Buckinghamshire, Oxfordshire and Berkshire West (BOB)

Integrated Care Partnership (ICP) Terms of Reference

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1. Establishment

1.1 **Statutory joint committee:** The Integrated Care Partnership (ICP), is formed in accordance with Section 116ZA of the Local Government and Public Involvement in Health Act 2007 as introduced by Section 26 of the Health and Care Act 2022. The ICP is a statutory joint committee of the BOB Integrated Care Board (ICB) and the local authorities in the ICS who are responsible for adult social care: Buckinghamshire Council, Oxfordshire County Council, Reading Borough Council, West Berkshire Council, Wokingham Borough Council.

1.2 **Terms of Reference:**

- **Definition:** The Terms of Reference for the ICP are defined jointly by the ICB and the constituent councils
- **Review:** The Terms of Reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the Terms of Reference by the ICP will be submitted to the Board and councils for approval.

2. Aims, authority, accountability and reporting

2.1 **Aims:** The aim of the ICP is to help deliver the four ICS aims:

ICS aims	Description
Improve outcomes	Improve outcomes in population health and healthcare
Reduce inequalities	Tackle inequalities in outcomes, experience and access
Provide value	Enhance productivity and value for money
Support the local area	Help the NHS support broader social and economic development.

2.2 Accountability and reporting: The Committee is accountable to:

- ICB
- Local authorities, who are responsible for social care

and shall report to them on how it discharges its responsibilities.

2.3 Authority: The Integrated Care Partnership has authority under S116ZA of the Local Government and Public Involvement in Health Act 2007 to exercise its function as a statutory joint committee of the ICB and local authorities.

The Committee is authorised to:

Authorised activity	Description
Create ICP committees and groups	Create committees and 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 committees and groups task but may not delegate any decisions to such groups.
Seek information	Seek information it requires within its remit, from any employee or member of the ICB or local authorities (who are directed to co-operate with any request made by the committee)
Commission reports	Commission reports it deems necessary to help fulfil its obligations.
Obtain advice	The ICP may use 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.
Investigate activity	**Investigate** activity within its Terms of Reference.

3. Principles

In everything it does, the ICP will uphold the ICS principles:

Theme	ICS partnership principles from the ICS design framework
Improved outcomes focus	• **Improved outcomes:** Focus on improving outcomes for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced health inequalities.
Subsidiarity	• **Triple aim, co-operation and subsidiarity:** 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). • **Support for place:** 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.
Distributed leadership	• **Distributed leadership:** Come together under a distributed leadership model and commit to working together equally. • **Professional, clinical, political and community leadership:** Draw on the experience and expertise of professional, clinical, political and community leaders and promote strong clinical and professional system leadership.
Collective accountability	• **Collective accountability:** Operate a collective model of accountability, where partners hold each other mutually accountable for their shared and individual organisational contributions to shared objectives. • **Risk/ benefit sharing:** Enable sharing of risks, benefits and support. • **Transparency:** Agree arrangements for transparency and local accountability, including meeting in public with minutes and papers available online. • **Consensus:** Use a collective model of decision-making that seeks to find consensus between system partners, including working though difficult issues where appropriate.
Innovation and continuous learning	• **Transformation**: Enable transformation of health and care services to realise the objectives of the ICS, working towards a long-term goal of a single population-based budget for health and social care services (additional) • **Innovation:** Enable opportunities to innovate, share best practice and maximise sharing of resources across organisations (additional)

	• **Continuous learning:** Create a learning system, sharing evidence and insight across and beyond the ICS, crossing organisational and professional boundaries.

4. Duties

The ICP's duties are to:

Duties	Description
Develop the ICP strategy:	Develop an integrated care strategy for BOB ICS, for which all partners will be accountable. Submit the integrated care strategy it develops to the ICB, local authorities and NHS England.
Use data	Base the strategy on 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.
Engage stakeholders	Agree a plan for consulting and engaging the public and communicate to stakeholders in the development of the strategy.
Enhance relationships	Work with the structures in Place (e.g., Health and Wellbeing Boards, Place Based Partnerships) to enhance relationships between leaders across the health and care system in order to consider best arrangement for its local area. Champion the new governance arrangements, collaborative leadership and effective partnership working, including with local government, NHS bodies and the voluntary sector.
Review progress	Monitor the ICBs performance against the strategy. Challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.
Seek assurance	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.

5. Chair, membership, attendees, sub-groups

The ICP has the following arrangements:

Arrangement	Description
Chair	The Chair will be elected by the six founding ICP members. This would be for a 1-year term which could be renewed once (maximum of 2 years).
Deputy Chair	TBD
Membership	**Statutory founding members:** • ICB Independent Chair • Elected member from Buckinghamshire Council • Elected member from Oxfordshire County Council • Elected member from Reading Borough Council • Elected member from West Berkshire Council • Elected member from Wokingham Borough Council **Other members:** • Two elected members from Buckinghamshire Council • Two elected members from Oxfordshire councils (to include at least one elected member from City/District councils) • One member from an Acute NHS Provider* • One member from a Mental Health NHS Foundation Trusts* • One member from South Central Ambulance Service NHS Foundation Trust • Two members from primary care; one to be a GP * • Three Directors of Public Health • One member from Healthwatch • One member from the BOB VCSE Alliance • One member from the Oxford Academic Health Sciences Network (AHSN) • One member representing care sector providers (with no direct financial interest) • One member representing child and adolescent mental health **In attendance/non-voting** • ICB Chief Executive Officer • One Director of Adult Social Care (DASS) • One Director of Children's Services (DCS) – to be from different place than DASS

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.
ICP sub-groups	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.
ICP Assembly	The ICP proposes to develop an inclusive Assembly that meets twice a year; approach TBD

*These four members from NHS providers must between them cover the three places: Buckinghamshire, Oxfordshire and Berkshire West

Each voting member shall have a named substitute.

6. ICP meetings

This section on ICP meetings describes the requirements for:

- Frequency of meetings, chair role and procedure in chair absence
- Attendance, conflicts of interest and quoracy
- Voting, EDI and transparency

6.1 Frequency, chair role, procedure in chair absence

	Description
Meeting frequency	The Integrated Care Partnership will meet at least three times a year: (i) to agree the strategy (ii) to review performance and progress at 4 months (iii) to review performance and progress at 8 months (iv) to review progress at the end of the year and review the strategy for the next year.

Virtual meetings and extra-ordinary meetings	• **Virtual meetings:** The Committee may meet virtually and members attending using electronic means will be counted towards the quorum. • **Extraordinary meetings** may be held at the discretion of the Chair. A minimum of five working days' notice should be given when calling an extraordinary meeting, unless there are exceptional circumstances.
Chair role	The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.
Procedure in chair absence	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.

6.2 Attendance, conflicts of interest, and quoracy

	Description
Attendance record and procedure for absence	• **Attendance record:** Committee members are expected to make every effort to attend meetings and come prepared. • **Procedure for absence:** If unable to attend, members must send their apologies to the Chair and Secretary prior to the meeting and may be represented by their named substitute. In the case of members the deputy may speak and vote on their behalf and will count towards the quorum where necessary.
Conflicts of interest	• **Declarations:** 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) pertaining to the agenda. This will be recorded in the minutes and on the register of interests. See ICB conflicts of interest policy. • **Exclusions:** The involvement of anyone with a conflict will be managed in line with the conflicts of interest policy by the Chair including exclusion from the discussion if necessary.
Disqualifications	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.
Quoracy and procedure for non-quoracy	• **Quoracy:** The quorum of the Committee is a minimum of sixteen (two-thirds) members including at least one representative from the statutory partners, i.e., at least one from the ICB and one from each of the five founding councils. • **Procedure for non-quoracy:** 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.

6.3 Voting, EDI and transparency

Meetings will be transparent, with clear decision-making, which demonstrates equality, diversity and inclusion.

	Description
Voting	• **Eligibility:** Only members of the Committee may vote. Each member is allowed one vote. • **Decisions:** Decisions will be guided by national policy and best practice. Decisions will be taken by consensus. When this is not possible the Chair may call a vote. A decision would require a majority of ICP members and a majority of the six founder members. Where the founder member majority is not achieved, the proposal to be resubmitted at a further meeting, having worked to address the key concerns of founder members wherever possible. The chair may have a casting vote, if members are equally divided on an issue. • **Recording of votes:** The result of the vote will be recorded in the minutes. • **Virtual voting:** 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.
Equality, Diversity and Inclusion	Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.
Meeting transparency	All meetings will be held in public, and papers made available online. unless an exemption provision applies to any item of business (in which case the determination of 'exempt information' will be guided by the definitions contained in the Local Government Act 1972 Schedule 12A, for example personal data and the financial or business affairs of any person).

7. Working arrangements

The ICP working arrangements will:

	Description
Complement Health and Wellbeing Boards	The ICP will complement, not duplicate, the work of the Health and Wellbeing Boards and provide an opportunity to strengthen the alignment of the ICS and Health and Wellbeing Boards. The ICP strategy will take account of the Health and Wellbeing Boards' Joint Strategic Needs Assessments (JSNA) and Joint Health and Wellbeing Strategies (JHWS).
Evolve	Working arrangements are likely to evolve in line with the scope and nature of the ICP activities.
Be jointly resourced	All ICP members and partners are expected to contribute data, staff time, assets and funding, according to the needs of the ICP and their capacity.
Be agreed and documented	Working arrangements will be agreed, documented and continually updated - the full detail of the ICP's working arrangements can be seen in Appendix I.

8. Secretariat and administration

The ICP will be provided with a secretariat by TBD, which will include the following functions:

Functions	Description
Distribute papers	Prepare the agenda and papers and distribute them in good time before meetings (and not less than five working days) after they have been agreed by the Chair, with the support of the relevant lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that do not meet the minimum requirements.
Maintain records	For example, conflicts of interest and members' appointments and renewal dates.
Take minutes	Take good quality minutes and agree them with the chair. Keep a record of matters arising, action points and issues to be carried forward.
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.

Appendices

I. Document management
II. Working arrangements

Appendix I: Document management

Revision History

Version	Date	Summary of Changes

Approved by

This document must be approved by the following:

Name	Title	Signature	Version	Date

Document control

The controlled copy of this document is maintained by BOB 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.

Appendix II: Detailed ICP working arrangements

TBD