

## **Kent and Medway Integrated Care Partnership**

### **Terms of Reference**

#### **1. Introduction**

- 1.1 The vision for the Kent and Medway Integrated Care System is 'We will work together to make health and wellbeing better than any partner can do alone'. The Kent and Medway Integrated Care Partnership (ICP) brings partners together to work towards achieving this shared vision.
- 1.2 The ICP has been established in accordance with the powers set out under Section 116ZA of the National Health Service Act 2006 (as amended by Health and Care Act 2022), and the Local Government and Public Involvement in Health Act 2007 by the following organisations:
  - 1.2.1 Kent and Medway NHS Integrated Care Board (ICB).
  - 1.2.2 Kent County Council (KCC) and Medway Council, together known for the purposes of this Terms of Reference as the Local Authorities.
- 1.3 The Integrated Care Partnership is established as a joint committee of the above parties, to whom they are accountable. The ICP is authorised to act within these Terms of Reference, which set out the membership, remit, responsibilities, authority, and reporting arrangements of the ICP.

#### **2. Purpose**

- 2.1 The purpose of the ICP is:
  - 2.1.1 To produce an Integrated Care Strategy, developed with system partners and stakeholders, which covers the health and wellbeing needs of the whole population of Kent and Medway and fulfils the requirements set out in the statutory guidance for the development of Integrated Care Strategies. The ICP will recommend approval of the Strategy to the ICB and Local Authorities for approval. The Strategy will be refreshed every five years unless the ICP receives a new joint strategic needs assessment that warrants earlier consideration.
  - 2.1.2 To monitor and assure the effectiveness and impact that delivery of the shared outcomes set out in the Integrated Care Strategy is having on improving the health and wellbeing of the population. The ICP is authorised to request any information necessary from partner members to enable effective review and partner members will cooperate with any such reasonable request. All information requests between the partner members and with the ICP will be managed in accordance with the relevant legislation and any partner sharing agreements in place.

- 2.1.3 To support the bringing together of partners working at system, place and community level which are well-situated to act on the wider determinants of health, health inequalities and drive improvements in the social and economic development of Kent and Medway.
- 2.2 The ICP may from time to time have other responsibilities given to it by the Local Authorities and/or the ICB, subject to compatibility with legislation and compliance with the decision-making process of the relevant body.
- 2.3 The ICP is authorised to establish such sub-committees as the ICP deems appropriate to assist it in discharging its purpose. The Inequalities, Prevention, and Population Health Committee (IPPH) will keep the ICP informed on its progress to support the ICP in its purpose to assure delivery of the Integrated Care Strategy.

### **3. Principles**

- 3.1 The ICP is founded, first and foremost, on the principle of equal partnership between the NHS and Local Authorities to work with and for the communities of Kent and Medway.
- 3.2 The ICP is authorised by and accountable to Kent and Medway NHS, Kent County Council and Medway Council as the statutory organisations of the Kent and Medway Integrated Care System.
- 3.3 In undertaking its work, the ICP will respect the following partnership principles:
  - 3.3.1 Act in a way that is transparent and accountable.
  - 3.3.2 Use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity and compatibility with legislative, governance, and policy requirements of relevant bodies as the norm, including working through difficult issues where appropriate.
  - 3.3.3 Operate a collective model of accountability, where partners hold each other mutually accountable for their respective contributions to shared objectives within the remit of the ICP.
  - 3.3.4 Be informed in its work by the voice of experience, ensure co-production and inclusiveness throughout the Integrated Care System (ICS) is championed and draw on the experience and expertise of professional, clinical, political, voluntary and community leaders.
  - 3.3.5 Create a learning system, sharing improvements across the system geography and with other parts of the country, crossing organisational and professional boundaries.
  - 3.3.6 Support the sharing of information that enables the evolving needs of the local health and care services to be widely understood and opportunities for at scale collaboration to be maximised.

- 3.3.7 Support the NHS triple aim (improved population health, quality of care and cost control), the legal duty on statutory bodies to collaborate and the principle that decision-making should happen at a local level where that is most appropriate approach.
- 3.4 In undertaking its work, the ICP will also ensure it continually champions the four purposes of an integrated care system as defined by NHS England:
  - 3.4.1 To improve outcomes in population health and healthcare.
  - 3.4.2 To tackle inequalities in outcomes, experience, and access.
  - 3.4.3 To enhance productivity and value for money.
  - 3.4.4 To help the NHS support broader social and economic development.
- 3.5 Members of the ICP will:
  - 3.5.1 Aim to attend all scheduled meetings.
  - 3.5.2 Have a collective responsibility for the operation of the ICP. They will participate in discussion, review evidence, and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
  - 3.5.3 Work at all times as a mutually supportive partnership, respecting the individual sovereignty and operating environments of partners while working together to ensure all partners contribute effectively to delivery of the shared outcomes.
  - 3.5.4 Agree to co-operate with any reasonable request made by the ICP to enable it to fulfil its responsibilities, insofar as respective partner member organisational governance arrangements allow.
  - 3.5.5 Maintain the highest standards of personal conduct and in this regard must comply with:
    - a. The laws of England.
    - b. The Nolan Principles.
    - c. Any additional regulations or codes of practice adopted by the Member's appointing body.

#### **4. Membership, Chair, and role of Statutory System Leaders**

- 4.1 Membership of the ICP will be made up of elected, non-executive and clinical and professional members as follows:
  - 4.1.1 Leader of KCC.
  - 4.1.2 Leader of Medway Council.

- 4.1.3 Chair of the Kent and Medway NHS ICB.
- 4.1.4 Two additional Local Authority elected executive members from KCC, who hold an appropriate portfolio responsibility related to ICP business.
- 4.1.5 Two additional Local Authority elected executive members from Medway Council, who hold an appropriate portfolio responsibility related to ICP business.
- 4.1.6 One additional ICB Non-Executive Director.
- 4.1.7 An ICB Partner Member who can bring the perspective of primary care.
- 4.1.9 The Chairs of the four Kent and Medway Health and Care Partnerships.
- 4.1.9 An elected District Council representative from within the geographies of each of the four Kent and Medway Health and Care Partnerships.
- 4.2 Members are not permitted to have deputies to represent them.
- 4.3 The Chair of the ICP shall be either the Leader of Kent County Council or Medway Council and will be elected at the first meeting of the ICP to serve as Chair for a two-year period. The Chair will rotate every two years between the Local Authority leaders.
- 4.4 The ICP shall have the following non-voting attending members:
  - 4.4.1 Medway Council Chief Executive.
  - 4.4.2 Kent County Council Chief Executive.
  - 4.4.3 Kent and Medway ICB Chief Executive.
  - 4.4.4 Kent and Medway Directors of Public Health.
  - 4.4.5 Kent and Medway ICB Medical Director.
  - 4.4.6 A representative from each of Kent Healthwatch and Medway Healthwatch.
  - 4.4.7 A representative from the Kent and Medway Voluntary, Community and Social Enterprise Steering Group.
  - 4.4.8 Kent and Medway Local Authority directors of adult and children's social care.
  - 4.4.9 A representative from Kent Integrated Care Alliance.
  - 4.4.10 A representative from the Kent, Surrey and Sussex Academic Health and Science Network.
  - 4.4.11 A representative from the Local Medical Committee.
  - 4.4.12 A representative from Kent Police.
- 4.5 The Chair may call additional individuals to attend meetings to inform discussion. Attendees may present at ICP meetings and contribute to discussions as invited by the Chair but are not allowed to participate in any vote.
- 4.6 The ICP will hold a Register of Members Interests which will be presented to each meeting of the ICP and available on the websites of the ICB and Local Authorities.
- 4.7 Members must declare any interests and /or conflicts of interest at the start of the meeting. Where matters on conflicts of interest arise, the individual must withdraw from any

discussion/voting until the matter(s) is concluded. Where the partner member does not have such a policy or policies, the ICB's policy on business standards and managing conflicts of interest shall apply.

- 4.8 To support the Chair and recognising the collective model of accountability, the three Statutory System Leaders comprising the two Local Authority leaders and the Chair of the ICB will work together to agree the forward plan (in discussion with partner members), meeting agendas, and other items of business relating to the ICP.
- 4.9 In the event that the ICP Chair is not available to chair the meeting (due to absence or a conflict of interest), the other Local Authority leader will preside over the matter(s) to be discussed. Where neither leader is available to preside, the ICB Chair will preside over matters.

## **5. Meetings**

- 5.1 Meetings of the ICP will be open to the public. The public may be excluded from the meeting, whether for the whole or part of the proceedings, where the ICP determines that discussion in public would be prejudicial to the public interest or the interests of ICB or Local Authorities by reason of:
- 5.1.1 The confidential nature of the business to be transacted.
  - 5.1.2 The matter being commercially sensitive or confidential.
  - 5.1.3 The matter being discussed is part of an on-going investigation.
  - 5.1.4 The matter to be discussed contains information about individual patients or other individuals which includes sensitive personal data.
  - 5.1.5 Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed.
  - 5.1.6 Any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
  - 5.1.7 To allow the meeting to proceed without interruption, disruption and/or general disturbance.
- 5.2 At a meeting in public any member of the public may ask a question(s) about any matter relating to items on the agenda or items of the day. Details on how a member of the public can ask questions shall be published on the websites of KCC, Medway Council and the ICB.
- 5.3 When the Chair of the ICP deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as they shall specify. Where possible this will be agreed by the three Statutory System Leaders.
- 5.4 In addition to public meetings, the ICP might hold closed workshop sessions on particular issues to support the development of ideas and interactive discussion of issues. The

outcomes of these workshops will be shared at the next public meeting of the ICP.

## **6. Voting and Quorum**

- 6.1 The aim of the ICP will be to achieve consensus decision-making wherever possible. Where a formal vote is required each member of the ICP shall have one vote. The ICP shall reach decisions by a majority of members' present, subject always to the meeting being quorate. Where a majority vote is not achieved the proposal will not be passed. The Chair shall not have a second or casting vote, where the vote is tied.
- 6.2 A quorum shall be nine voting members:
- 6.2.1 One of whom shall come from each of the two Local Authorities and one from the ICB.
- 6.2.2 One of whom shall be one of the three Statutory System Leaders.
- 6.2.3 A minimum of two of the four health and care partnership areas shall be represented by their respective chair or district representative.
- 6.3 Whilst not part of the quorum, the ICP shall endeavour to always have a public health representative in attendance, unless a conflict of interest precludes this.
- 6.4 At the discretion of the Chair, members who are not physically present at a ICP meeting but are present through tele-conference or other acceptable media, shall be deemed to be present and count towards the quorum as appropriate.

## **7. Dispute Resolution**

- 7.1 Where a dispute or concern arises, this should be brought to the attention of the Chair. The matter will be discussed by the three Statutory System Leaders, who will agree a course of action by consensus, having sought appropriate advice where required and having due regard to the principles of the ICP set out in section 3. Where a consensus cannot be reached, the matter will be referred to the ICP for discussion.

## **8. Frequency and Notice of Meetings**

- 8.1 The ICP shall meet at least three times in each calendar year.
- 8.2 Notice of any ICP meeting must indicate:
- 8.2.1 Its proposed date and time, which must be at least five (5) clear working days after the date of the notice, except where a meeting to discuss an urgent issue is required (in which case as much notice as reasonably practicable in the circumstances should be given).
- 8.2.2 Where it is to take place.

- 8.3 Notice of a ICP meeting must be given to each member of the ICP in writing. Failure to effectively serve notice on all members of the ICP does not affect the validity of the meeting, or of any business conducted at it.
- 8.4 Where ICP meetings are to be held in public the date, times and location of the meetings will be published in advance on the websites of KCC, Medway Council and the ICB. Other technological and communication media may also be used to maximise public awareness of the work of the ICP.

## **9. Secretariat**

- 9.1 The three Statutory System Leaders will agree the secretariat arrangements to the ICP. The duties of the secretariat include but are not limited to:
- 9.1.1 Agreement of the agenda with the Chair together with the collation of connected papers.
- 9.1.2 Taking the minutes and keeping a record of matters arising and issues to be carried forward.
- 9.2 Before each ICP meeting an agenda and papers will be sent to every ICP member and where appropriate published on the websites of KCC, Medway Council and the ICB, excluding any confidential information, no less than five (5) clear working days in advance of the meeting.
- 9.3 If a ICP member wishes to include an item on the agenda, they must notify the Chair via the ICP's Secretary no later than twenty (20) clear working days prior to the meeting. In exceptional circumstances for urgent items this will be reduced to ten (10) clear working days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Chair.
- 9.4 A copy of the minutes of ICP meetings will be presented to KCC, Medway Council and the ICB. These will be presented in the most appropriate way as determined by these organisations.

## **10. Confidentiality**

- 10.1 ICP meetings may in whole or in part be held in private as detailed in section 5. Any papers relating to a private meeting will not be available for inspection by the press or the public. For any meeting or any part of a meeting held in private all attendees must treat the contents of the meeting, any discussion and decisions, and any relevant papers as confidential.
- 10.2 Decisions of the ICP will be published by the ICP except where these have been made in a private meeting. Where decisions have been made in private a summary of the decision will be made public without any confidential information being disclosed.

## 11. Review of Terms of Reference

11.1 The terms of reference of the ICP will be approved by the Local Authorities and the ICB and shall be reviewed by the parties every two years as the Chairmanship moves between the two Local Authorities.

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**Approved:**

**Version Control:**

<b>Version No</b>	<b>Amendment</b>	<b>Amendment Owner</b>	<b>Date of Amendment</b>
1	Original Document	ICB Executive Director of Corporate Governance	July 2022
2	Add Kent Police participant representation	ICB Executive Director of Corporate Governance	Jan 2023
3	Two-year refresh		