Lancashire and South Cumbria Integrated Care Partnership

Terms of Reference

Next Review due: ***September 2025***

1. Background and Context

1.1. Lancashire and South Cumbria Integrated Care Board (ICB) and Blackburn with Darwen Borough Council, Blackpool Council, Lancashire County Council, North Yorkshire Council, Westmorland and Furness Council and Cumberland Council have resolved to establish a committee known as the Lancashire and South Cumbria Integrated Care Partnership, in accordance with section 116ZA of the Local Government and Public Involvement in Health Act 2007.

1.2. The Integrated Care Partnership, together with the Lancashire and South Cumbria Integrated Care Board, form the Lancashire and South Cumbria Integrated Care System (ICS).

2. Purpose

2.1. An Integrated Care Partnership (ICP), is a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS.

2.2. National guidance outlines the following core purposes of an ICP;

- Achieve the four common aims of ICS;
    - Improve outcomes in population health and healthcare
    - Tackle inequalities in outcomes, experience, and access
    - Enhance productivity and value for money
    - Help the NHS support broader social and economic development
- Build shared purpose and common aspiration across the whole system to support people to live healthier and more independent lives for longer, as set out in an Integrated Care Strategy. The strategy will be informed by both Health and Wellbeing Boards (HWB) and Joint Strategic Needs Assessments (JSNA) and is a statutory requirement.

2.3. The Partnership will focus on setting short, medium, and long-term priorities and

agreeing intended outcomes that are aligned to our strategic aims (as above). It will seek progress on delivery of these outcomes from the relevant organisations/sectors/partnerships across the system to be certain that the Partnership is adding value and moving towards delivery of its ambitions.

2.4. The Partnership will support the development and maturity of placed based partnerships which are well placed to act on the wider determinants of health.

3. Accountability/relationships/assurance/authority

3.1. National guidance provides the following detail on the status and establishment of an ICP:

- Will be established in law as a statutory committee of the ICS.
- Not a statutory body; therefore, members come together to take decisions on an integrated care strategy, but the committee does not take on functions from other parts of the system.
- Must be established locally and jointly by the relevant local authorities and the ICB as equal partners.
- Local authorities and designated ICB chairs and Boards should meet in the Partnership as co-owners and equal partners of that committee.
- Should evolve from existing arrangements, with mutual agreement on terms of reference, membership, ways of operating and administration.
- To facilitate broad membership and stakeholder participation, Partnerships may use a range of sub-groups, networks and other methods to convene parties to agree and deliver the priorities set out in the shared strategy.

4. Scope

4.1. The Partnership will be a statutory component of the Lancashire and South Cumbria system and will provide a strategic, multi-sectoral perspective to the development of the strategy and ways of working of the health and care system, built upon existing partnerships and avoiding duplication.

4.2. The Partnership will focus on:

- Tackling the most complex issues that cannot be solved by individual organisations, and/or where the potential achievements of working together are greater than the sum of the constituent parts.
- Staying strategic and avoid being drawn into operational detail.
- A small number of key priorities as agreed within the strategy

4.3. It will provide oversight for all agreed Partnership priorities, and a forum to make decisions and recommendations together as partners on matters which do not impact on the statutory responsibilities of individual organisations and have been

delegated formally to a collaborative forum.

4.4. The Partnership has no formal delegated powers from the organisations in the Partnership. It will work by building consensus with leaders across partner organisations, local place-based boards, and Health & Wellbeing Boards.

5. Role and Functions

The Partnership will:

5.1. Develop an Integrated Care Strategy, setting the ambition across the system to tackle the broad physical health, mental health, and social care needs of the population (both children and adults), including determinants of health such as employment, environment, and housing issues.

5.2. Plan for the future and develop proposals and recommendations for using available resources creatively in order to address the longer-term challenges which cannot be addressed by a single sector or organisation alone.

5.3. Ensure the right partnerships, policies, incentives, and processes are in place to support practitioners and local organisations to work together to support people to live healthier and more independent lives for longer.

5.4. Complement place-based working and partnerships, develop relationships and tackle issues that are better addressed once within a larger geographical area.

5.5. Support broad and inclusive integration across places and drive meaningful improvements in cross-cutting health and care outcomes and experiences.

5.6. The Partnership will provide a forum for agreeing collective objectives, enabling place- based partnerships to thrive alongside opportunities for connected scaled activity to address health and care challenges. It will take account of the views of each Health and Well Being Board as statutory bodies.

5.7. The Partnership will continually develop its role and remit, along with optimising ways of working with Place Based Partnerships, Health and Well Being Boards, and other existing Partnerships such as the Lancashire and South Cumbria Provider Collaborative and local skills and employment partnerships.

6. Key Principles

6.1. Come together under a distributed leadership model and commit to working together as equal partners.

6.2. Use a collective model of decision-making that seeks to find consensus between

system partners and make decisions based on unanimity as the norm, including working though difficult issues where appropriate.

6.3. Operate a collective model of accountability, where partners hold each other mutually accountable for their shared and individual organisational contributions to shared objectives.

6.4. Agree arrangements for transparency and local accountability, including meeting in public with minutes and papers available online.

6.5. Focus on improving outcomes for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced health inequalities.

6.6. Champion co-production with our residents and inclusiveness throughout the ICS.

6.7. 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).

6.8. Ensure place-based partnership arrangements are respected and supported.

6.9. Draw on the experience and expertise of professional, clinical, political and community leaders and promote strong clinical and professional system leadership.

6.10. Create a learning system, sharing evidence and insight across and beyond the ICS, crossing organisational and professional boundaries.

7. Membership and Chair

7.1. The membership of the partnership will consist of full members and those who are in regular attendance.

7.2. Full Members are as follows:

Sector	Organisation	Position
Local Government	Blackpool Council	Elected Member
Local Government	Blackburn with Darwen Borough Council	Elected Member
Local Government	Westmorland and Furness Council	Elected Member
Local Government	Lancashire County Council	Elected Member
Local Government	District Council (Lancashire) – urban	Elected Member

Local Government	District Council (Lancashire) - rural	Elected Member
NHS ICB	LSC ICB	ICB Chief Executive
NHS ICB	LSC ICB	Chief Operating Officer
NHS ICB	LSC ICB	Non-Exec Board member
Providers (Primary Care)	LSC ICB	Partner Member for Provider of Primary Medical Services
Providers (Mental Health)	LSC ICB Provider Collaborative	Representative for Mental Health Services
Providers (Acute and Community)	LSC ICB Provider Collaborative	Representative for Acute and Community Services
Place-based Partnerships	LSC ICB / Local Authority	Director of Health and Care Integration
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Voluntary, Community, Faith and Social Enterprise Sector	VCFSE Alliance	Representative
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Public, Patients and Communities	Healthwatch	Representative
Public, Patients and Communities	The Independent Race and Equality Panel (I-REP) for Lancashire	Representative
Business	Lancashire Business Board (*Sector groups and membership currently under review)	Representative to be confirmed*
Hospices	LSC Hospices Together	Representative
Higher Education	University	Vice Chancellor
Children's Services	Local Authority	Director of Children's Services
Adult Social Care	Local Authority	Director of Adult Social Care
Public Health Collaborative	Local Authority	Director of Public Health

7.3. The following representatives are expected to be in regular attendance at ICP meetings:

- Director of Partnerships & Collaboration, ICB (as the Lead Officer for the ICP)
- Director of Population Health, ICB
- L&SC Comms & Engagement Network Lead (joint Forum for UTA and ICB Comms & Engagement Leads)
- Local Authority Strategy Leads

7.4. The members of the Partnership shall be jointly appointed with approval from the ICB and the upper tier Local Authorities.

7.5. Members of the Partnership should aim to attend all scheduled meetings. The Chair of the Partnership will review any circumstances in which a member's attendance falls below 50% attendance over a 12-month rolling period.

7.6. The Partnership may co-opt additional members subject to the following terms:

- They have subject matter expertise required to support the Partnership in meeting its responsibilities
- They represent a community, place, or organisation required to support the Partnership in meeting its responsibilities.
- They are able to contribute to workshop style sessions on priority programmes

7.7. Partnership members may nominate a suitable deputy when necessary and subject to the approval of the Chair. All deputies should be fully briefed, and the secretariat informed of any agreement to deputise so that quoracy can be maintained.

7.8. The ICB and local authorities will jointly select a Partnership Chair, appointed on a biennial rotational basis, from each of the upper tier local authorities and nominated ICB non-Exec member. The Blackburn with Darwen council representative will take the role for the period May 2024 until May 2026.

7.9. The Deputy Chair will be a representative from the VCFSE sector, which will also rotate on a biennial basis, and this will align with the appointment of the rotated Partnership chair.

7.10. Membership may change as the priorities of the Partnership evolve and whilst the Partnership must engage with a wide range of stakeholders and understand the different viewpoints across the system and communities, membership should be kept to a productive level. Reflecting the workshop style meetings.

8. Quorum

8.1. The Partnership shall be quorate when at least 30% of Partners are in attendance. This must include:

- The partnership Chair or Deputy chair

- At least 3 of the founder members (including 1 local authority and 1 ICB representative)
- At least 1 Director of Health and Care Integration
- Two other partners, including one VCFSE representative

8.2. Where agreed in advance, virtual attendance via an appropriate remote access system will count as attendance for the purpose of quoracy and voting (see below).

8.3. At the start of the meeting, the Chair will confirm that the Partnership is quorate, after any actions have been taken to manage any declared conflicts of interest.

8.4. Nominated deputies attending ICP meetings, on behalf of substantive members, will count towards quorum.

8.5. If a meeting is not quorate, the Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary. The Chair will have the final decision as to their suitability.

9. Meetings

9.1. The Partnership will meet at least four times per year, or as determined by the Partnership, and have an annual rolling programme of meeting dates and agenda items.

9.2. There will be administrative support required for the meetings which will include:

- Giving notice of meetings (including, when the Chair of the ICP deems it necessary in light of the urgent circumstances, calling a meeting at short notice)
- Issuing an agenda and supporting papers to each member and attendee no later than 7 working days before the date of the meeting; and
- Ensuring an accurate record (minutes) of the meeting.
- Managing any questions posed to the Partnership

9.3. A record of the meeting will be presented at Board / committee meetings of the Founder members of the Partnership.

9.4. Core meetings of the Partnership will be held in public, and agendas and papers will be published at least seven working days in advance of the meeting except where confidential or sensitive information is likely to be disclosed. This may include:

- Information given to any of the partners in confidence,
- Information about an individual that it would be a breach of the Data Protection Act to disclose, or
- Information the disclosure of which could prejudice the commercial interests of

any of the partners or third parties

10. Decision-making

10.1. The aim of the Partnership is to achieve consensus decision-making wherever possible.

10.2. Each voting member of the Partnership in attendance at a meeting shall have one vote.

10.3. If the Chair determines that there is no consensus or one member disputes that consensus has been achieved, a vote will be taken by the Partnership members. The vote will be passed with a simple majority the votes of members present. In the case of an equal vote, the Chair shall have a second and casting vote.

10.4. The result of the vote will be recorded in the minutes and a record will also be made of the outcome of the voting for the other ICB committees.

10.5. All decisions taken in good faith at a meeting of the Partnership shall be valid even if there is any vacancy in its membership or, it is discovered subsequently, that there was a defect in the calling of the meeting, or the appointment of a member attending the meeting

11. Sub Committees & Delegation

11.1. The Partnership may delegate tasks to such individuals, sub-committees, or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are governed by Terms of Reference as appropriate, and reflect appropriate arrangements for the management of conflicts of interest.

12. Code of conduct/managing conflicts of interest

12.1. Each member must abide by all policies of the organisation it represents in relation to conflicts of interest.

12.2. Conflicts of interest will be included as a standing agenda item at the beginning of each meeting, where the chair will invite any members to declare any interests in connection to the business of the meeting.