Yorkshire:

* East Riding of Yorkshire Council
* Hull City Council
* North Lincolnshire Council
* North East Lincolnshire Council
* North Yorkshire County Council
* City of York Council

## National Health Service

NHS Humber and North Yorkshire Integrated Care Board (the HNY ICB)

As members of the Partnership all organisations subscribe to the vision, principles, values, and behaviours stated below, and agree to participate in the governance and accountability arrangements set out in these Terms of Reference.

## Definitions and Interpretation

These Terms of Reference is to be interpreted in accordance with the Definitions and Interpretation set out in Schedule 1, unless the context requires otherwise.

## Term

These Terms of Reference shall commence on the date of approval of all Parties. It will be subject to an annual review by the Partnership Committee to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System and will be published on the Humber and North Yorkshire Integrated Care Partnership website.

# **2.0 Introduction and context**

This Terms of Reference (ToR) is an understanding between the Councils and Humber and North Yorkshire Integrated Care Board (“the Statutory Organisations”), established in accordance with Section 116ZA of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022).

(“the Statutory Organisations”), established in accordance with Section 116ZA of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022

It sets out the details of our commitment to work together in partnership to realise a shared ambitions to improve the health and wellbeing of the circa 1.7 million people who live and work in Humber and North Yorkshire.

The Integrated Care Partnership is a statutory committee jointly convened by six Local Authorities and the NHS Humber & North Yorkshire Integrated Care Board and comprises of a broad alliance of organisations and other representatives as equal partners concerned with improving the health, public health and social care services provided to their population.

The Partnership will act as the ‘guiding mind’ of Humber and North Yorkshire Health and Care Partnership (Integrated Care System (ICS)) and is authorised to operate within these Terms of Reference, which set out its purpose, membership, authority, and reporting arrangements.

The Partnership is one of the four core elements of an Integrated Care System along with Place, the Integrated Care Board, and the Sector Collaboratives. The Partnership will not duplicate the work of the Local Health and Wellbeing Boards. Members of the Partnership Committee will champion and act as ambassadors of effective partnership working for local population benefit.

## 2.1 Purpose

The 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.

There is a statutory requirement for the Partnership to produce an Integrated Care Strategy. This will be informed by both Health and Wellbeing Boards (HWB) and Joint Strategic Needs Assessments (JSNA) and will shape the priorities for the ICS to improve the health and care of the circa 1.7 million people we serve. Our mandate is to:

* 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.

***We believe that many of the needs and health aspirations of our population are best met locally, in the six places we have identified in our partnership geography.***

With patience, respect, and a willingness to work together, the ICP will drive the direction and policy of the ICS, by:

* Being rooted in the needs of the population and communities it serves at place, and collectively across Humber and North Yorkshire.
* Overseeing population health strategies.
* Overseeing the system approach to reducing Health Inequalities.
* Overseeing and promoting partnership working in respect of the socio-economic development.
* Encouraging and supporting the development of key anchor organisations and their role in supporting local prosperity.
* Encouraging and supporting Innovation, Research, and Improvement across the ICS footprint.
* Enhancing productivity and value for money by supporting integration and subsidiarity locally and regionally where it is appropriate and effective to do so.
* Nurturing and role-modelling an open and inclusive approach between partners.
* Taking a person centred, strength-based approach; Think Person, Think Family, Think Community.

# **3.0 How we work together in Humber and North Yorkshire**

## 3.1 Our shared vision and objectives

**Our Aims**

We aim to narrow the gap in healthy life expectancy by 2030 and increase healthy life expectancy by five years by 2035.

**Our outcomes** are to ensure that our population can:

***Start well, live well, age well and die well.***

**Our ambitions**

* Enabling wellbeing, health and care equity.
* Transforming people’s health and care experiences and outcomes.
* Radically improving children’s wellbeing, health and care.

## 3.2 Our shared values and behaviours

We commit to behave consistently as leaders and colleagues in ways whichmodel and promote our shared values and have aligned these to the Nolan Principles which define the standards of conduct expected by a person or people in public office:

1. **Selflessness -** act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
2. **Integrity -** not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
3. **Objectivity -** in carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
4. **Accountability -** are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
5. **Openness -** be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
6. **Honesty -** a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
7. **Leadership -** promote and support these principles by leadership and example.

Objectives.

# **4.0 Partnership Committee**

Whilst the ICP has no formal delegated powers from its constituent organisations, it will provide an authorising environment through a leadership, oversight, and support for system-wide activities, playing a key role in ensuring joint accountability to our population. The ICP will also continue to evolve in the way it works in response to the changing priorities of the partnership.

The Partnership does not replace or override the authority of the Councils or HNY ICBsBoards and Committee. Each of them remains sovereign and Councils remain directly accountable to their electorates.

## Responsibilities

The Partnership Committee provides the formal leadership for the Integrated Care Partnership. ThePartnership Committee is responsible for

* Developing and agreeing an **integrated care strategy** across Humber and North Yorkshire- and tracking progress against the key objectives.
* Making recommendations to the ICB on delivery of integrated care strategy and on matters that span more than one place such as major service reconfiguration, capital investment, collective action and campaigns.
* Having **oversight** of delivery of the integrated care strategy, including tracking progress and review.
* Working effectively, collaboratively with partners with **shared accountability**.
* To be responsible for the oversight, monitoring, and implementation of remedial actions in relation to any risks which are aligned to the committee and managed within the respective organisations.

## Membership and attendance

The ICP membership shall be agreed by the ICP and appointed by the relevant organisations.

The membership of the Partnership Committee is comprised of the following:

* 6 Place Leaders (Usually Local authority Chief Executives or their nominated deputy)
* 6 Elected Members, (Usually Health and Wellbeing Board Chairs or holders of other relevant portfolios).
* 6 NHS Place Directors
* 2 Directors of Public Health (ideally one from the Humber area and one from North Yorkshire and York)
* A representative of Healthwatch (who will support the committee in respect of the voice of lived experience)
* Chair of the ICB (who will also be the co-chair of the ICP)
* Co-Chair of the ICP (usually an elected member, nominated by the councils)
* Chief Executive of the ICB
* Deputy Chief Executive / Chief Operating Officer of the ICB.

## Chair and Vice Chair

Meetings will be chaired by either of the co-chairs.

The Co-Chairs will be selected from HNYICB and one selected from the Elected Members, nominated by the councils.

*Note:* Co-Chairs, on behalf of the Partnership Committee or at their own discretion, may establish specific reference groups or challenge groups from the wider leadership community to inform their own thinking and understanding.

The Co-Chairs will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR. A forward plan will be developed to support the setting of the agenda.

## 4.4 Deputies

Members are permitted to nominate a suitable deputy to attend a meeting of the Partnership Committee on their behalf should they be unable to attend themselves.

Members are responsible for fully briefing any nominated deputies.

Deputies need to be confirmed in writing to the Chair of the ICP ahead of the meeting.

## 4.5 Attendees

* The Partnership Committee may invite members of the broader Leadership Community to their meetings as needed/required.
* Executive Directors/Officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.
* Other individuals may be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

## 4.6 Quoracy

The Partnership Committee will be quorate to include at least:

* One of the Co-Chairs
* Two Place Chief Executives or their nominated deputy
* Two Elected Members (in addition to the Elected Co-Chair if they are chairing the meeting)
* Two NHS Place Directors (ideally representing a different Place to the Place Chief Executives)
* One Director of Public Health
* Chief Executive or Director of the ICB

Nominated deputies may speak and vote on their behalf and where applicable will form part of the quoracy and Members will count towards the quorum if attending remotely.

If any member of the ICP has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

## 4.7 Decision Making Arrangements

The Partnership Committee will ordinarily reach conclusions by consensus. Any decisions taken will be recorded in the minutes of the meeting.

If consensus cannot be reached and if timeframes allow, then the item will be re-scheduled for discussion at the next meeting of the ICP. Otherwise, decisions will be taken by majority.

Only members (or nominated deputies) of the Partnership 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 Co-Chairs of the Committee will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the Co-Chairs may conduct business on a ‘virtual’ basis using Microsoft Teams.

## 4.8 Conflicts of Interest

In advance of any meeting of the ICP, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed.

At the beginning of each meeting of the ICP members will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declarations will be formally recorded in the minutes for the meeting.

The Chair of the ICP will determine how any declared interests should be managed.

ICP members must ensure that they always comply with their organisational policies/ professional codes of conduct.

## 4.9 Meeting Arrangements

The Partnership Committee will meet no less than four time per year and face-to-face.

Note: Extraordinary meetings may be called for a specific purpose at the discretion of the of the

Co-Chairs. At least five clear working days’ notice will be given when calling meetings.

The quarterly meetings of the Partnership Committee will be held in public via an electronic livestream.

## 4.10 Sub-Groups of the Integrated Care Partnership

The **Futures Group** will report to the Integrated Care Partnership Committee quarterly.

The purpose of the Futures Group will be to pursue partnership working that increases the capacity and effectiveness of the ICS in delivering on its long-term ambitions. This will go beyond the existing health and care partnership (NHS, local authorities, patient voice, voluntary sector) and harness the capabilities of universities, colleges, the private sector, and health charities.

The intention is to position the Futures Group as a ‘first mover’ (thought leader and innovator), generating multi-sector partnerships producing scalable transformative change that can be adopted more widely. The group will focus on the medium to long term only and will working across four main themes – research, workforce, technology, and population health. The Group will:

1. Work together with clear focus on our strategic organisational objectives, which can deliver system change and system sustainability.
2. Create ‘joined up’ thinking and avoid silos.
3. ‘Make things happen’. A committee which enables change and transformation.
4. To ensure that transformation and innovation are at the heart of our health and care system.
5. Create a ‘team’ of multi-disciplinary leaders who share a commitment to the transformation agenda- and by bringing this work together can find the ways in which their work overlaps improving connected working and avoiding duplication.
6. Develop a generation of innovative system leaders- supporting our talent and succession objectives.
7. Bring rigour and challenges from an academic setting.
8. To report to the ICP in respect of development and progress.

The Futures Group will have an external chair and independent members, along with executives from across the ICS. The minutes of the meeting will be shared with the ICP.

The **Place Leaders Group** will report to the ICP quarterly.

The purpose of the Place Leaders Group is to strengthen partnerships at Place. Meeting alongside the Futures Group the intention is to share best practice and learning from Places and explore scalable opportunities arising from current Place, regional and national initiatives, which best meet the objectives of the Partnership Strategy and address the wider determinants of health.

## 4.11 Special responsibility of the ICP – Symposium

At least once a year, the ICP will invite the wider leadership community across our ICS to come together in a symposium format, where they will welcome guests from the wider health and social care population, along with other partners including education, business, and other public sector organisations.

The purpose of the symposium will be:

* Sharing knowledge, promoting learning
* Building partnerships and creating an opportunity for networking
* Communication- sharing progress and challenges.

## 4.12 Reporting Arrangements

In addition to the Futures Group and the Place Leaders Group the ICB will receive regular report from the Population Health committee, Start Well committee and Place Health and Care Partnerships.

The minutes of the meetings shall be formally recorded by the secretariat and the Co-Chairs will provide the agreed key messages of each of its meetings, for information, to the ICB Board, Health & Wellbeing Boards, and Place Committees

The Co-Chairs will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

## 4.13 Secretariat and Administration

The Committee shall be supported initially by the Executive Director of Corporate Affairs, and with the Secretariat provided by the ICB Corporate Affairs function. The secretariat function which will include ensuring that:

* All meeting venues are fit for purpose.
* The agenda and papers are prepared and distributed 5 days in advance having been agreed by the Chair.
* 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 Chair is supported to prepare and deliver reports to the Committee.
* The Committee is updated on pertinent issues/ areas of interest/ policy developments.
* Action points are taken forward between meetings and progress against those actions is monitored.
* The secretariat is responsible for ensuring that the annual programme of business is regularly updated according to the Committees objectives and associated risks.

## 4.14 Review

The Partnership Committee will review its effectiveness at least annually.

**END**