# Nottingham and Nottinghamshire Integrated Care Partnership

## Terms of Reference

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| **1.** | **Description/ status** | 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).<br>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.<br>The ICP will not duplicate the work of the Nottingham City and Nottinghamshire County Health and Wellbeing Boards.<br>ICP members will champion and act as ambassadors of effective partnership working for local population benefit. |
| **2.** | **Purpose** | 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.<br>b) In preparing the Integrated Care Strategy, the ICP will:<br>i) Involve Nottingham and Nottinghamshire Healthwatch and the people who live and work in Nottingham and Nottinghamshire.<br>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 |

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| | section 75 of the NHS Act 2006 (as amended).<br>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).<br>iv) Have regard to any further guidance issued by the Secretary of State for Health and Social Care.<br>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.<br>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.<br>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.<br>f) The ICP will also receive reports on insights gained from service users and citizens.<br>g) The ICP will consider the extent to which the Integrated Care Strategy needs to be revised on receipt of an updated JSNA. |
| **3. Principles** | The following principles will be used to guide the work of the ICP:<br>a) Focus on improving equity of outcomes for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced inequalities.<br>b) Support the triple aim (better health and wellbeing for everyone, better care for all and efficient use of the |

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| | collective resource).<br>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).<br>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.<br>e) Champion co-production and inclusiveness throughout the ICS.<br>f) Put at the forefront the experience and expertise of professional, clinical, political and community leaders, and promote strong clinical and professional system leadership.<br>g) Create a learning system, fostering a culture of innovation, bravery, ambition and willingness to learn from mistakes.<br>h) Optimise the role of health and care as anchor organisations within the local community.<br>i) Utilise existing networks, groups, and governance structures, including staff forums and insights gained from place and neighbourhood engagement.<br>j) Come together under a distributed leadership model and commit to work together equally.<br>k) Accountable to one another and the public including through transparency and building trust. |
| **4. Membership** | The membership of the ICP will be comprised as follows:<br>*Nottingham City Council:*<br>a) Elected Member Representative who is the Chair of the Health and Wellbeing Board<br>b) Corporate Director for People Services<br>c) Director of Public Health for Nottingham<br>d) Two further partner members nominated by Nottingham City Council<br><br>*Nottinghamshire County Council:*<br>e) Elected Member Representative who is the Chair of the Health and Wellbeing Board |

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| | f) Corporate Director, Adult Social Care and Health<br>g) Director of Public Health for Nottinghamshire<br>h) Two further partner members nominated by Nottinghamshire County Council<br>*NHS Nottingham and Nottinghamshire Integrated Care Board:*<br>i) Chair of the Integrated Care Board<br>j) Chief Executive<br>k) Director of Integration<br>l) Medical Director<br>m) Representative of the Nottingham and Nottinghamshire Provider Collaborative at Scale<br>*Other:*<br>n) Representative of Healthwatch Nottingham and Nottinghamshire<br>o) Chair of the Nottingham and Nottinghamshire Voluntary, Community and Social Enterprise Alliance<br>p) Representative of the Bassetlaw Place-based Partnership<br>q) Representative of the Nottingham City Place-based Partnership<br>r) Representative of the Mid-Nottinghamshire Place-based Partnership<br>s) Representative of the South Nottinghamshire Place-based Partnership |
| **5. Chair and vice-chair arrangements** | The ICP will be Chaired by the Chair of NHS Nottingham and Nottinghamshire Integrated Care Board.<br>The Chairs of the Nottingham City and Nottinghamshire County Health and Wellbeing Boards will act as joint Vice-Chairs of the ICP. |
| **6. Substitutes** | 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.<br>Members are responsible for fully briefing any nominated substitutes.<br>Substitutes need to be confirmed in writing to the Chair of the ICP ahead of the meeting. |
| **7. Quorum** | The quorum will be seven members, including at least one member from each of the Statutory Organisations. |

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| | | Nominated substitutes will count towards the quorum.<br>Members (or nominated substitutes) will not count towards the quorum if attending remotely.<br>If any member (or nominated substitute) 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.<br>If the quorum has not been reached, then the meeting may only proceed on an informal basis and no decisions may be taken. |
| **8.** | **Decision-making arrangements** | It is expected that at the ICP's meetings, decisions will be reached by consensus<br>Should this not be possible, then a vote of the ICP's members will be required, the process for which will be as follows:<br>a) All members of the ICP (or nominated substitutes) who are present at the meeting will be eligible to cast one vote each. Members attending remotely will not be eligible to vote. In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote.<br>b) A decision will be passed if more votes are cast for it than against it.<br>c) Casting vote – If an equal number of votes are cast for and against a resolution, then the Chair of the ICP will have a casting vote.<br>Any decisions taken will be recorded in the minutes of the meeting. |
| **9.** | **Conflicts of interest** | A register of the declared interests of ICP members will be maintained and published.<br>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.<br>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 |

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| | meeting.<br>The Chair of the ICP will determine how any declared interests should be managed.<br>ICP members must ensure that they comply with their organisational/ professional codes of conduct at all times. |
| **10. Meeting arrangements** | The ICP will meet at least twice per year.<br>Extraordinary meetings may be called for a specific purpose at the discretion of the Chair in consultation with the Vice-Chairs.<br>At least five clear working days' notice will be given when calling meetings.<br>Remote attendance at meetings will be permitted at the discretion of the Chair.<br>Meetings of the ICP shall be open to the public unless considering exempt information.<br>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.<br>A protocol will be published separately for members of the public to set out arrangements for submitting questions to meetings of the ICP. |
| **11. Secretariat** | Secretariat support will be provided to the ICP by NHS Nottingham and Nottinghamshire Integrated Care Board.<br>Agendas will be agreed by the Chair in consultation with the Vice-Chairs prior to each meeting.<br>Any items to be placed on the agenda are to be sent to the secretary no later than ten clear working 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.<br>Agendas and supporting papers will be circulated no later than five clear working days before each meeting.<br>Minutes will be taken at all meetings and will be ratified by agreement of the ICP at the following meeting. |
| **12. Reporting arrangements** | The ICP must:<br>a) Publish its Integrated Care Strategy (and any revised strategies).<br>b) Provide a copy of its Integrated Care Strategy (and |

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| | any revised strategies) to the Statutory Organisations. |
| **13. Review of terms of reference** | 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.<br>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.<br>Any proposed amendments to the terms of reference will be submitted to the Statutory Organisations for ratification. |
| **14. Date approved** | November 2022 |

**Appendix B – List of nominated ICP members**

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| 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 |
| | *To be confirmed* | *Nottingham City Partner* |
| 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 |
| | Dr Nicole Atkinson | Clinical Director, South Nottinghamshire Place-based Partnership |
| | *To be confirmed* | *Mid-Nottinghamshire Place-based Partnership representative* |