

## Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Partnership (ICP) Terms of Reference

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## 1. Establishment

### 1.1 Statutory Joint Committee:

The Buckinghamshire, Oxfordshire and Berkshire West (each a “Place”) (“BOB”) Integrated Care Partnership (“ICP”), is formed in accordance with s.116ZA, Local Government and Public Involvement in Health Act 2007 (“LGPIHA”) (introduced by s.26, Health and Care Act 2022). The ‘responsible local authorities’ (s.103, LGPIHA) within the BOB Integrated Care System (“ICS”) area are Buckinghamshire Council, Oxfordshire County Council, Reading Borough Council, West Berkshire Council, Wokingham Borough Council (each an “LA”, and together “the LAs”).

The ICP is a statutory joint committee of the BOB Integrated Care Board (“ICB”) and the LAs.

### 1.2 Terms of Reference and Review:

1.2.1 **Definition:** The Terms of Reference (ToR) for the ICP are defined by the ICB and the LAs and may be amended by them at any time.

1.2.2 **Review:** The ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board and councils for approval.

## 2. Aim, Accountability and Reporting, and Authority to Act

2.1 The overall aim of the ICP is to deliver the expectation set out in the joint declaration between NHS England and the Local Government Association (March 2022) that it shall ‘drive the direction and policies of the Integrated Care System (ICS)’ for BOB.

2.2 Specifically, the ICP will also help deliver the four ICS aims:

ICS aim	Description
<b>Improve outcomes</b>	Improve outcomes in population health and healthcare
<b>Reduce inequalities</b>	Tackle inequalities in outcomes, experience and access
<b>Provide value</b>	Enhance productivity and value for money
<b>Support the local area</b>	Help the NHS support broader social and economic development

2.2.1 **Accountability and reporting:** The ICP is accountable to **the ICB** and **the LAs** and shall report to them on a regular basis on how it discharges its responsibilities.

- 2.3 **Authority to Act:** As a statutory joint committee of the ICB and the LAs the ICP is authorised to:

Authorised activity	Description
<b>Create Committees and Task Groups</b>	Create committees and/or task and finish groups (together “sub-groups”) to take forward specific programmes of work as considered necessary. The ICP shall determine the membership and Terms of Reference of any such sub-group.
<b>Seek information</b>	Seek information that reasonably relates to any item of business of the ICP from any employee or member of the ICB or LA. The ICB and LAs shall consider such requests having regard to the normal FOI exceptions and commercial or political sensitivity.
<b>Commission reports</b>	Commission reports it deems necessary to help fulfil its obligations.
<b>Obtain advice</b>	Use independent professional advice and secure the attendance of advisors with relevant expertise if it considers such necessary to fulfil its functions, provided this is in accordance with any procedures of the ICB for obtaining legal or professional advice.
<b>Investigate activity</b>	Investigate activity within these ToR.

### 3. Principles

- 3.1 In everything it does, the ICP shall uphold the ICS principles:

Theme	ICS partnership principles from the ICS design framework
<b>Improved outcomes focus</b>	<b>Improved outcomes:</b> Focus on improving outcomes for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced health inequalities.
<b>Subsidiarity</b>	<b>Triple aim, cooperation and subsidiarity:</b> 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).  <b>Support for place:</b> Ensure place-based partnership arrangements are respected and supported, and have appropriate

	resource, capacity and autonomy to address community priorities, in line with the principle of subsidiarity.
<b>Distributed leadership</b>	<p><b>Distributed leadership:</b> Come together under a distributed leadership model and commit to working together equally.</p> <p><b>Professional, clinical, political and community leadership:</b> Draw on the experience and expertise of professional, clinical, political and community leaders and promote strong clinical and professional system leadership.</p>
<b>Collective accountability</b>	<p><b>Collective accountability:</b> In discussion, operate collective challenge for shared and individual/organisational contributions to joint objectives.</p> <p><b>Risk/ benefit sharing:</b> Enable sharing of risks, benefits and support.</p> <p><b>Transparency:</b> Agree arrangements for transparency and local accountability, including meeting in public with minutes and papers available online.</p> <p><b>Consensus:</b> Partners will use their reasonable endeavours to seek a consensus between them, including working through difficult issues where appropriate.</p>
<b>Innovation and continuous learning</b>	<p><b>Transformation:</b> Contribute to the transformation of health and care services</p> <p><b>Innovation:</b> Enable opportunities to innovate, share best practice and maximise sharing of resources across organisations (additional).</p> <p><b>Continuous learning:</b> Create a learning system, sharing evidence and insight across and beyond the ICS, crossing organisational and professional boundaries.</p>

## 4. Duties

### 4.1 The ICP's duties are to:

Duties	Description
<b>Develop the ICP strategy:</b>	<p>Develop an Integrated Care Strategy for the ICS, with the agreement of all partners, and submit that Strategy to the ICB, LAs and NHS England.</p> <p>The Strategy will take account of the three Place Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).</p>

<b>Use data</b>	Base the Strategy on the best available evidence and data, covering health and social care (both children's and adult social care) and addressing the wider determinants of health and wellbeing including for example, employment, environment and housing issues.
<b>Engage stakeholders</b>	Agree a plan for consulting and engaging the public and communicate to stakeholders in the development of the Strategy.
<b>Enhance relationships</b>	<p>Work with the structures in Places (e.g. Health and Wellbeing Boards ("HWBs") and Place Based Partnerships) to enhance relationships between leaders across the health and care system in order to consider best arrangement for its local area.</p> <p>The ICP will seek to complement, but not duplicate, the work of the HWBs and to provide an opportunity to strengthen the alignment of the ICS and HWBs.</p>
<b>Review progress</b>	Monitor delivery of the Integrated Care Strategy. Challenge all partners to demonstrate progress in reducing inequalities and improving outcomes.
<b>Seek assurance</b>	Seek assurance that the Integrated Care Strategy has been developed in an inclusive and transparent way and elements of the strategy have been co-produced with people with lived experience and expertise from professional, clinical, social, political, and community leadership.

## 5. Chair, Membership, Attendees, Sub-Groups

Arrangement	Description
<b>Chair</b>	<p>The Chair will be elected by the six statutory Founding Voting Members, for a one-year term which may be renewed once (i.e. a maximum of two years).</p> <p>References to Chair in these ToR are to the Chair of the ICP or to the Chair of a Meeting (if different) as the context requires.</p>
<b>Deputy Chair</b>	A Deputy Chair will be elected by the six Founding Voting members. The Deputy Chair shall be from a different founding member body or Place to the elected Chair. This would be for a 1-year term which could be renewed once (maximum of 2 years).

<b>Membership</b>	<p><b>Founding Voting Members (six):</b></p> <ul style="list-style-type: none"> <li>• An identified representative of the ICB</li> <li>• An identified elected member from each of the LAs (five)</li> </ul> <p><b>Other Voting Members (17):</b></p> <ul style="list-style-type: none"> <li>• Two other elected members from Buckinghamshire Council</li> <li>• Two other elected members from Oxfordshire councils (to include at least one elected member from a City/District council)</li> <li>• One representative from an acute NHS provider*</li> <li>• One representative from a mental health NHS foundation trust*</li> <li>• One representative from the South Central Ambulance Service NHS Foundation Trust</li> <li>• Two representatives from primary care; one to be a GP*</li> <li>• The Directors of Public Health for Buckinghamshire, Oxfordshire and Berkshire West</li> <li>• One representative from Healthwatch</li> <li>• One representative from the BOB VCSE Alliance</li> <li>• One representative from the Oxford Academic Health Sciences Network (AHSN)</li> <li>• One representative from care sector providers (with no direct financial interest)</li> <li>• One representative of child and adolescent mental health <i>(*these four members from NHS providers must between them cover the three Places)</i></li> </ul> <p><b>In attendance (non-voting)</b></p> <ul style="list-style-type: none"> <li>• ICB Chief Executive Officer</li> <li>• One Director of Adult Social Services (DASS)**</li> <li>• One Director of Children's Services (DCS)**</li> </ul> <p><i>(** each to be from different Place)</i></p>
<b>Substitutes</b>	<p>Each ICP member ("member") shall identify a named substitute or substitutes to attend a meeting if they are unable to. Where relevant, references in these ToR to "member" include a substitute attending in place of that member.</p>
<b>Other attendees</b>	<p>Only members have the right to attend ICP meetings ("meetings"), but the Chair may invite relevant staff and individuals to attend a meeting (for all or part of it) as necessary in accordance with the business of the ICP. Such attendees will not be eligible to vote.</p> <p>Opportunities will be created for members of the public to attend and be given opportunity to speak at selected meetings.</p>

<b>Stakeholder Participation</b>	It is anticipated that task and finish groups - alongside dedicated workshops, dedicated public meetings and other methods – will be used for broader stakeholder participation and to include views and needs of patients, carers, and the social care sector.
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## 6. ICP meetings

### 6.1 Frequency and Chairing:

	Description
<b>Meeting frequency</b>	The ICP will meet at least three times a year.
<b>Virtual Meetings</b>	The ICP may meet virtually (to include any method agreed by the Chair) and members attending using electronic means will be counted towards the quorum.
<b>Extraordinary Meetings</b>	Extraordinary meetings may be held at the discretion of the Chair.
<b>Notice</b>	A minimum of five working days' notice should be given when calling any meeting unless the Chair authorises otherwise in exceptional circumstances.
<b>Chair role</b>	The Chair is responsible for agreeing the meeting agenda and ensuring matters discussed meet the objectives as set out in these ToR.
<b>Procedure in chair absence</b>	In the absence of the Chair and Deputy Chair, or if the Chair and Deputy Chair have a precluding interest, the remaining Founding Voting Members present shall elect one of their number to chair the meeting.

### 6.2 Attendance, Conflicts of Interest and Quorum

	Description
<b>Attendance</b>	Members expected to make every effort to attend, and be prepared for, meetings. It is expected that members or their named substitute will attend all meetings.
<b>Substitutes</b>	Where a member is unable to attend a meeting, they should advise the Chair and secretariat and arrange for a substitute to attend in their stead (a substitute attending a meeting is treated as a member for all meeting purposes including voting and quorum).
<b>Behaviour and Conflicts of Interest</b>	All members shall behave in a manner complying with the Principles of Public Life (the "Nolan Principles").



	<p>All members must register any material interests with the ICP Register of Interests.</p> <p>Any member who has a material interest in a matter under discussion must declare the same and the Chair will determine how this will be managed.</p>
<b>Disqualification</b>	If any member is prevented from participating on an agenda item by reason (e.g.) of a conflict of interests, that member shall not count towards the quorum for that item.
<b>Quorum</b>	<p>The quorum for a meeting is one third of the voting membership (eight), including all of the Founding Voting Members.</p> <p>If a meeting is (or becomes) inquorate the Chair may: (a) adjourn or postpone the meeting, or (b) agree that the members present may (continue to) discuss matters on an informal basis if they so choose (but no decisions may be taken).</p>

### 6.3 Voting, Equality, Diversity and Inclusion, and Transparency:

	Description
<b>Voting</b>	<p>Only voting members of the Committee may vote, each having a single vote. The results of any vote will be recorded in the minutes.</p> <p>Decisions will be guided by national policy and best practice and will be taken by consensus wherever possible, but the Chair may always call a vote.</p> <p>Any decision will require a majority of the Founding Voting Members, and a majority overall of the voting members, in favour.</p> <p>If there is a majority of the voting members in favour, but not a majority of the Founding Voting Members in favour, a proposal will be reviewed so as to seek to address the concerns of those Founding Voting Members against it.</p>
<b>Equality, Diversity and Inclusion</b>	Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.
<b>Meeting transparency</b>	All meetings will be held in public, and papers made available online unless an exemption provision applies to any item of business (in which case the determination of 'exempt information' will be guided by the definitions contained in the Local Government Act 1972 Schedule 12A, for example personal data and the financial or business affairs of any person).



## 7. Secretariat and Administration

The ICP will be provided with a secretariat by **TBD**, which will undertake administrative functions including:

- clerking meetings.
- the preparation of agendas and meeting papers.
- maintaining the Register of Members' Interests.
- the preparation of minutes.
- maintaining a record of attendance; and
- monitoring relevant legislation and national guidance keeping members updated on pertinent issues/ areas of interest/ policy developments.

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**Version Control**

Version	Date	Changes
V1	dd/mm/yy	Initial version agreed by Members

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## Named Members and substitutes

Understanding of proposed named membership as of 21 October 2022. Where we have not commenced process of identifying member actions to take this forward are suggested (*in red italic*).

Member category	Named member	Named substitutes
Founding Voting Member – Buckinghamshire Council	Cllr Martin Tett/Cllr Angela Macpherson	
Founding Voting Member- Oxfordshire County Council	Cllr Liz Leffman	
Founding Voting Member – Reading Borough Council	Cllr Jason Brock	
Founding Voting Member – West Berkshire Council	Cllr Graham Bridgman	All other Executive members
Founding Voting Member – Wokingham Borough Council	Cllr David Hare	Cllr Clive Jones
Founding Voting Member - ICB	Javed Khan OBE, Chair	
Two other elected members – Buckinghamshire Council	Cllr Martin Tett/Cllr Angela Macpherson +1	
Two other elected members – Oxfordshire Councils	Cllr Tim Bearder Cllr David Rouane	
Representative from an acute NHS provider	<i>Chair of either Oxford University Hospitals or Buckinghamshire Healthcare Trust tbd</i>	
Representative from a mental health NHS foundation trust	Martin Earwicker, Chair Berkshire Healthcare NHS Foundation Trust	
Representative from the South Central Ambulance Service NHS Foundation Trust	Professor Sir Keith Willett CBE (Chair)	
Two representatives from primary care; one to be a GP	<i>ICB to source a GP from Bucks or Oxfordshire depending on acute trust member ICB discussing second member with leads for Pharmacy, Optometry, Dental</i>	
Directors of Public Health for each place	Dr Jane O'Grady (Buckinghamshire)	

	Ansaf Azhar (Oxfordshire) Tracy Daszkiewicz (Berkshire West)	
<b>Representative from Healthwatch</b>	Peter Miller, Cahir Buckinghamshire Healthwatch	
<b>Representative from the BOB VCSE Alliance</b>	William Butler, Chair	
<b>Representative from the Oxford Academic Health Sciences Network (AHSN)</b>	Gary Ford, Chief Executive	
<b>Representative from care sector providers (with no direct financial interest)</b>	<i>LAs to agree approach to identify, suggestions to date</i> <ul style="list-style-type: none"> <li>- From a not-for-profit provider eg Order of St Johns</li> <li>- Go via Care Associations to nominate a member</li> </ul>	
<b>Representative of child and adolescent mental health</b>	<i>ICP to determine what perspectives required (eg clinical, provider, user, carer, voluntary sector etc) which will then determine approach</i>	

#### In attendance non-voting

<b>Member category</b>	<b>Named member</b>	<b>Named substitutes</b>
ICB Chief Executive Officer	Steve McManus	
One Director of Adult Social Services (DASS)	<i>LAs to agree on DASS/DCS members and substitutes</i>	
One Director of Children's Services (DCS)	<i>LAs to agree on DASS/DCS members and substitutes</i>	