South East London
Integrated Care System

South East London Integrated Care System

Integrated Care Partnership

Terms of Reference

January 2023

1. Introduction

1.1. These Terms of Reference set out the role, responsibilities, membership, and reporting arrangements of the South East London Integrated Care Partnership (the “Partnership). The Partnership’s duties relate specifically to these terms of reference, which can only be amended by the South East London Integrated Care Board (ICB) in agreement with local authorities in South East London Integrated Care System (ICS).

2. Purpose

2.1. The Partnership will bring together leaders from across health, local authority and voluntary community and social enterprise (VCSE) sector services and Healthwatch to enable coordination and joint action to improve health and wellbeing in south east London.

2.2. In particular, the Partnership will support action to help people to stay well and live healthy lives, to help develop whole person care that reflects people’s health and social needs, to join up fragmented services, to address health inequalities, to address the social factors that influence people’s health and to support resilient communities.

2.3. The Partnership will deliver its purpose through its role in overseeing the development of an Integrated Care Strategy for south east London, helping to oversee system performance in clearly defined areas and supporting key programmes of work for the south east London system as described in section 4 below.

3. Core Principles

3.1. The Partnership will carry out its activities in ways that reflect the overall operating principles of the South East London Integrated Care Board, which are working in partnership, ensuring accountability and subsidiarity.

3.2. The Partnership will operate under a model of collective decision-making, seeking to find consensus between system partners and make decisions based on unanimity as the normal approach to conducting its business.

3.3. The Partnership will operate a collective model of accountability, where partners hold each other mutually accountable for their shared and individual organisational contributions to shared objectives.

3.4. The Partnership will ensure arrangements for transparency and local accountability, including in holding the majority of its meetings in public with all minutes and papers available online.

3.5. The Partnership will actively draw on the perspectives of residents and service users to inform its decision-making, in line with the South East London ICB Patient and Public Involvement Strategy.

3.6. The Partnership will also draw on the expertise and experience of clinical and care professionals, political leaders and community leaders to inform its decision-making.

4. Duties of the Partnership

Developing an Integrated Care Strategy

4.1. The Partnership will be responsible for agreeing with the ICB a high-level process for developing an integrated care strategy for south east London which draws on our existing understanding of health needs, inequalities and associated priorities in our boroughs whilst engaging staff and the public in effective discussion on how to address significant cross-system challenges.

4.2. The Partnership will develop its Integrated Care Strategy in discussion with the Board on emerging priorities and their implications, so the Board can reflect the strategy in its NHS five-year system plan.

4.3. Members of the Partnership will ensure that the Partnership's strategy is also reflected in their own organisations' strategies, plans and allocation of resources.

Overseeing system performance

4.4. The Partnership will play a role, alongside the Board and national oversight arrangements, in helping to hold the south east London health and care system collectively to account for performance, with regards the agreed deliverables associated with implementation of the Partnership's Integrated Care Strategy. In doing so, the Partnership will draw on the democratic mandate of local authority leaders, the understanding that different members of the partnership bring of the needs of local populations and people's experience of services.

4.5. The Partnership's role in overseeing system performance should be clearly defined and focused on specific priorities, where the Partnership is particularly well placed to oversee and support improved performance, for example areas specifically related to its purpose above and areas requiring collaboration across Partnership members' organisations.

4.6. The Partnership should identify and agree with the Board the key areas where it will play an ongoing role in overseeing and supporting system performance. These should reflect the Partnership's strategic priorities and commitments where it is agreed that Partnership members are best placed to support and oversee the delivery of outcomes and performance.

4.7. The Partnership should agree the key metrics it will use and the information it will need to assess performance in these areas, drawing on theory and evidence on the most effective measures of progress.

4.8. The Partnership should provide its assessment of progress against these key priorities on an annual basis, possibly as part of its revised integrated care strategy. The Board, and other organisations represented on the IC Partnership where appropriate, should set out how they plan to respond to the issues raised in the Partnership's assessment

4.9. In doing so, each of the members of the partnership should also set out the contributions that they have made to the delivery of these priorities including through their allocation of resources and the development of their services.

4.10. In relation to its oversight role, the Partnership will be able to ask the Board, and other organisations represented on the IC Partnership where appropriate, to review its approach to key areas, for example those identified under section 4.6, where there is evidence that the system is failing to deliver its strategic intentions to the agreed timescales.

Supporting key programmes

4.11. The Partnership will agree, with the Board, to oversee and support a small number of key programmes, where this requires the insight and sponsorship of senior leaders from across health, local authority services, the VCSE sector and Healthwatch.

4.12. The Partnership will identify members to act as the senior responsible officers for selected programmes and, if needed, to lead sub-committees or working groups related to them.

4.13. The Partnership will agree appropriate resourcing for these programmes with the Board and report annually on progress, including what more needs to be done by the system to achieve the desired objectives.

5. Relationship between the Partnership and the Integrated Care Board

5.1. The ICB will outline how it has taken account of and ensured alignment with the Partnership's strategy in its draft NHS five-year system plan and discuss this with the Partnership before publication.

5.2. The Partnership will assess the Board's five-year system plan and make public its position on whether the plan satisfies the following four principles: (i) reflecting the integrated care strategy alongside national and local priorities; (ii) financial viability; (iii) consistency with the system's commitment to reducing health inequalities and addressing unwarranted variation in equity, experience, service offer and outcomes; and (iv) reflecting the priorities of local populations.

5.3. In doing so, members of the Partnership should articulate briefly how their organisations have reflected or will reflect the strategy in their own plans and how they will allocate resources and develop services to support it.

5.4. The Board will commit to providing the necessary resources to report to the Partnership on progress in relation to specific strategic priorities to enable the Partnership to deliver its role in overseeing system performance, including allowing the Partnership to compare progress across services and places and against baselines. It should also commit to reporting on actions following the Partnership's advice.

6. Membership and attendance

6.1. The Partnership will be constituted of the following members:

- The Chair of the Integrated Care Board (Co-Chair)
- The Chief Executive of the Integrated Care Board
- Six elected members or nominated cabinet members representing the local authorities in south east London (one of whom will be a Co-Chair)
- The Chairs of Guys and St Thomas's NHS Foundation Trust, Lewisham and Greenwich NHS Trust, King's College Hospital NHS Foundation Trust, Oxleas NHS Foundation Trust, South London and Maudsley NHS Foundation Trust and Bromley Healthcare Community Interest Company
- A lead director of Adult Social Care
- A lead director of Children's Social Services
- A lead director of Public Health
- A representative from primary care services in South East London
- A representative of the VCSE sector in South East London
- A representative of Healthwatch organisations in South East London
- A representative of King's Health Partners

6.2. Staff from across the Integrated Care System may be invited to attend Partnership meetings as required.

7. Co-chairing arrangements for the Partnership

7.1. The Partnership will be chaired by the Chair of the ICB and an elected member or nominated cabinet member of one of the six local authorities in South East London. The co-chairs will work together to set agendas and plan the work programme for the Partnership and alternate in chairing Partnership meetings.

7.2. At any meeting of the Partnership, one of the co-chairs if present shall preside.

8. Quorum and conflict of interest

8.1. The quorum of the Partnership is at least 50% of members including at least the ICB Chair or Chief Executive, at least two elected members or nominated cabinet members of local authorities and at least two chairs of NHS provider organisations.

8.2. The Partnership will operate with reference to NHS England guidance and national policy requirements and will abide by the ICB's standards of business conduct. Compliance will be overseen by the co-chairs of the Partnership.

8.3. The Partnership agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles).

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8.4. Partnership members will be required to declare any interests they may have in accordance with the ICB's Conflict of Interest Policy (included within the Standards of Business Conduct Policy). Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

9. Decision-making

9.1. Where a decision is required, it is expected that this will be reached by consensus. Where a vote is required to decide a matter, each member may cast a single vote and decisions will require a simple majority. In the event of equal votes, the chair of the meeting will have a casting vote.

10. Procedure of decisions made outside of formal meetings

10.1. The Partnership co-chairs will arrange for the notice of the business to be determined and any supporting paper to be sent to members by email. The email will ask for a response to be sent to the Partnership co-chairs by a stated date. A decision made in this way will only be valid if the same minimum quorum described in the above paragraph, expressed by email or signed written communication, by the stated date for response, states that they are in favour.

10.2. The ICB's corporate and business support team will retain all correspondence pertaining to such a decision for audit purposes and report decisions so made to the next meeting. A clear summary of the issue and decision agreed will then be recorded in the minutes of that meeting.

11. Frequency

11.1. The Partnership will meet a minimum of four times over the course of a year

11.2. All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.

11.3. Members are not permitted to send a deputy should they be unable to attend a committee meeting except in exceptional circumstances and with agreement of the co-chairs.

11.4. Nominated deputies will count towards the meeting quorum and be able to vote in meetings if attendance has been agreed by the committee chair.

11.5. Members and staff from ICS partner organisations are expected to contribute to reasonable requests for information and input to the work undertaken by the Partnership.

12. Reporting

12.1. Papers will be made available a minimum of five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback from within their own organisations.

12.2. The Partnership will report on its activities to the ICB Board via minutes and any further agreed ICB reporting requirements.

12.3. The minutes of meetings shall be formally recorded and reported to the ICB Board for the purposes of assurance.

13. Support for the Partnership

13.1. The committee will be supported by members of the ICB's governance team and system development team.

13.2. The meeting secretariat will ensure that draft minutes are shared with the chair for approval within five working days of the meeting. Draft minutes with the chair's approval will be circulated to members together with a summary of activities and actions within ten working days of the meeting.

14. Monitoring adherence to the Terms of Reference

14.1. The co-chairs of the Partnership will be responsible for ensuring the Partnership abides by the terms of reference.

15. Review of Arrangements

15.1. The Partnership shall undertake a self-assessment of its effectiveness on at least an annual basis.

15.2. These terms of reference shall be reviewed by the Partnership co-chairs on an annual basis, in the context of the self-assessment and any changing business requirements, with changes proposed for approval to the ICB Board.

Appendix: Discussion Paper for SEL Leaders on the Integrated Care Partnership, March 2022

Discussion Paper for South East London ICS Leaders
Role of the South East London Integrated Care Partnership

Introduction

We are developing an Integrated Care System in South East London based on the principles of partnership working and combining our resources and insights to improve care for our local communities. We need to be able to draw on the leadership and capabilities of organisations across our system – health services, local authorities, and the VCSE sector – to address major challenges which have worsened during the pandemic: helping people to stay well and live healthy lives; delivering whole person care that reflects people's needs; joining up fragmented services; and using our significant combined resources in ways that support resilient communities.

While national policy provides limited guidance on the role and operation of the Integrated Care Partnership, we have emphasised the role we want it to play in the leadership of our Integrated Care system, in particular supporting the shift to prevention, enabling closer integration of health and care services, supporting partnership working between heath and a broad range of public services, and helping to deliver our anchor mission. This paper draws on conversations with Local Authority Leaders and CEOs in February and March. It makes proposals on how we can ensure the Partnership can play an effective role in three areas: setting direction; supporting improved system performance; and supporting key programmes that will determine our system's effectiveness.

Legislation and national policy

The national NHS has not set out detailed information on the role or operation of Integrated Care Partnerships. The Health and Social Care Bill 2021 explains that each Integrated Care Board and its local authorities must establish a joint committee, known as the Partnership, for its area. The Partnership must develop an integrated care strategy setting out how the system should meet the needs of local populations, which might include proposals for closer integration of health and social care services. Both the Integrated Care Board and local authorities will be under a duty to have regard to the integrated care strategy in exercising their duties. might work in South East London.

Alongside the Bill, NHS England's guidance documents provide a little further information on how the Partnerships might operate. The national design framework of June 2021 provides guidance on their membership. It describes the role of Integrated Care Partnerships as: aligning purpose and ambitions with plans to integrate care and improve health and wellbeing; and facilitating joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development. The Integrated Care Partnerships Engagement Document of September 2021 also emphasises the potential for the Partnerships to support service integration, help tackle health inequalities, help address social determinants of health, support social and economic development and support sustainability.

The policy presents both opportunities and challenges for our system. We can use the flexibility in the draft legislation and guidance to develop a model for the Partnership that works for our system, building on strong partnership working between the NHS, local authorities and the VCSE sector in

recent years, in particular during the pandemic. However, we also need to define with sufficient clarity the roles and relationship between the Partnership and the Integrated Care Board, so we avoid confusion or duplication between the two groups.

Our planned membership for the partnership

In discussions with partners in mid-2021, we agreed that the partnership should be chaired jointly by the Chair of the integrated Care Board and one of our six Local Authority Leaders. We also agreed to establish a relatively small group of 21 members, capable of playing an effective leadership role in our system, including the leadership of our Integrated Care Board, political leaders and officers from our local authorities, and representatives of primary care, the VCSE and Healthwatch. We are completing a process to agree with Primary Care partners how they will determine their representative on the Partnership and the IC Board. The Partnership will also be supported by members of the ICB's executive team including its clinical leaders. (See Annex for membership.)

Our thinking so far on the role of the Partnership

Within South East London, we envisage the Partnership playing a significant leadership and oversight role, alongside and in dialogue with the Integrated Care Board, as part of our collective model of governance for the system. In our draft constitution, we commit to ensuring that the Partnership, alongside the Board, has a key role in and responsibility for setting strategic direction for health and care services and in holding the leadership of south east London, including all health and care organisations, collectively to account for delivering the strategy and acting in a way that is consistent with it in their wider activities. We also describe an important role for the partnership facilitating action across public services to improve health and care in specific areas including addressing inequalities, influencing the wider determinants of health and supporting social and economic development. (See system architecture diagram in Annex.)

As well as describing our governance architecture, the draft constitution emphasises our commitment to the concept of subsidiarity – ensuring decision making and delivery is organised and secured at the level of our system that is best placed to meet our agreed objectives, be that our neighbourhoods, our LCPs (Places), our provider collaboratives or our system. This means that we do want to focus the attention of both the Board and the Partnership to areas where leadership at this level will deliver the greatest benefits.

Role of the partnership in setting strategic direction

The Health Bill and the national NHS's guidance describes specific roles for the Partnership and the Integrated Care Board in determining strategic priorities and translating these into plans for action within local systems. The Partnership will be responsible for developing an integrated care strategy setting out how the system should meet the needs of local populations. Meanwhile the Board will need to take account of the Partnership's strategy in developing its 'forward plan' for the system covering the next five years, which needs to be revised and published by the start of each financial year. In doing so the ICB will also need to take full account of the NHS Constitution and relevant national mandates (usually recorded in the NHS Operating guidance for any given period).
System partners have highlighted the need for this strategy and planning process to be 'bottom up' reflecting the priorities of local care partnerships for their populations driven by borough-level assessments of local people's needs. Local Authority Leaders and Chief Executives have also emphasised the need for formal mechanisms to ensure that the Board itself and sovereign health and care bodies take proper account of the Partnership's strategic priorities and that these are reflected in the Board's resource allocation decisions.

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Based on our discussions so far, we would propose the following arrangements to guide the interaction between the Partnership and the Board on strategy and planning:

- The Partnership and Board agree a high-level process and timeline for developing the integrated care strategy and five-year plan from mid-2022 which draws on our existing understanding of health needs, inequalities and associated priorities in our boroughs while engaging staff and the public in effective discussion on how to address significant cross-system challenges;

- The Partnership develops its integrated care strategy by the Autumn of 2022, with time built in for discussion with the Board during the process on emerging priorities and their implications, so the Board can reflect the strategy in its five-year plan to be published by end of March 2023;

- The Board outlines how it has taken account of and ensured alignment with the Partnership's strategy in its draft five-year plan and discusses this with the Partnership before publication;

- Members of the Partnership ensure that the strategy is also reflected in their own organisations' strategies, plans and allocation of resources; and

- The Partnership assesses the Board's plan and makes public its position on whether the plan satisfies the following four principles: (i) reflecting the integrated care strategy alongside national and local priorities; (ii) financial viability; (iii) consistency with the system's commitment to reducing health inequalities and addressing unwarranted variation in equity, experience, service offer and outcomes; and (iv) reflecting the priorities of local populations.

- In doing so, members of the Partnership should articulate briefly how their organisations have reflected the strategy in their own plans and how they will allocate resources and develop services to support it.

Question 1: Do system leaders support these proposals for ensuring the Partnership has sufficient influence on strategy and planning for the ICS?

Role of the partnership in overseeing system performance

While the Integrated Care Board is formally responsible for allocating NHS funding and accountable for its use of resources, the national NHS's guidance on the Partnership recognises that members of the Partnership, like members of the Board, have a potential role to play in overseeing delivery of strategic objectives and system performance. We see an important role for the Partnership (in conjunction with other arrangements including national oversight) in helping to hold the system collectively to account for performance with regards the agreed deliverables associated with implementation of the ICP's health and care strategy. In doing so, the Partnership will be able to draw on the democratic mandate of local authority leaders, the understanding that different members of the partnership bring of the needs of local populations and people's experience of services.

In our discussions so far, local authority leaders emphasised the need for the Partnership's accountability role to be clearly defined and focused on specific priorities, to avoid the risk that it becomes a talking shop on a wide range of system performance issues. They also emphasised the need to define the information and support that the Partnership would need to play this role, and the right feedback loops to track progress and ensure that the Partnership's interventions are acted on.

We would propose the following arrangements to ensure that the Partnership can play an effective system-oversight role with the Board:

- The Partnership should identify and agree with the Board the key areas where it will play an ongoing role in overseeing and supporting system performance. These should reflect the Partnership's strategic priorities and commitments where it is agreed that Partnership members are best placed to support and oversee the delivery of outcomes and performance;

- The Partnership should agree the key metrics it will use and the information it will need to assess performance in these areas, drawing on theory and evidence on the most effective measures of progress.

- The Board will commit to providing the necessary resources to report on progress against these measures, including allowing the Partnership to compare progress across services and places and against baselines. It should also commit to reporting on actions following the Partnership's advice;

- The Partnership should provide its assessment of progress against these key priorities on an annual basis, possibly as part of its revised integrated care strategy;

- In doing so, each of the members of the partnership should also set out the contributions that they have made to the delivery of these priorities including through their allocation of resources and their development of their services.

- The Partnership should have the ability to 'stop the clock' and ask the Board to review its approach in a particular priority area where there is evidence that the system is failing to deliver its strategic intentions to the agreed timescales.

Question 2: Do system leaders support these proposals for ensuring the Partnership can play an effective role in overseeing and ensuring its own contribution to system performance?

Role of the partnership in supporting key ICS programmes

In its guidance, the national NHS recognises that Integrated Care Partnerships will be particularly well placed to support ICSs in tackling cross-cutting challenges that require collaboration across public services, the VCSE and civil society. In discussions so far, local authority leaders indicated a willingness for the Partnership to play this role in defined areas, providing that projects are focused on interventions that added value to local initiatives at Borough level and are enacted in ways that are consistent with the priorities of local populations.

We would propose the following arrangements for the Partnership to lead a small number of key ICS programmes:

- The Partnership to agree with the Board to directly oversee three to four ICS programmes which require the insight and sponsorship of senior leaders from across health, local authority services and the VCSE, for example our system-wide work to promote health and prevent illness, the implementation of strategic priorities in relation to health inequalities, and the delivery of our South East London wide anchors programme, which aims to use NHS and other resources in ways that support the economic and social resilience of our communities.

- The Partnership to identify members to act as the senior responsible officers for selected programmes and to lead sub-committees or working groups related to them;

- The Partnership to agree appropriate resourcing for these programmes with the Board and report annually on progress, including what more needs to be done by the system to achieve the desired objectives.

Question 3: Do system leaders support these proposals for the Partnership to provide active leadership and oversight to a small number of ICS programmes?

Support and advice for the Partnership

Depending on the precise role the Partnership takes on in our system, the Integrated Care Board and Local Authorities will need to ensure appropriate resourcing for it to deliver its functions effectively. This might take the form of ongoing secretariat support and programme management support and potentially, the ability to draw on external experts where needed to advise on particular priorities. The Partnership will also need to be able to draw on staff within the Integrated Care Board and its partner organisations.

Question 4: What specific support do system leaders believe the IC Board should ensure so that the Partnership can carry out its role effectively?

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Annex

Membership of our Integrated Care Partnership

- IC Board Chair
- IC Board Chief Executive
- Elected leaders or nominated cabinet members of our six local authorities
- Chairs of our main acute, mental health and community service providers: GSTT, LGT, KCH, Oxleas, SLAM and Bromley Healthcare
- A lead Director of Adult Social Care
- A lead Director of Children's Services
- A lead director of Public Health
- A senior representative of King's Health Partners
- A Primary Care / Primary Care Networks representative
- A representative of SEL VCSE services
- A representative of SEL Healthwatch organisations

The Partnership and Board within our System Architecture