

LINCOLNSHIRE INTEGRATED CARE PARTNERSHIP TERMS OF REFERENCE (updated February 2024)

1. PURPOSE

- 1.1 This document sets out the agreed principles and way of working for the Lincolnshire Integrated Care Partnership (ICP)
- 1.2 The ICP is a statutory committee of the Integrated Care System and as such its members come together to take decisions on the Integrated Care Strategy, but it does not take on the functions from other parts of the system.

2. CONTEXT

- 2.1 Under the Health and Care Act 2022, from July 2022, areas of England were required to establish an Integrated Care System (ICS). An ICS is a partnership of health and care organisations that plan and deliver joined up services to improve the health of people who live and work in each area. An ICS comprises two statutory bodies exercising statutory functions:
 - 2.1.1 Integrated Care Board (ICB): bringing the NHS together locally to improve population health and care. The functions previously performed by Clinical Commissioning Groups have been conferred onto ICBs.
 - 2.1.2 Integrated Care Partnership (ICP): a joint committee of organisations and representatives concerned with improving the care, health, and wellbeing of the population with specific statutory responsibility for preparing an Integrated Care Strategy for the ICS footprint.
- 2.2 NHS Lincolnshire ICB and Lincolnshire County Council (LCC) are jointly responsible for establishing the Lincolnshire ICP and are legally required to be members of the Lincolnshire ICP.
- 2.3 The Lincolnshire ICP is responsible for appointing additional members and determine its procedures.
- 2.4 The Lincolnshire ICP is legally required to prepare an Integrated Care Strategy for Lincolnshire.
- 2.5 Within the ICS landscape each upper tier local authority is required to maintain their duty to have a Health and Wellbeing Board (HWB) as a committee of the council. Therefore, as a coterminous system (the same geography with one HWB and one ICS), Lincolnshire's ambition is to align the functions of the Lincolnshire ICP with the Lincolnshire HWB wherever practical.

3. OBJECTIVES

- 3.1 To prepare an Integrated Care Strategy that meets the population needs identified in the Joint Strategic Needs Assessment (JSNA) and relates to and informs ICB, NHS and LCC plans.
- 3.2 To drive the direction and policies of the ICS.
- 3.3 To be rooted in the needs of Lincolnshire people, communities, and places.
- 3.4 To create a space to develop and oversee population health strategies to improve outcomes and experiences.
- 3.5 To support integrated approaches and subsidiarity.
- 3.6 To take an open and inclusive approach to strategy development and leadership, involve communities and partners, and utilise local data and insights.

4. FUNCTIONS AND RESPONSIBILITIES

- 4.1 To sign off the Integrated Care Strategy which sets out the strategic intent for the health and care system in Lincolnshire.
- 4.2 To act in the best interests of people, patients, and the system as a whole rather than representing individual interests of any one constituent partner.
- 4.3 To provide the overarching strategic partnership for the health and care system, building on the joint positive working between the NHS and local authorities during the Covid-19 pandemic.
- 4.4 To develop a clear view on the contribution of the health and social care system in preventing and tackling health inequalities.
- 4.5 To support the work of the Lincolnshire HWB by taking account of the JSNA and responding to the priorities of the Joint Health and Wellbeing Strategy (JHWS)
- 4.6 To work with broader partners on tackling the wider determinants of health and develop a framework for future approaches on these alongside the Lincolnshire HWB.

5. MEMBERSHIP

- 5.1 Statutory members of the ICP include:
 - Lincolnshire County Council designated representative - Executive Councillor for NHS Liaison, Integrated Care System, Registration & Coroners, and Chair of the Lincolnshire Health and Wellbeing Board
 - Integrated Care Board designated representative - Chief Executive, NHS Lincolnshire Integrated Care Board and Vice Chair of the Lincolnshire Health and Wellbeing Board

All other members below are appointed by the ICP (mirroring the membership of the Health and Wellbeing Board):

- Chair, NHS Lincolnshire Integrated Care Board

- The Executive Councillor for Children's Services, Community Safety, Procurement and migration
- The Executive Councillor for Adult Care and Public Health
- Three further County Councillors
- The Director of Public Health
- The Executive Director of Children's Services
- The Executive Director of Adult Care and Community Wellbeing
- Nominated representative, Primary Care Network Alliance
- Nominated Chief Executive representing NHS Providers in Lincolnshire
- Nominated Chair representing NHS Providers in Lincolnshire
- One designated District Council representative
- The Police and Crime Commissioner for Lincolnshire
- A representative from Healthwatch Lincolnshire
- A representative from NHS England
- A representative from Lincolnshire Police
- A representative for the Voluntary and Community Sector
- A representative for the Higher Education Sector in Lincolnshire
- A representative from the Greater Lincolnshire Local Enterprise Partnership
- A representative for the Care Sector in Lincolnshire

5.2 **For formal meetings**, each non statutory member of the Lincolnshire ICP shall nominate a named substitute and provide details to the single point of contact, the Lincolnshire County Council Democratic Services Officer.

5.3 Two working days advanced notice to be given, that a substitute member will be attending a **formal** meeting of the ICP. Notification must be sent to the Lincolnshire County Council Democratic Services Officer.

5.4 Substitute members will have the same powers as ICP members.

6. CHAIR AND VICE CHAIR ARRANGEMENTS

6.1 The Chair of the Partnership will be the Executive Councillor who is the local authority designated representative and Chair of the Lincolnshire Health and Wellbeing Board.

6.2 The Vice Chair of the Partnership will be the ICB designated representative and Vice Chair of the Lincolnshire Health and Wellbeing Board.

7. ACCOUNTABILITY

7.1 Save for the statutory functions referred to in Section 4, the Lincolnshire ICP will not have decision making powers and will not exercise any functions of any other partner body. It will discharge its responsibilities by means of a recommendation to the relevant partner organisation, who will act in accordance with their respective powers and duties to improve care, health, and wellbeing of the population.

- 7.2 The Lincolnshire ICP will operate a collective model of accountability, where partners hold each other mutually accountable, including to local residents, and this should be set out in the Integrated Care Strategy.
- 7.3 Members will ensure they keep their respective organisation or sector advised on the work of the Lincolnshire ICP.
- 7.4 When required, members of the Lincolnshire ICP will take part in round table discussions with the public, voluntary, community, private and independent sectors to ensure there is a 'conversation' with Lincolnshire communities about health and wellbeing.
- 7.5 The Lincolnshire ICP will provide information to the public through publications, local media, and wider public activities and by publishing the minutes of meetings on the website of Lincolnshire County Council and NHS Lincolnshire Integrated Care Board.
- 7.6 The Health Scrutiny Committee (HSC) for Lincolnshire will continue to play a vital role as the body responsible for scrutinising health services in Lincolnshire. This includes retaining the legal duty to review and scrutinise matters relating to the planning, provision, and operation of the health service. As a joint committee of the Lincolnshire ICB and LCC, the Lincolnshire ICP will be within the scope of the HSC.

8. VALUES AND BEHAVIOURS

- 8.1 To act in accordance with the Lincolnshire ICP's values and behaviours listed in Appendix A. these were developed as an outcome of the ICP planning and development workshop held on the 26 April 2022.

9. FREQUENCY AND NATURE OF MEETINGS

- 9.1 The Lincolnshire ICP will meet in public **once a year, which will be the AGM.**
- 9.2 Additional meetings of the Lincolnshire ICP may be convened with the agreement of the Chair and Vice Chair.
- 9.3 The Lincolnshire ICP will hold **at least two informal** development or wider partnership events **per year.** These meetings will be held in private.
- 9.4 Members of the public may attend formal meetings of the Lincolnshire ICP.
- 9.5 The aim of the Lincolnshire ICP is to make its business accessible to all members of the community and partners. Accessibility will be achieved in the following ways:
 - 9.5.1 Ensuring adequate access to ICP meetings.
 - 9.5.2 Including a work programme of planned items on future agendas.
 - 9.5.3 Ensuring reports and presentations are accessible to the wider community, and of a suitable length, so the content can be understood.
 - 9.5.4 Enabling recording of meetings to assist the secretariat in accurately recording actions and decisions.

10. QUORUM

- 10.1 Any full meeting of the Lincolnshire ICP shall not be quorate if less than a third of the Lincolnshire ICP membership are present.
- 10.2 This third should include the following:
- either the Chair or Vice Chair
 - Lincolnshire County Council Executive Councillor
 - Integrated Care Board Chair
- 10.3 Failure to achieve a quorum within thirty minutes of the scheduled start of the meeting, or should the meeting become inquorate after it has started, shall render the meeting adjourned until the next scheduled meeting of the Lincolnshire ICP.

11. DECLARATIONS OF INTEREST

- 11.1 At the start of all meetings, members of the Lincolnshire ICP are required to declare any interests they have in respect of matters being discussed by the Lincolnshire ICP.
- 11.2 Where any ICP member has an actual or potential personal conflict of interest in relation to any matter under consideration at any meeting (in other words, one which is not related to the role they undertake for the partner organisation), the Chair shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.
- 11.3 Each member must abide by the policies of the organisation they represent in relation to a conflict of interest.

12. VOTING

- 12.1 Each member or substitute member shall have one vote.
- 12.2 Wherever possible, decisions will be reached by consensus. In exceptional circumstances and where decisions cannot be reached by consensus, voting will take place and decisions agreed by a simple majority. The Chair will have a casting vote.
- 12.3 Except in relation to the matters referred to in Section 4.1 above, decisions of the Lincolnshire ICP will be as recommendations to partner organisations to deliver improvements in the health and wellbeing of the population of Lincolnshire.

13. CONDUCT OF MEMBERS AT MEETINGS

- 13.1 It is important to ensure that there is no impression created that individuals are using their position to promote their own interests, whether financial or otherwise, rather than the general public interest.
- 13.2 When at meetings or when representing the Lincolnshire ICP, in whatever capacity, members must uphold the seven [Nolan Principles of Public Life](#):
- Selflessness

- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

14. MINUTES AND ADMINISTRATIVE SUPPORT

- 14.1 Appropriate officer and administrative support to be provided by Lincolnshire County Council.
- 14.2 LCC Democratic Services shall minute **formal meetings** and produce and circulate an action log as part of the agenda to all core members.
- 14.3 LCC Democratic Services will send draft minutes of **formal meetings** to the Director of Public Health and Chief Executive of the NHS Lincolnshire ICB and lead officers, within ten working days of the meeting for comment.
- 14.4 The draft minutes, following comment from relevant offices (point 14.3 above), will be circulated to ICP members.
- 14.5 Draft minutes are to be approved at the succeeding, quorate **formal** meeting of the Lincolnshire ICP.
- 14.6 LCC Democratic Services will publish the minutes of **formal meetings** on the Lincolnshire County Council and NHS Lincolnshire Integrated Care Board websites.
- 14.7 The single point of contact for the ICP is LincolnshireICP@lincolnshire.gov.uk
- 14.8 Management and oversight of informal development sessions will be managed by officers from the Public Health Division. Planning for these sessions will be done in conjunction with officers from the Integrated Care Board.**
- 14.9 There is an expectation that non statutory members of the ICP will nominate deputies to attend informal sessions, if they are not able to attend.**

15. EXPENSES

- 15.1 Partners organisations are responsible for meeting the expenses of their own representatives.

16. OPERATIONAL / WORKING SUBGROUPS

- 16.1 With the agreement of the Lincolnshire ICP, operational/working subgroups can be set up to consider specific issues or areas of work to support the activities of the Lincolnshire ICP. Operational/working subgroups will be responsible for arrange the frequency and venue of their meetings.
- 16.2 Any recommendations of the operational/working subgroup will be made to the Lincolnshire ICP who will consider them in accordance with these terms of reference.

17. REVIEW

17.1 This document will be reviewed on an annual basis at the AGM, or earlier if necessary.

Partnership

- Genuine equality in the room which translates beyond the room
- All recognised as 'colleagues' despite organisational boundaries
- Implied trust
- Recognise and appreciate 'value' of what we deliver
- Embracing subsidiarity

Loyalty to Lincolnshire

- Focus on outcomes first
- Work on behalf of the Lincolnshire population; leaving organisations at the door
- Be clear on red lines; what you can and can't do including statutory requirements

Commitment

- Recognising the need to take action and focus on delivering a realistic number of priorities
- Ensuring all the right voices are 'in the room'
- Focus on being in the room, then taking action outside of it

Courage

- To challenge each other, 'call out' behaviour, or actions which deviate from what has been agreed
- To make mistakes, share responsibility and learn from them
- Hope for Lincolnshire
- To stop doing something when it isn't right for Lincolnshire

Listening, hearing and learning

- Actively listen to each other, understand challenges and learn
- Ensure we understand the impact of our actions and decisions on others
- Engage with our communities, have two way conversations, and take action

Better not different

- Ensuring change is the right thing

Prevention focus

- Recognise that the system is not always the solution
- We can be the facilitators of self care and empowerment in communities, showing leadership based on the evidence and trusting citizens to play their part
- Be prepared to 'let go'