



Integrated Care Partnership Meeting Agenda (Open Session)

Friday 16 September 2022 14:00 – 16:30

Committee Room, Loxley House,
Station Street, Nottingham, NG2 3NG

“We will enable each and every citizen to enjoy their best possible health and wellbeing.”

Principles:

- We will work with, and put the needs of, our **citizens** at the heart of the ICS.
- We will be **ambitious** for the health and wellbeing of our local population.
- We will work to the principle of **system by default**, moving from operational silos to a system wide perspective.

Values:

- We will be **open** and **honest** with each other.
- We will be **respectful** in working together
- We will be **accountable**, doing what we say we will do and following through on agreed actions.

Item	Presenter	Type	Time
Introductory items			
1. Welcome, introductions and apologies	Kathy McLean	Verbal	14:00
2. Confirmation of quoracy	Kathy McLean	Verbal	
3. Declaration and management of interests	Kathy McLean	Paper	
Items for discussion			
4. Role and responsibilities of the Integrated Care Partnership	Lucy Branson	Paper	14:20
5. Developing an initial Integrated Care Strategy for Nottingham and Nottinghamshire	Lucy Dadge	Paper	
Closing items			
6. Questions from the public relating to items on the agenda	Kathy McLean	Verbal	16:15
7. Any other business	Kathy McLean	Verbal	

Date and time of next meeting held in public: 16 December 2022 at 14:00 (The Council Chamber, County Hall, West Bridgford, Nottingham, NG2 7QP)



Meeting Title:	Integrated Care Partnership
Meeting Date:	16/09/2022
Paper Title:	Declaration and management of interests
Paper Reference:	ICP 22 003
Report Author:	Lucy Branson, Associate Director of Governance, NHS Nottingham and Nottinghamshire ICB
Report Sponsor:	Kathy McLean, Chair of the Integrated Care Partnership (and ICB Chair)
Presenter:	Kathy McLean, Chair of the Integrated Care Partnership (and ICB Chair)
Recommendation(s):	The Integrated Care Partnership is asked to RECEIVE this item.

Summary:

The Integrated Care Partnership (ICP) is required to implement and demonstrate robust arrangements for the identification and management of conflicts of interest. These arrangements should support good judgement about how any interests should be approached and managed; safeguarding the ICP from any perception of inappropriateness in its decision-making and assuring the public that the use of taxpayers’ money is free from undue influence.

ICP members must ensure that they always comply with their organisational/ professional codes of conduct and details of the declared interests for members of the ICP are attached at Appendix A. Members are reminded of their individual responsibility to highlight any interests not already declared should a conflict (or potential conflict) become apparent in discussions during the meeting.

A protocol for managing conflicts of interest at meetings of the ICP is attached at Appendix B.

An assessment of members’ interests has been performed against the meeting agenda and the outcome is recorded in the section below on conflicts of interest management.

How does this paper support the Integrated Care System’s core aims to:

Improve outcomes in population health and healthcare	It is essential that the Integrated Care Partnership (ICP) establishes effective arrangements for managing conflicts and potential conflicts of interest to ensure that they do not, and do not appear to, affect the integrity of the ICP’s decision-making processes towards the achievement of the four core aims.
Tackle inequalities in outcomes, experience and access	As above.
Enhance productivity and value for money	As above.
Help support broader social and economic development	As above.

Appendices:

Appendix A: Register of Declared Interests for members of the ICP.

Appendix B: Protocol for managing conflicts of interests at meetings of the ICP.

Report Previously Received By:

Not applicable to this report.

Are there any conflicts of interest requiring management?

No.

Is this item confidential?

No.

Register of Declared Interests

- The ICP has made arrangements to manage conflicts and potential conflicts of interest to ensure that decisions made by the ICP will be taken and seen to be taken without being unduly influenced by external or private interests.
- The register is reviewed in advance of the meeting to ensure the consideration of any known interests in relation to the meeting agenda. Where necessary (for example, where there is a direct financial interest), members may be fully excluded from participating in an item and this will include them not receiving the paper(s) in advance of the meeting.
- Members and attendees are reminded that they can raise an interest at the beginning of, or during discussion of, an item if they realise that they do have a (potential) interest that hasn't already been declared.

Name	ICP Membership Role	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date the interest became relevant to the ICB	Date To:	Action taken to mitigate risk
ATKINSON, Dr Nicole	Clinical Director, South Nottinghamshire Place Based Partnership	Nottingham West Primary Care Integrated Community Services (PICS) GP federation	Practice is a member	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
ATKINSON, Dr Nicole	Clinical Director, South Nottinghamshire Place Based Partnership	Primary Integrated Community Services (PICS) Ltd	Partner	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
ATKINSON, Dr Nicole	Clinical Director, South Nottinghamshire Place Based Partnership	Eastwood Primary Care Centre	Partner	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
BARSBY, Hayley	Chief Executive, Mid-Nottinghamshire Place Based Partnership	Joseph Whittaker School	Chair of Governors			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
BRIGGS, David	Medical Director, NHS Nottingham and Nottinghamshire ICB	British Medical Association	Member		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
COLLIS, Sarah	Chair, Healthwatch Nottingham and Nottinghamshire	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
DADGE, Lucy	Director of Integration, NHS Nottingham and Nottinghamshire ICB	Mid Nottinghamshire and Greater Nottingham Lift Co (public sector)	Director	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Director of Integration, NHS Nottingham and Nottinghamshire ICB	Valley Road Surgery	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Director of Integration, NHS Nottingham and Nottinghamshire ICB	Nottingham Schools Trust	Chair and Trustee			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Director of Integration, NHS Nottingham and Nottinghamshire ICB	Care Workers Union	Director (not remunerated)			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DADGE, Lucy	Director of Integration, NHS Nottingham and Nottinghamshire ICB	Cleaners Union	Director (not remunerated)			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
DODDY, Cllr John	Chair of the Nottinghamshire Health and Wellbeing Board	<i>To be confirmed</i>								
GRIBBIN, Jonathan	Director of Public Health, Nottinghamshire County Council	Cornerstone Church	Director			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
GRIBBIN, Jonathan	Director of Public Health, Nottinghamshire County Council	Nottingham University Hospitals NHS Trust	Spouse is a Consultant in Obstetrics				✓	01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
HUBBER, Lucy	Director of Public Health, Nottingham City Council	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
LAUGHTON, Jane	Chief Executive Officer, Healthwatch Nottingham and Nottinghamshire	Active Partners Trust	Director/Trustee (not remunerated)		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.

Name	ICP Membership Role	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date the interest became relevant to the ICB	Date To:	Action taken to mitigate risk
MAY, Anthony	Chief Executive, Nottingham University Hospitals NHS Trust (Representative of the Nottingham and Nottinghamshire Provider Collaborative at Scale)	<i>To be confirmed</i>								
MCGREGOR-RILEY, Dr Victoria	Locality Director, Bassetlaw Place Based Partnership	Sheffield Teaching Hospitals NHS Foundation Trust	Spouse employed as a consultant surgeon				✓	01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCGREGOR-RILEY, Dr Victoria	Locality Director, Bassetlaw Place Based Partnership	Bassetlaw GP Practice	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCGREGOR-RILEY, Dr Victoria	Locality Director, Bassetlaw Place Based Partnership	Doncaster Bassetlaw Hospitals	Partner Governor on the Trust Board		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCGREGOR-RILEY, Dr Victoria	Locality Director, Bassetlaw Place Based Partnership	Nottingham and Nottinghamshire ICB	Family member employed by the organisation		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	Chair, NHS Nottingham and Nottinghamshire ICB	University Hospitals of Derby and Burton NHS Foundation Trust	Trust Chair	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	Chair, NHS Nottingham and Nottinghamshire ICB	Treetops Hospice	Spouse is a trustee of Treetops Hospice				✓	01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	Chair, NHS Nottingham and Nottinghamshire ICB	Kathy McLean Limited- Private limited company to offer health related advice	Director	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	Chair, NHS Nottingham and Nottinghamshire ICB	Barts Health NHS Trust (London)	Non-Executive Director	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	Chair, NHS Nottingham and Nottinghamshire ICB	NHS Employers	Chair of the national negotiation committee for Staff and Associate Specialists on behalf of NHS Employers		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	Chair, NHS Nottingham and Nottinghamshire ICB	Care Quality Commission (CQC)	Occasional Advisor	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	Chair, NHS Nottingham and Nottinghamshire ICB	Public Sector Consultancy	Senior Clinical Advisor	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	Chair, NHS Nottingham and Nottinghamshire ICB	NHS England	Lay Advisor	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	Chair, NHS Nottingham and Nottinghamshire ICB	NEMS Healthcare Ltd	Spouse is shareholder				✓	01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
MCLEAN, Kathy	Chair, NHS Nottingham and Nottinghamshire ICB	NHS Providers Board	Trustee		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
PORTER, Dr Hugh	Clinical Director, Nottingham City Place Based Partnership	Nottingham City GP Alliance	The University of Nottingham Health Service is a member	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
PORTER, Dr Hugh	Clinical Director, Nottingham City Place Based Partnership	The University of Nottingham Health Service (UNHS), which provides primary care services under a GMS contract, is	Executive Partner	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
PORTER, Dr Hugh	Clinical Director, Nottingham City Place Based Partnership	UNICOM Healthcare LLP, which provide non-GMS primary care services	Director	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
PORTER, Dr Hugh	Clinical Director, Nottingham City Place Based Partnership	NEMS Healthcare Ltd	Shareholder	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
PORTER, Dr Hugh	Clinical Director, Nottingham City Place Based Partnership	NEMS Healthcare Ltd	Wife is shareholder				✓	01/07/2022	Present	This interest will be kept under review and specific actions determined as required.

Name	ICP Membership Role	Declared Interest (Name of the organisation and nature of business)	Nature of Interest	Financial Interest	Non-financial Professional Interests	Non-financial Personal Interests	Indirect Interest	Date the interest became relevant to the ICB	Date To:	Action taken to mitigate risk
PORTER, Dr Hugh	Clinical Director, Nottingham City Place Based Partnership	The University of Nottingham Health Service (Cripps Health Centre)	Partner	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
PORTER, Dr Hugh	Clinical Director, Nottingham City Place Based Partnership	Local Authority	Cripps Practice provide contraceptive and sexual health services under national agreements	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
PORTER, Dr Hugh	Clinical Director, Nottingham City Place Based Partnership	Overdale and Breaston Practice in Derbyshire	Wife is GP partner	✓			✓	01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
PORTER, Dr Hugh	Clinical Director, Nottingham City Place Based Partnership	Bramcote Surgery	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
PORTER, Dr Hugh	Clinical Director, Nottingham City Place Based Partnership	Unity Primary Care Network	The University of Nottingham Health Service (Cripps Health Centre) is a member		✓			01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
REDFERN, Andrew	Chief Exeutive, Framework Housing Association	Framework Housing	Chief Executive	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
SACCO, Volt	Chief Executive Officer, Fosse Healthcare	Fosse Healthcare	Shareholder and Employee	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
SEBELIN, Jules	Chair of the Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance	No relevant interests declared	Not applicable					Not applicable	Not applicable	Not applicable
SHERRATT, Donna	Race Health Inequalities Programme Lead, Nottingham City Place-Based Partnership	<i>To be confirmed</i>								
SULLIVAN, Amanda	Chief Executive, NHS Nottingham and Nottinghamshire ICB	Hillview Surgery	Registered Patient			✓		01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
UNDERWOOD, Catherine	Corporate Director for People Services	Nottingham City Council	Corporate Director for People Services	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
WILLIAMS, Cllr Adele	Chair of the Nottingham City Health and Wellbeing Board	Co-operative Party	Member	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
WILLIAMS, Cllr Adele	Chair of the Nottingham City Health and Wellbeing Board	Sherwood Ward	Councillor, Deputy Leader and Portfolio Holder for Finance	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
WILLIAMS, Cllr Adele	Chair of the Nottingham City Health and Wellbeing Board	Labour Party	Member	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
WILLIAMS, Cllr Adele	Chair of the Nottingham City Health and Wellbeing Board	D2N2 Infrastructure and Investment Board	Member	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
WILLIAMS, Cllr Adele	Chair of the Nottingham City Health and Wellbeing Board	Foresight Group LLP	Member	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
WILLIAMS, Cllr Adele	Chair of the Nottingham City Health and Wellbeing Board	Greater Nottinghamshire Rapid Transit Limited	Member	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.
WILLIAMS, Melanie	Corporate Director for Adult Social Care and Health	Nottinghamshire County Council	Corporate Director for Adult Social Care and Health	✓				01/07/2022	Present	This interest will be kept under review and specific actions determined as required.

Appendix B: Protocol for managing conflicts of interest at meetings of the Nottingham and Nottinghamshire Integrated Care Partnership

1. A conflict of interest is defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act is, or could be, impaired or influenced by another interest they hold.
2. An individual does not need to exploit their position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur. In fact, a perception of wrongdoing, impaired judgement, or undue influence can be as detrimental as any of them actually occurring. It is important to manage these perceived conflicts in order to maintain public trust.
3. Conflicts of interest include:
 - Financial interests: where an individual may get direct financial benefits from the consequences of a decision.
 - Non-financial professional interests: where an individual may obtain a non-financial professional benefit from the consequences of a decision, such as increasing their reputation or status or promoting their professional career.
 - Non-financial personal interests: where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
 - Indirect interests: where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision.
 - Loyalty interests: where decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship they have, rather than through an objective process.

The above categories are not exhaustive, and each situation must be considered on a case-by-case basis.
4. In advance of any formal meeting, 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.
5. At the beginning of each formal meeting, members and others attending the meeting 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 declaration will be formally recorded in the minutes for the meeting.

6. The Chair of the meeting will determine how declared interests should be managed, which is likely to involve one the following actions:
 - Requiring the individual to withdraw from the meeting for that part of the discussion if the conflict could be seen as detrimental to decision-making arrangements.
 - Allowing the individual to participate in the discussion, but not the decision-making process.
 - Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to decision-making arrangements.
 - Excluding the conflicted individual and securing technical or local expertise from an alternative, unconflicted source.



Meeting Title:	Integrated Care Partnership
Meeting Date:	16/09/2022
Paper Title:	Role and responsibilities of the Integrated Care Partnership
Paper Reference:	ICP 22 004
Report Author:	Lucy Branson, Associate Director of Governance, NHS Nottingham and Nottinghamshire ICB
Report Sponsor:	Kathy McLean, Chair of the Integrated Care Partnership (and ICB Chair)
Presenter:	Lucy Branson, Associate Director of Governance, NHS Nottingham and Nottinghamshire ICB
Recommendation(s):	The Integrated Care Partnership is asked to RECEIVE this item.

Summary:

The Nottingham and Nottinghamshire Integrated Care Partnership (ICP) was established as a joint committee of Nottingham City Council, Nottinghamshire County Council and NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) in July 2022.

This paper sets out the role and responsibilities of the ICP as described within its agreed terms of reference, highlighting the agreed meeting schedule for 2022/23.

How does this paper support the Integrated Care System’s core aims to:	
Improve outcomes in population health and healthcare	The Integrated Care Partnership (ICP) is established to further the four core aims.
Tackle inequalities in outcomes, experience and access	As above.
Enhance productivity and value for money	As above.
Help support broader social and economic development	As above.

Appendices:

Appendix A: Nottingham and Nottinghamshire ICP Terms of Reference.
 Appendix B: List of nominated ICP members.

Report Previously Received By:

The ICP’s terms of reference were approved by the Full Council meetings of both Local Authorities and by the Board of the ICB during July 2022.

Are there any conflicts of interest requiring management?

No.

Is this item confidential?

No.

Role and responsibilities of the Integrated Care Partnership

Introduction

1. Section 116ZA of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022), requires Integrated Care Boards (ICBs) and upper tier Local Authorities to establish Integrated Care Partnerships (ICPs) as equal partners.
2. In July 2022, the Nottingham and Nottinghamshire ICP was established as a joint committee of Nottingham City Council, Nottinghamshire County Council and NHS Nottingham and Nottinghamshire ICB.
3. This paper sets out the role and responsibilities of the ICP as described within its agreed terms of reference, highlighting the agreed meeting schedule for 2022/23.

Terms of reference

4. The initial terms of reference for the ICP were developed collaboratively across system partners and have been approved by the Full Council meetings of both Local Authorities and by the Board of the ICB; the terms of reference are attached at Appendix A to this report.
5. The primary role of the ICP will be to lead on creating an Integrated Care Strategy and Outcomes Framework to reduce health inequalities and improve health and care outcomes and experiences for its population. In doing so, the ICP will be the 'guiding mind' of the local health and care system, providing a forum for NHS leaders and Local Authorities to come together with important stakeholders from across the wider system and communities.
6. As a formally established joint committee, the ICP is empowered to operate as the single decision-making forum for the Nottingham and Nottinghamshire Integrated Care Strategy.
7. The ICP will be governed by a set of principles and ways of working, which are based on a combination of what has been deemed important by local stakeholders, together with national expectations.
8. The ICP's membership includes nominations from the Local Authorities and the ICB, along with citizen representatives and senior representatives from each of the four Place-Based Partnerships. The full list of nominated members is detailed at Appendix B.
9. The ICP will be chaired by the ICB Chair supported by the two Chairs of the Nottingham City and Nottinghamshire County Health and Wellbeing Boards, acting as joint Vice-Chairs of the ICP.

10. A meeting schedule for the ICP for 2022/23 has been agreed, as follows:
 - a) Friday 16 September 2022, 14:00 to 16:30 (Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG).
 - b) Friday 16 December 2022, 14:00-16:30 (The Council Chamber, County Hall, Loughborough Road, Nottingham, NG2 7QP).
 - c) Friday 17 March 2023, 14:00-16:30 (The Council Chamber, County Hall, Loughborough Road, Nottingham, NG2 7QP).
11. All formal meetings will be held in public with meeting dates, venues, agendas and papers published on the Integrated Care System's website here: [Our Integrated Care Partnership - NHS Nottingham and Nottinghamshire ICS - NHS Nottingham and Nottinghamshire ICS \(healthandcarenotts.co.uk\)](https://www.healthandcarenotts.co.uk).
12. As well as formal meetings, a wider assembly of partners is being established to enable wider engagement in, and co-production of, the Integrated Care Strategy and Outcomes Framework. The Partners Assembly will meet at least once per year and will be comprised of people who rely on care and support, unpaid carers, the full range of social care and NHS providers, the voluntary and community sector, local professional committees (e.g. optical and pharmaceutical committees), the Office of the Police and Crime Commissioner, etc. The first Partners Assembly event is scheduled for Tuesday 25 October, 14:00 to 17:00 (venue to be confirmed).
13. In recognition of the timeframe from its establishment to the ICP being required to approve the Nottingham and Nottinghamshire Integrated Care Strategy, a development session has been scheduled for ICP members on Wednesday 9 November, 11:00 to 13:00 (via MS Teams).

Next steps

14. At the time of approving the ICP's terms of reference, it was recognised that these would need further refinement following the receipt of guidance and advice, particularly in relation to the ICP's decision-making arrangements as a joint committee in the context of the new legislation. This is now received, and work is ongoing to update the terms of reference accordingly. No material amendments are required.
15. An opportunity will also be taken at this time to incorporate feedback from the Full Council and ICB Board meetings. For example, placing a greater emphasis within the terms of reference on the commitment to making equity the guiding principle of the ICP.
16. The Full Council meetings of both Local Authorities and the Board of the ICB will be presented with the updated terms of reference for the ICP at their scheduled meetings in November 2022, which once approved, will be circulated to members for information.

Appendix A



3.1

**Nottingham and Nottinghamshire Integrated Care Partnership
Terms of Reference**

<p>1. Description/ status</p>	<p>The Nottingham and Nottinghamshire Integrated Care Partnership (“the ICP”) is a joint committee of NHS Nottingham and Nottinghamshire Integrated Care Board, Nottingham City Council and Nottinghamshire County Council (“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).</p> <p>The ICP will act as the ‘guiding mind’ of the Nottingham and Nottinghamshire Integrated Care System (ICS) and is authorised to operate within these terms of reference, which set out its purpose, membership, authority and reporting arrangements.</p> <p>The ICP will not duplicate the work of the Nottingham City and Nottinghamshire County Health and Wellbeing Boards. ICP members will champion and act as ambassadors of effective partnership working for local population benefit.</p>
<p>2. Purpose</p>	<p>a) The primary purpose of the ICP is to produce an Integrated Care Strategy and Outcomes Framework for Nottingham and Nottinghamshire, setting out how the assessed health and social care needs identified by the Nottingham and Nottinghamshire Joint Strategic Needs Assessments (JSNAs) are to be met by the Statutory Organisations or NHS England, in line with their respective commissioning responsibilities.</p> <p>b) In preparing the Integrated Care Strategy, the ICP will:</p> <ul style="list-style-type: none"> i) Involve Nottingham and Nottinghamshire Healthwatch and the people who live and work in Nottingham and Nottinghamshire. ii) Consider the extent to which health and social care needs could be met more effectively through arrangements for pooled budgets, joint commissioning and integrated delivery under

Appendix A

	<p>section 75 of the NHS Act 2006 (as amended).</p> <ul style="list-style-type: none"> iii) Have regard to the mandate published by the Secretary of State for Health and Social Care under section 13A of the NHS Act 2006 (as amended). iv) Have regard to any further guidance issued by the Secretary of State for Health and Social Care. <p>c) The ICP may also include within the Integrated Care Strategy its views on how arrangements for the provision of health-related services in its area could be more closely integrated with arrangements for the provision of health services and social care services in the area.</p> <p>d) To support the development of the Integrated Care Strategy, the ICP will engage with a wider assembly of partners, at least once a year, comprising people who rely on care and support, unpaid carers, the full range of social care and NHS providers, the voluntary and community sector, local professional committees (e.g. optical and pharmaceutical committees), the Office of the Police and Crime Commissioner, etc.</p> <p>e) The ICP will review the impact of the Integrated Care Strategy, focusing on improving outcomes in population health and healthcare, tackling inequalities in outcomes, experience and access, enhancing productivity and value for money and supporting broader social and economic development.</p> <p>f) The ICP will also receive reports on insights gained from service users and citizens.</p> <p>g) The ICP will consider the extent to which the Integrated Care Strategy needs to be revised on receipt of an updated JSNA.</p>
<p>3. Principles</p>	<p>The following principles will be used to guide the work of the ICP:</p> <ul style="list-style-type: none"> a) Focus on improving outcomes for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced inequalities. b) Support the triple aim (better health and wellbeing for everyone, better care for all and efficient use of the collective resource).

Appendix A

	<ul style="list-style-type: none"> c) Enable consistent standards and policy across the ICS (strategically sound) whilst allowing for different models of delivery in accordance with diverse populations served (locally sensitive). d) Ensure all delivery mechanisms (e.g. primary care networks, place-based partnerships and provider collaboratives at scale) are equally respected and supported, in line with the principle of subsidiarity. e) Champion co-production and inclusiveness throughout the ICS. f) Put at the forefront the experience and expertise of professional, clinical, political and community leaders, and promote strong clinical and professional system leadership. g) Create a learning system, fostering a culture of innovation, bravery, ambition and willingness to learn from mistakes. h) Optimise the role of health and care as anchor organisations within the local community. i) Utilise existing networks, groups, and governance structures, including staff forums and insights gained from place and neighbourhood engagement. j) Come together under a distributed leadership model and commit to work together equally. k) Accountable to one another and the public including through transparency and building trust.
<p>4. Membership</p>	<p>The membership of the ICP will be comprised as follows:</p> <p><u><i>Nottingham City Council:</i></u></p> <ul style="list-style-type: none"> a) Elected Member Representative who is the Chair of the Health and Wellbeing Board b) Corporate Director for People Services c) Director of Public Health for Nottingham d) City Partner to be identified e) City Partner to be identified <p><u><i>Nottinghamshire County Council:</i></u></p> <ul style="list-style-type: none"> f) Elected Member Representative who is the Chair of the Health and Wellbeing Board g) Corporate Director, Adult Social Care and Health

Appendix A

	<p>h) Director of Public Health for Nottinghamshire</p> <p>i) County Partner to be identified</p> <p>j) County Partner to be identified</p> <p><u>NHS Nottingham and Nottinghamshire Integrated Care Board:</u></p> <p>k) Chair of the Integrated Care Board</p> <p>l) Chief Executive</p> <p>m) Director of Integration</p> <p>n) Medical Director</p> <p>o) Representative of the Nottingham and Nottinghamshire Provider Collaborative at Scale</p> <p><u>Other:</u></p> <p>p) Representative of Healthwatch Nottingham and Nottinghamshire</p> <p>q) Chair of the Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance</p> <p>r) Representative of the Bassetlaw Place-based Partnership</p> <p>s) Representative of the Nottingham City Place-based Partnership</p> <p>t) Representative of the Mid-Nottinghamshire Place-based Partnership</p> <p>u) Representative of the South Nottinghamshire Place-based Partnership</p>
<p>5. Chair and vice-chair arrangements</p>	<p>The ICP will be Chaired by the Chair of NHS Nottingham and Nottinghamshire Integrated Care Board.</p> <p>The Chairs of the Nottingham City and Nottinghamshire County Health and Wellbeing Boards will act as joint Vice-Chairs of the ICP.</p>
<p>6. Substitutes</p>	<p>Members are permitted to nominate a suitable substitute to attend a meeting of the ICP on their behalf should they be unable to attend themselves.</p> <p>Members are responsible for fully briefing any nominated substitutes.</p> <p>Substitutes need to be confirmed in writing to the Chair of the ICP ahead of the meeting.</p>
<p>7. Quorum</p>	<p>The quorum will be at least one member from each of the Statutory Organisations.</p>

Appendix A

	<p>Nominated substitutes will count towards the quorum. Members will not count towards the quorum if attending remotely.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may only proceed on an informal basis and no decisions may be taken.</p>
<p>8. Decision-making arrangements</p>	<p>It is expected that at the ICP’s meetings, decisions will be reached by consensus and a vote will not be required. Any decisions taken will be record in the minutes of the meeting.</p> <p>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 simple majority.</p>
<p>9. Conflicts of interest</p>	<p>A register of the declared interests of ICP members will be maintained and published.</p> <p>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.</p> <p>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.</p> <p>The Chair of the ICP will determine how any declared interests should be managed.</p> <p>ICP members must ensure that they comply with their organisational/ professional codes of conduct at all times.</p>
<p>10. Meeting arrangements</p>	<p>The ICP will meet at least twice per year.</p> <p>Extraordinary meetings may be called for a specific purpose at the discretion of the Chair in consultation with the Vice-Chairs.</p>

Appendix A

	<p>At least five clear working days' notice will be given when calling meetings.</p> <p>Meetings of the ICP shall be open to the public unless considering exempt information.</p> <p>The ICP is subject to the same requirements of openness and transparency as other meetings of the Statutory Organisations. As such, agendas and supporting papers, including ratified minutes of meetings, will be published.</p> <p>A protocol will be published separately for members of the public to set out arrangements for submitting questions to meetings of the ICP.</p>
<p>11. Secretariat</p>	<p>Secretariat support will be provided to the ICP by NHS Nottingham and Nottinghamshire Integrated Care Board.</p> <p>Agendas will be agreed by the Chair in consultation with the Vice-Chairs prior to each meeting.</p> <p>Any items to be placed on the agenda are to be sent to the secretary no later than nine clear calendar days in advance of the meeting. Items that miss the deadline for inclusion on the agenda may be added on receipt of permission from the Chair.</p> <p>Agendas and supporting papers will be circulated no later than five clear working days before each meeting.</p> <p>Minutes will be taken at all meetings and will be ratified by agreement of the ICP at the following meeting.</p>
<p>12. Reporting arrangements</p>	<p>The ICP must:</p> <ul style="list-style-type: none"> a) Publish its Integrated Care Strategy (and any revised strategies). b) Provide a copy of its Integrated Care Strategy (and any revised strategies) to the Statutory Organisations.
<p>13. Review of terms of reference</p>	<p>These terms of reference will be formally reviewed on an annual basis but may be amended at any time in order to adapt to any national guidance as and when issued.</p> <p>An early review of these terms of reference may be required during the ICP's first year of operation, as arrangements across the Nottingham and Nottinghamshire Integrated Care System evolve.</p> <p>Any proposed amendments to the terms of reference will be submitted to the Statutory Organisations for ratification.</p>
<p>14. Date approved</p>	<p>July 2022</p>

Appendix B – List of nominated ICP members

Nottingham City Council nominated members	Cllr. Adele Williams	Chair of Nottingham City Health and Wellbeing Board
	Catherine Underwood	Corporate Director for People Services, Nottingham City Council
	Lucy Hubber	Director of Public Health, Nottingham City Council
	Donna Sherratt	Nottingham City Place-Based Partnership Race Health Inequalities Programme Lead
	<i>To be confirmed</i>	<i>Nottingham City Partner – Youth Representative</i>
Nottinghamshire County Council nominated members	Cllr. John Doddy	Chair of Nottinghamshire Health and Wellbeing Board
	Melanie Williams	Corporate Director, Adult Social Care and Health
	Jonathan Gribbin	Director of Public Health, Nottinghamshire County Council
	Andrew Redfern	Chief Executive, Framework Housing Association
	Volt Sacco	Chief Executive, Fosse Healthcare
NHS Nottingham and Nottinghamshire ICB nominated members	Dr Kathy McLean	Chair of NHS Nottingham and Nottinghamshire ICB
	Amanda Sullivan	Chief Executive, NHS Nottingham and Nottinghamshire ICB
	Lucy Dadge	Director of Integration, NHS Nottingham and Nottinghamshire ICB
	Dr Dave Briggs	Medical Director, NHS Nottingham and Nottinghamshire ICB
	Anthony May	Chief Executive, Nottingham University Hospitals NHS Trust (Representative of the Nottingham and Nottinghamshire Provider Collaborative at Scale)
Other members	Jane Laughton	Chief Executive Officer, Healthwatch Nottingham and Nottinghamshire
	Jules Sebelin	Chair of the Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance
	Victoria McGregor-Riley	Locality Director, Bassetlaw Place-based Partnership
	Dr Hugh Porter	Clinical Director, Nottingham City Place-based Partnership
	Hayley Barsby	Chief Executive, Mid-Nottinghamshire Place-based Partnership
	Dr Nicole Atkinson	Clinical Director, South Nottinghamshire Place-based Partnership



Meeting Title:	Integrated Care Partnership
Meeting Date:	16/09/2022
Paper Title:	Developing an initial Integrated Care Strategy for Nottingham and Nottinghamshire
Paper Reference:	ICP 22 005
Report Author:	Joanna Cooper, Assistant Director, NHS Nottingham and Nottinghamshire Integrated Care Board
Report Sponsor(s):	Lucy Dadge, Executive Director of Integration, NHS Nottingham and Nottinghamshire Integrated Care Board Melanie Williams, Corporate Director Adult Social Care and Health, Nottinghamshire County Council
Presenter(s):	Lucy Hubber, Director of Public Health, Nottingham City Council Jonathan Gribbin, Director of Public Health, Nottinghamshire County Council Mark Wightman, Director of Strategy and Reconfiguration, NHS Nottingham and Nottinghamshire Integrated Care Board Alex Ball, Director of Communications and Engagement, NHS Nottingham and Nottinghamshire Integrated Care Board
Recommendation(s):	The Integrated Care Partnership is asked to DISCUSS and ENDORSE the proposed approach to developing the Nottingham and Nottinghamshire Integrated Care Strategy.

Summary:

To meet the requirements of the Health and Care Act 2022 proposals have been developed for the Nottingham and Nottinghamshire Integrated Care Partnership (ICP) to consider in developing its Integrated Care Strategy.

This paper sets out the proposed approach which has been informed by the legislative requirements, statutory guidance, policy and discussion with system partners.

A presentation will be provided at the meeting to provide further information and to guide the discussion.

How does this paper support the Integrated Care System’s core aims to:	
Improve outcomes in population health and healthcare	The Integrated Care Strategy is fundamental to meeting the four core aims.
Tackle inequalities in outcomes, experience and access	As above.
Enhance productivity and value for money	As above.
Help support broader social and economic development	As above.

Appendices:

Appendix A provides a high-level timeline for development of the Integrated Care Strategy.
Appendix B provides a proposal for membership of the ICS Partners Assembly.

Report Previously Received By:

An Integrated Care Strategy Steering Group has been formed. Details about this Steering Group are outlined in the paper. The proposed approach set out within this paper has been discussed and agreed in this forum.

Are there any conflicts of interest requiring management?

No.

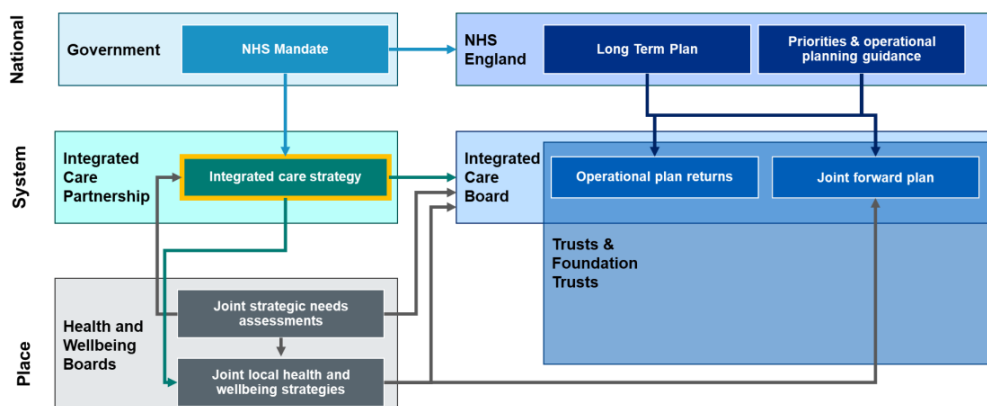
Is this item confidential?

No.

Developing an initial Integrated Care Strategy for Nottingham and Nottinghamshire

Introduction and context

1. By December 2022 the Nottingham and Nottinghamshire Integrated Care Partnership (ICP) will generate an Integrated Care Strategy to improve health and care outcomes and experiences for its populations, for which all partners will be accountable.
2. The Integrated Care Strategy must be developed for the whole population using best available evidence and data, covering health and social care (both children’s and adult’s social care), and addressing the wider determinants of health and wellbeing. The strategy should be built bottom-up from local assessments of needs and assets identified at place level. The Health and Care Act 2022, which established the ICP on a statutory basis also places a duty on the Integrated Care Board (ICB) to have regard to the Joint Strategic Needs Assessments (JSNAs), Integrated Care Strategy, and Joint Local Health and Wellbeing Strategies (JHWBSs) when exercising its functions and developing its Joint Forward Plan with NHS Trusts and Foundation Trusts.
3. Statutory Guidance was published by Department of Health and Social Care on 29 July 2022 and is available online here: [Guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/guidance-on-the-preparation-of-integrated-care-strategies).
4. In summary, the guidance states that the strategy should be **“evidence based, system wide priorities to improve health and reduce disparities... based on assessed need”**. The strategy should set out how the assessed needs of the population can be met by upper tier Local Authorities, the ICB and NHS England and over what timescale. The diagram below shows the relationships between the key system strategies and how they interface.



5. There is an expectation that the strategy will be refreshed annually in line with emerging national guidance.

Developing the Nottingham and Nottinghamshire Integrated Care Strategy

6. Locally, to support the ICP a Steering Group has been established to develop proposals for the Nottingham and Nottinghamshire Integrated Care Strategy.
7. The purpose of the Steering Group is to act as the engine room to produce an initial strategy for the system for publication in December 2022. In time, the Steering Group will evolve to drive implementation and to develop the annual refresh of the strategy.
8. The Steering Group is chaired by the Executive Director for Integration, NHS Nottingham and Nottinghamshire ICB, and has broad representation from across the upper tier Local Authorities, the ICB and the system's four Place-Based Partnerships.
9. The Steering Group has discussed and endorsed the following proposal for developing the strategy:
 - a) The Integrated Care Strategy should contain, "evidence based, system wide priorities to improve health and reduce disparities... based on assessed need". Guidance is prescriptive about other expected content, but this is the key component.
 - b) 'Assessed need' is currently articulated in the JSNAs and JHWBSs and therefore the foundation of the strategy has to be an articulation of these documents as one 'system wide' view. The ICS Health Inequalities Strategy and response to the NHS Five Year Forward View will be useful starting points for this.
 - c) How assessed need is addressed, and over what timescale is the job of the Integrated Care Strategy. This will set the framework for informing the ICB and partner NHS Trusts and Foundation Trusts Joint Forward Plan and future iterations of the JHWBSs. The unique point of this system strategy is that it will provide direction on what needs to happen.
 - d) There should be a proportionate approach to how citizens are involved in the development of the strategy, recognising the extensive work undertaken recently to develop the JHWBSs and the existing levels of knowledge of the needs and aspirations of citizens.
10. The Steering Group has consolidated the priorities in key strategies and frameworks already in place across the system to explore whether they answer the assessed need and over what timescale.
11. The proposed content of the Integrated Care Strategy will be presented to the ICP at its meeting on 16 September to discuss and shape. This will include a

summary of the population needs and priorities, and proposed short, medium and long-term ambitions.

12. A high-level timeline for developing the strategy is shown in Appendix A.

Involvement and engagement in the development of the Integrated Care Strategy

13. The ICP must ensure that citizens and local Healthwatch are involved in the development of the strategy. A strategic approach has been developed with other systems in the Midlands and it is proposed that:
 - a) We endeavour to navigate the complexity of the health and care system and the new statutory arrangements on behalf of our citizens rather than expecting them to do it for us. This will mean that we ask our public and stakeholders to become involved in our emerging strategies and plans when it is meaningful to them, seeking input from citizens on topics that they can contribute to, in ways that are intelligible to them. We will also strive to only ask for input when we know that we have a gap in our knowledge.
 - b) We will present the development of the Integrated Care Strategy and the ICB's Joint Forward Plan as a joined-up process so that citizens experience the local NHS and their councils asking for their input and contributions in a joined-up way to help shape the future for the delivery of health and care.
14. In line with this, a three-step approach has been developed and is underway, which will include completing a desktop exercise to confirm what is already known about the opinions and needs of citizens in relation to key topics in the Integrated Care Strategy and holding targeted listening activities to fill in gaps in that knowledge or to update understanding of key issues.
15. Further details regarding this approach will be presented to the ICP at its meeting on 16 September.

ICS Partners Assembly

16. In line with the approach set out in paragraph 14 above, the targeted listening activities that will take place over the autumn will include a number of public meetings and events to enable all interested parties a point of influence.
17. As part of that, the ICP terms of reference specifically refer to a wider assembly of partners, to be held at least once a year. This ICS Partners Assembly will seek to have broad participation to include patients, unpaid carers, social care and NHS providers, the voluntary and community sector, local professional committees (e.g. optical and pharmaceutical committees), and representatives

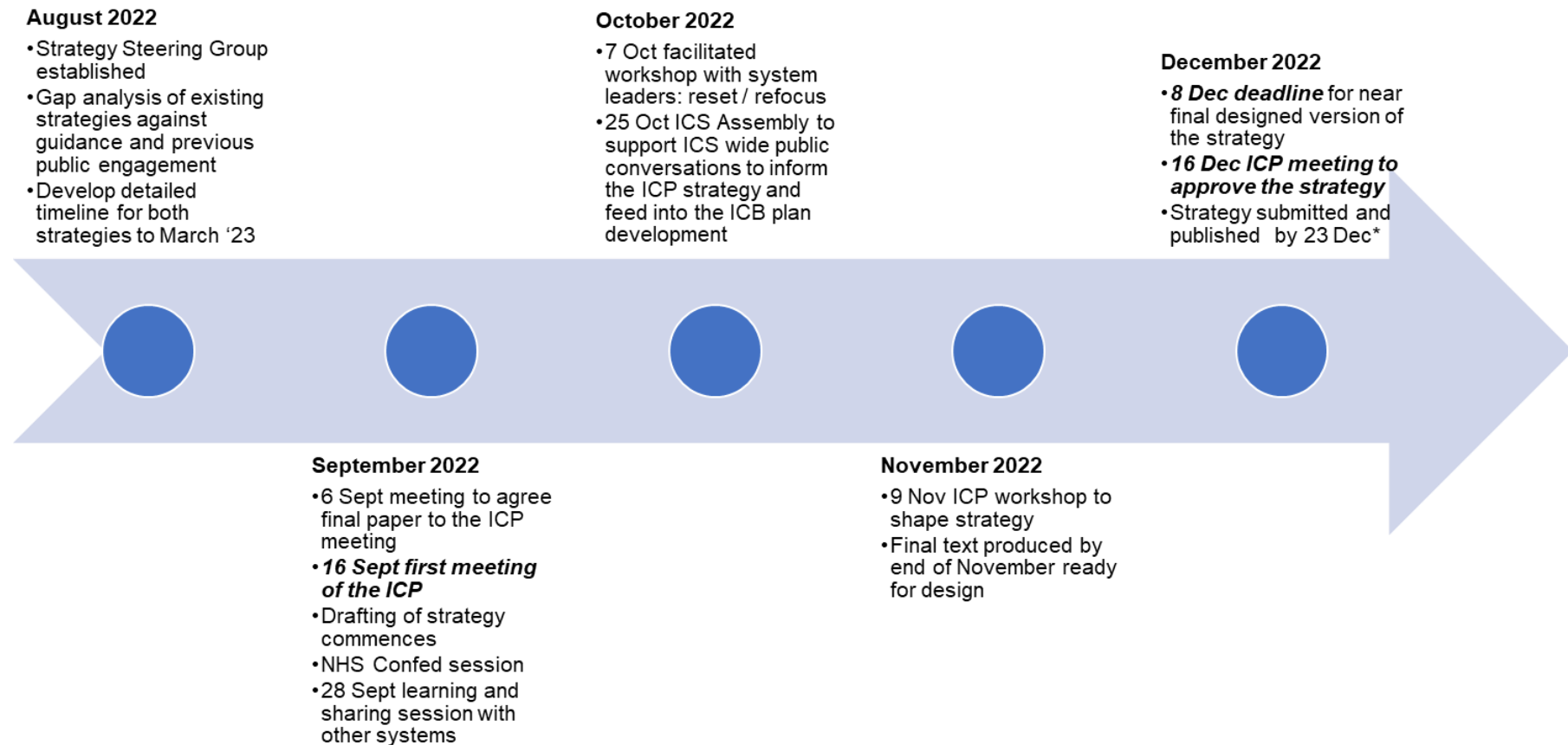
of organisations and sectors which influence the wider determinants of health. The proposed membership for the Assembly is detailed in Appendix C.

18. The membership of the Assembly is intended to be open and encompassing – if there are organisations or individuals that have not been identified to be invited, then this can be accommodated. The membership will also be kept under review as wider system arrangements evolve to ensure that it is still aligned to other forums and groups.
19. An inaugural Assembly event is scheduled for 25 October. This event is proposed to:
 - a) Offer an opportunity to reconfirm the system's vision that *'Each and every citizen will enjoy their best possible health and wellbeing'*.
 - b) Explore the current approach to system outcomes including how the ICS Outcomes Framework will be used.
 - c) Offer the opportunity to test the proposed headline content of the Integrated Care strategy.
20. The Assembly will be interactive and discursive and will be structured to offer maximum opportunities for attendees to network and make linkages to people and organisations from other sectors.
21. Detailed planning for the Assembly is underway with a small group of colleagues from the ICB and Local Authorities. The ICB's Director of Communications and Engagement is convening this group and welcomes input from partners on how the Assembly will be delivered in October.

Next steps

22. The proposed contents of the Integrated Care Strategy will be presented to the ICP at its meeting on 16 September to discuss and shape. It is recommended that the ICP discuss the proposed approach to develop the Nottingham and Nottinghamshire Integrated Care Strategy for publication in December 2022, in particular:
 - a) The proposed ambitions and priorities for the strategy as presented to the meeting.
 - b) The proposed involvement and engagement approach for developing the strategy.
 - c) The arrangements for the ICS Partners Assembly on 25 October 2022.

Appendix A – High-level timeline for developing the Integrated Care Strategy



Appendix B – Proposed Membership for the ICS Partners Assembly

<p>Purpose: Forum to ensure broad engagement of organisations in the development of the system vision and priorities</p>					
HEALTH AND CARE SERVICE PROVIDERS	HEALTH RELATED SERVICE PROVIDERS	MULTI-AGENCY BOARDS AND PARTNERSHIPS	OTHER PARTNERS	COMMISSIONERS	COMMUNITY GROUPS AND THEIR REPRESENTATIVES
<ul style="list-style-type: none"> • NHS Trusts and FTs including members and governors • CityCare • Integrated Urgent Care Providers • Care England • Home care providers • Care homes • Care Support and Enablement • Day Opportunities • Reablement • Personal Assistants • Residential services • Short Breaks providers • Direct Payment Support Services (DPSS) • PODs providers • PCN Clinical Directors • Big Pharma • LPC • LDC • LOC • LMC • GP Federations 	<ul style="list-style-type: none"> • District Councils • Crime and justice • Armed forces and veteran health • Housing Providers • Shared Lives • Extra Care • Integrated Equipment Loan Service • Homelessness services • Hospitality and Leisure • Social prescribing • Domestic Violence partners • Education and Training Preventative services • Assistive Technology • Integrated Wellbeing Service • Community and Voluntary Sector • Small Steps Big Changes 	<ul style="list-style-type: none"> • Health and Wellbeing Boards • Health Scrutiny • Place Based Partnerships • Primary Care Networks • Community and Voluntary Services organisations • Youth Parliament • LMNS • VCSE Alliance • Universities for Nottingham • Clinical and Care Professional Leadership • Local Resilience Forum • Safeguarding Board • Crime and Drugs Partnership • Community Safety Partnerships • Multi-Agency Safeguarding Hubs • Royal Colleges • System Quality Group • Nottingham City SMD Partnership 	<ul style="list-style-type: none"> • Elected Members and MPs • Fire • Police Chief Constable • Regulatory – NHS England, CQC, UKHSA • Media • Beauty and Personal care • Green • Big Employers • Local businesses • Innovation • Farming • Trade Unions • Economic development • Architecture and Planning • Transport • Infrastructure 	<ul style="list-style-type: none"> • ICB • City Council (social care and public health) • County Council (social care and public health) • Broxtowe Borough Council • Gedling Borough Council • Rushcliffe Borough Council • Ashfield District Council • Mansfield District Council • Newark & Sherwood District Council • Bassetlaw District Council • NHS England • Police and Crime Commissioner 	<ul style="list-style-type: none"> • Citizen Intelligence Advisory Group • Coproduction Steering Group • Healthwatch • Campaign Groups • Unpaid Carers • CYP groups • SEND groups • LD&A groups • Refugee and asylum seekers • Black and minority ethnic voices • LGBT people • Disabled people • Religious and Faith groups • Transient populations • Community Development • Advocacy services • Sexual abuse services • Sign Language Interpretation Services • Handy Persons Service • Older People • National Federation of the Blind of the UK