

Suffolk and North East Essex Integrated Care Partnership (ICP) V10 a. MoU and b. Terms of Reference

a. Suffolk and North East Essex ICP Memorandum of Understanding

1. Background

1.1 On 1 July 2022 The Health and Care Act 2022 introduced two-part statutory ICSs, comprised of an NHS Integrated Care Board (ICB), responsible for NHS strategic planning and allocation decisions, and an Integrated Care Partnership (ICP), responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population, and which will also work with the local Health and Wellbeing Board in this respect (see 2.2, 2.5 & 2.6 below).

1.2 This initial MoU and Terms of Reference for the Suffolk and North East Essex ICP was originally developed based on guidance published in March 2022 [Integrated care partnership \(ICP\): engagement summary - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/integrated-care-partnership-icp-engagement-summary) from the Department of Health and Social Care (DHSC). This was based on the trilateral engagement undertaken by DHSC, NHSE and LGA on the [ICP engagement document: integrated care system \(ICS\) implementation](#) by DHSC, NHS England (NHSE) and the Local Government Association (LGA). Since then in June 2023 DHSC has published refreshed integrated care strategy guidance as planned.

1.3 This updated MoU and Terms of Reference should be considered in the context that 2022 and 2023 were expected to be transitional years for the establishment of ICPs and that arrangements for ICPs would evolve during that time.

1.4 It should also be noted that the ICP is being established in the context of the following wider emerging policy and legislative context around health and care:

- **Integration white paper** [Health and social care integration: joining up care for people, places and populations]. This offers new opportunities and some challenges for our Alliances as partners work together to improve integration and empowerment at local place level.
- **People at the Heart of Care: adult social care reform white paper**. This proposes a vision of choice, control, quality, fairness and accessibility – with some specific proposals and funding around housing, adoption of technology, carers, local innovation and planning.
- **Build Back Better: Our Plan for Health and Social Care. Government plan for covid recovery**. This introduced a Health and Care Levy, mainly going to the NHS, a cap on lifetime care costs and ambitious targets for elective recovery.
- **Levelling Up the United Kingdom white paper**. Linked to this are significant transformation programmes as well as likely ‘county deals’ for Suffolk and Essex.
- A range of other key policy changes including Mental Health Act, Autism Strategy, changes to social care charging and a new action plan for Building the Right Support [supporting people with learning disability and/or autism who may require inpatient care].

1.5 The original MoU and Terms of Reference for the SNEE ICP built on the early work of the ICS and was developed as part of the wider ICS Transition Programme which engaged stakeholders from across all sectors in discussions about tailoring local implementation of the proposed new health and care legislation. Further information is in the Suffolk and North East Essex ICS Draft Design Framework considered by the ICS Board in April 2022.

2. ICP Role and Function

2.1 Section 26 of the Health and Care Act 2022 amends the Local Government and Public Involvement in Health Act 2007 so that the NHS Integrated Care Board and the local upper-tier local authorities (UTLAs) that fall within the area of the integrated care board must establish an Integrated Care Partnership (ICP). The ICP will be a joint committee of these bodies made under the new section inserted in the Act. The partnership must include members appointed by the NHS Integrated Care Board (ICB) and each relevant upper tier local authority. The ICP may determine its own procedures and appoint other members.

2.2 The Health and Care Act 2022 also amends section 116ZB of the Local Government and Public Involvement in Health Act 2007 so that:

- The Suffolk and North East Essex ICP must prepare a strategy on how to meet the needs of the population it serves through the exercise of functions by the Suffolk and North East Essex NHS Integrated Care Board (ICB), NHS England, Suffolk County Council and Essex County Council.
- Population needs are as identified in the joint strategic needs assessments developed by the Suffolk and Essex Health and Wellbeing Boards.
- The strategy must address whether the needs could be met more effectively through the use of NHS/local authority section 75 agreements and may include a view on how health and social care could be more closely integrated with health-related services.
- Suffolk and North East Essex ICP must have regard to the Secretary of State's mandate to NHS England (national NHS priorities) and the statutory guidance on the integrated care strategy;
- Suffolk and North East Essex ICP must involve Healthwatch and local people and communities in preparing the strategy.

2.3 The Health and Care Act also amends section 116B of the Local Government and Public Involvement in Health Act 2007, so that as upper tier local authorities, Suffolk County Council and Essex County Council and the new Suffolk and North East Essex NHS Integrated Care Board (ICB) must have regard to:

- any joint assessment of health and social care in relation to the area for which they are responsible
- any Integrated Care Strategy that applies to the area of the local authority
- any Joint Health and Wellbeing Strategy prepared by the local authority and any of its partner ICBs

2.4 The Suffolk and North East Essex ICP will not perform a Health scrutiny function and will itself be subject to scrutiny by the Health Scrutiny Committees of Suffolk County Councils and Essex County Council or their Joint Health Overview and Scrutiny Committee (JHOSC).

2.5 DHSC Guidance sets out the following five guiding expectations for the role of Integrated Care Partnerships (ICPs)

1. ICPs are a core part of ICSs, driving their direction and priorities.
2. ICPs will be rooted in the needs of people, communities and places.
3. ICPs create a space to develop and oversee population health strategies to improve health outcomes and experiences.
4. ICPs will support integrated approaches and subsidiarity.
5. ICPs should take an open and inclusive approach to strategy development and leadership, involving communities and partners to utilise local data and insights.

2.6 Health and Wellbeing Boards were established by Section 194 of the Health and Social Care Act 2012, by requiring each Upper Tier Local Authority to create a health and wellbeing board for its area, as a committee of the local authority and setting out the required membership. The Health and Care Act does

not make any substantial changes to the establishment, functions or duties of Health and Wellbeing Boards, however:

- The Act requires local authorities to share Joint Strategic Needs Assessments, prepared by the Health and Wellbeing Boards with the integrated care partnerships that overlap with the area of the local authority.
- Health and Wellbeing Boards are also responsible for preparing joint strategic needs assessments and joint local health and wellbeing strategies, and the Health and Social Care Act 2012 (under section 196) allows local authorities to delegate any functions exercisable by the local authority to the health and wellbeing board that it established.
- Health and Wellbeing Boards have a duty to promote integration between commissioners of NHS, public health, and social care services for the advancement of the health and wellbeing of the local population. A health and wellbeing board must provide advice, assistance, or other support in order to encourage partnership arrangements such as the developing of agreements to pool budgets or make lead commissioning arrangements under section 75 of the NHS Act.

2.7 The establishment of a statutory ICP in Suffolk and North East Essex is a natural next step in the evolution of the current ICS. The current ICS Board already seeks to enable an equal partnership between partners in the ICS supported by an independent secretariat function with a focus on population health and reducing health inequalities, underpinned by Outcome Based Approaches. The current approach is based very much on facilitating whole system *‘Thinking Differently Together’* to develop whole system strategy, working closely with both Health and Wellbeing Boards, Healthwatch and people with lived experience – also facilitating system relationships and positive engagement in the ICS for wider system partners including the VCFSE sector. The Suffolk and North East Essex ICP will continue to build on these positive early foundations.

2.8 In supporting the equal partnership between the NHS Suffolk and North East Essex ICB, UTLAs and wider partners in the ICS, the ICP will have a key role in maintaining the brand and identity for the Suffolk and North East Essex ICS as a collective brand owned jointly and equally by all partners across the NHS, local government and VCFSE sector.

2.9.1 The statutory role of the Suffolk and North East Essex ICP will be **to** produce the joint strategy as to how to meet the assessed needs of its area. The table below summarises the way that the Suffolk and North East Essex ICP will work to discharge this statutory role:

Suffolk and North East Essex ICP will:

- be a forum to build on the **joint positive working between all partners** in Suffolk and North East Essex ICS across the NHS, local authorities and VCFSE sector with partners coming together under a distributed leadership model and committing to working together equally.
- 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 through difficult issues where appropriate.
- agree arrangements for **transparency and local accountability**, including meeting in public with minutes and papers available online.
- champion **co-production and inclusiveness** throughout the ICS.
- hear the voices of those with **lived experience** including those experiencing disadvantage and marginalisation so that they inform strategic thinking and planning
- sign off the **strategic intent** for the health and social care system including the development of the integrated care strategy underpinned by outcome based approaches that ensure a focus on improving **outcomes** for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced **health inequalities**.
- create a **learning system**, sharing evidence and insight across and beyond the ICS, crossing organisational and professional boundaries. Facilitate **'System Learning'** and **'Thinking Differently Together'** across the ICS through a range of collective mechanisms and initiatives accessible to all stakeholders
- oversee **integration** between the NHS, local government (social care and public health) and VCFSE sector (including conversations about shared budgets and investment)
- 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)
- ensure **place-based partnership arrangements** are supported, and have appropriate resource, capacity and autonomy to address community priorities, in line with the principle of subsidiarity.
- drive the delivery of a shift of resources into **prevention** developing a clear view on the contribution of the health and social care system into prevention and the determinants of health
- draw on the **experience and expertise** of professional, clinical, political and community leaders and promote strong clinical and professional system leadership.
- **hear the voices of those on the frontline** so that they inform strategic thinking and planning
- operate a **collective model of accountability**, where partners hold each other mutually accountable for their shared and individual organisational contributions to shared objectives.
- hold one another collectively accountable in our role as **"anchor institutions"**
- support the work of the health and wellbeing boards (HWBs) and contribute to their work with broader partners on the **wider determinants of health**
- own the **collective brand and identity** of the Suffolk and North East Essex ICS.

3. ICP Values and Principles

3.1 Suffolk and North East Essex ICP will work, first and foremost, on the principle of statutorily equal partnership between the NHS and local government to work with and for their wider partners and communities. Essex County Council, Suffolk County Council, NHS Suffolk and North East Essex Integrated Care Board (ICB) and the wider partners in the ICS will meet in the ICP as co-owners and equal partners of the ICP committee.

3.2 Local government includes the six district and borough councils across Suffolk and North East Essex, as well as both Essex and Suffolk County Councils. Wider partners across the ICS includes Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations as well as NHS, social care and public health providers and representatives of people with lived experience or facing marginalisation, adversity or disadvantage.

3.3 The focus of the Suffolk and North East Essex ICP will be on building shared purpose and common aspiration across the whole Suffolk and North East Essex Integrated Care System (ICS). As such Suffolk and North East Essex ICP will have a different status and role to the NHS Suffolk and North East Essex Integrated Care Board (ICB) which is a statutory NHS Body, and local statutory Health and Wellbeing Boards. All three statutory mechanism are equally important and complementary components of the ICS.

3.4 In addition the work of the ICP as a key element of the ICS will reflect the following broader core values that underpin the way that partners across Suffolk and North East Essex have agreed to continue to work together as a statutory ICS.



3.5 The ICP will seek to uphold a non-hierarchical approach to collaboration with the ICS operating as a true ‘system’ – an environment that supports all partners to collaborate and work together in however and wherever the work is done best. This includes arrangements for working together in neighbourhoods, primary care, local places, across counties, across the ICS system, with neighbouring systems in the East of England or with other systems across England. As such the ICP will aim to ensure that different ways to collaborate are genuinely interlinked as a true ‘system’.



3.6 Place-based Alliances have a particularly key role in the Suffolk and North East Essex ICS. It is important to ensure that the work undertaken at system level complements, supports, and enables the work undertaken at place level since integration and transformation happen largely at place level, and collaboration between the NHS and local authorities is increasingly devolved from system to place level. The ICP should not duplicate or undermine that work. Decision making and service delivery needs to happen at the right level and our place-based Alliances have a strong role in transformation and integration. The ICP will provide an overarching set of strategic shared priorities and enabling strategy, with flexibility for Alliances to develop priorities specific to each place.

3.7 Roles that the ICP, rather than places, might undertake, include:

- advocating new place-based approaches – the new legislation requires that ICBs and local authorities take account of integrated care strategies, so the ICP will be well positioned to advocate for considering how the needs of a place are met, whether that be through more integrated approaches, research, innovation, or investment in services for particular populations and cohorts.
- enabling, encouraging, and challenging Alliances to improve and innovate – the ICP will be able to take an overarching look across the Suffolk and North East Essex ICS and across into neighbouring ICSs and identify differences in place-based planning and provision and opportunities for collaboration, research, peer support and learning to spread good practice. For example, the ICP can identify if one Alliance is innovating in a new integrated delivery programme, or designing a new pooled budget, and suggest that might be something another area could learn from. They could spread ideas and expertise on transformation programmes.
- system level integration strategies – particularly areas of integration that could benefit from strategic oversight at system level. For example, looking at the integration of children’s health and public health services; or building an integrated workforce strategy that looks across a system footprint and links in with place-based workforce planning; or considering how the system as a whole can support wider socio-economic development and the relationship between work and health.

4. ICP Leadership

4.1 Section 26 of the Health and Care Act amends the Local Government and Public Involvement in Health Act 2007 so that the NHS Integrated Care Board and local upper-tier local authorities (UTLAs) that fall within the area of the integrated care board must establish an integrated care partnership. This will be a joint committee of these bodies made under the new section inserted in the Act. The partnership must include members appointed by the integrated care board and each relevant local authority. The integrated care partnership may determine its own procedures and appoint other members.

4.2 Based on the principle of the ICP working as a statutorily equal partnership between the NHS and local government, the Suffolk and North East Essex ICP Committee will be co-chaired by appropriate Elected or Non-Executive leaders nominated by the NHS Integrated Care Board (ICB), Essex County Council and Suffolk County Council. The dual roles of the ICP Co-Chairs in the NHS ICB and Health and Wellbeing Boards is important to ensure that the ICP remains aligned to these other key statutory mechanisms in the ICS with its own clearly defined status and role. The two UTLA Co-Chairs of the ICP Committee will be regular participants on the NHS ICB Board with the right to participate in meetings when and as they feel necessary. The role of the ICP Co-Chairs will be to ensure:

- the creation of a strong and empowered ICP from the outset
- equal ownership and commitment to the ICP from the NHS and local government
- a balanced relationship between the ICP and the ICB within the ICS
- a commitment by wider ICS partners to the ICP values and principles outlined above
- a clear and dynamic relationship with local Health and Wellbeing Boards
- effective collaboration and joint working with neighbouring ICPs and wider ICSs.

4.3 The ICP Director is accountable for the work and operation of the ICP, reporting to the ICB CEO and supporting the three ICP Co-Chairs. A small independent ICP Secretariat function will be resourced by the NHS ICB, Essex County Council and Suffolk County Council. In order to ensure the different status and role of the ICP to both the NHS Suffolk and North East Essex Integrated Care Board (ICB) and two statutory Health and Wellbeing Boards, the ICP Secretariat will be hosted independently within the ICS with appropriate executive and management lines of responsibility and accountability. It will work closely as appropriate with the NHS Integrated Care Board (ICB) Executive Team, Suffolk Health and Wellbeing Board Programme Office and Essex Health and Wellbeing Board Programme Office. The ICP Director will also be a regular participant on the NHS ICB Board and be in attendance at both Suffolk and Essex Health and Wellbeing Boards. The role of the ICP Director and Secretariat Team will also include to:

- support the ICP Co-Chairs in their joint leadership of the ICP. The ICP Director will proactively brief the three ICP Co-Chairs on relevant matters of a strategic or sensitive nature relating to the ICP.
- convene and support statutory meetings of the ICP committee of to include planning and publication of agendas, of minutes and management of actions in line with the agreed standing orders
- co-ordinate development of the Integrated Care Strategy based on population needs – as identified through local joint strategic needs assessments – to be delivered through the exercise of functions by the NHS ICB, upper tier local authorities and wider partners.
- ensure that there is an explicit point of contact and signposting for all stakeholders into ICS that enables and facilitate all wider partners to collaborate equally through the ICP and other forums
- ensure that all stakeholders can openly access, contribute and engage in the work of the ICP through a broad range of accessible and inclusive mechanisms including a website, communications, events, system learning initiatives and campaigns that support stakeholders in *'Thinking Differently Together'*
- work closely and support key stakeholders and forums that enable key stakeholders to contribute to the work of the ICS – Healthwatch, VCFSE sector, non-executive and elected members, clinical and professional forums, those representing people facing discrimination or disadvantage etc.
- champion and support the use of outcome based thinking in the ICS through the delivery of professional learning opportunities and consultancy

5. ICP Membership

5.1 The membership of Suffolk and North East Essex ICP will reflect its role in focussing on wider population health outcomes and recognise that it is an equal partnership. The core statutory membership of the Suffolk and North East Essex ICP will be the three ICP Co-Chairs representing Suffolk County Council, Essex County Council and NHS Suffolk and North East Essex ICB.

5.2 The ICP membership will also include other nominated members from these three statutory bodies as agreed by the ICP from time to time.

5.3 Public health will play a significant role in the ICP with both local authority directors of public health (or their nominated representatives) acting as key members of the ICP. The Health and Care Act includes a duty on Integrated Care Boards to seek advice from persons with the appropriate expertise on prevention and public health – this may include directors of public health (which complements the existing duty in section 6C regulations for local authorities to provide the NHS with public health advice).

5.4 Healthwatch has a specific statutory role within the ICP. The Health and Care Act requires ICPs to involve their local Healthwatch organisations on the preparation of their strategies and embedding a culture of active listening, responding to community concerns across the whole system, and scrutinising local decisions. Local people and patients will want to know that their voices are being heard and their views are acted upon.

5.5 The ICP is specifically required to work with people and communities on the development of the integrated care strategy through existing engagement channels of all partners, making connections to existing community fora and democratic representatives. This will allow decision making within the ICP to be informed by the views of people and communities represented in the ICP membership through representatives of a wider lived experience network including in particular members able to bring forward perspectives from unpaid carers and babies, children, young people and families.

5.6 The membership of the Suffolk and North East Essex ICP will be decided by the ICP from time to time. It will include a breadth of clinical and professional perspectives including mental health, safeguarding, social care providers, general practice, medical, nursing, allied health professionals, dentists, optometrists and pharmacists.

5.7 Recognising the importance of subsidiarity and working at 'place', the ICP membership will include representation from each of the three place-based Alliances in the ICS and District and Borough Councils as determined by the ICP from time to time.

5.8 The VCFSE sector are key partners in the Suffolk and North East Essex ICS and as such will be represented in the membership of the ICP through members of the ICS VCFSE Assembly to include the chair and representatives from infrastructure organisations, hospices and other VCFSE sector providers as determined by the ICP from time to time..

5.9 Wider stakeholders interests to be represented in the ICP will include those of NHS acute, community, ambulance, mental health and other providers, NHS England and academic organisations as determined by the ICP from time to time.

5.10 The ICP will have an appropriately balanced membership drawn from across its footprint to ensure that the interests of stakeholders from North East Essex, West Suffolk and Ipswich and East Suffolk are represented as determined by the ICP from time to time.

5.11 Based on the criteria outlined above the initial membership of the ICP is in excess of 50 members. One of the challenges to be addressed is that the potential membership of the statutory ICP joint committee could end up with a very large number of members. This underlines the importance of creative opportunities for partners not just to meet but to participate in ICP discussions through both formal meetings and other informal workshops.

5.12 The ICP will keep its membership under review from time to time and may change membership.

b. Suffolk and North East Essex ICP Terms of Reference

BACKGROUND

Section 116ZA of Local Government and Public Involvement in Health Act 2007 requires the Integrated Care Board (**ICB**) and each upper tier local authority whose area coincides with the area of an ICB to establish an Integrated Care Partnership (**ICP**), which is a joint committee of these bodies. The ICP may appoint other members and determine its own procedures.

ICPs have a critical role to play in Integrated Care Systems (**ICS**), facilitating joint action to improve health and care outcomes and experiences across their populations, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.

NAME

The name of the ICP is 'The Suffolk and North East Essex Integrated Care Partnership'

OBJECTS

The Suffolk and North East Essex ICP will consider what arrangements work best in its area by creating a dedicated forum to enhance relationships between the leaders across the health and care system that :-

- build on existing governance structures such as Health and Wellbeing Boards (**HWBs**) and other place-based partnerships, and support newly forming structures to ensure governance and decision-making are proportionate, support subsidiarity and avoid duplication across the ICS
- drive and enhance integrated approaches and collaborative behaviours at every level of the system, where these can improve planning, outcomes, and service delivery
- foster, structure, and promote an ethos of partnership and co-production, working in partnership with communities and organisations within them
- address health challenges that the health and care system cannot address alone, especially those that require a longer timeframe to deliver, such as tackling health inequalities and the underlying social determinants that drive poor health outcomes, including employment, reducing offending, climate change and housing
- continue working with multiagency partners to safeguard people's rights and ensure people are free from abuse or neglect and not deprived of their liberty or subject to compulsory detention or treatment without safeguards
- develop strategies that are focused on addressing the needs and preferences of the population including specific cohorts

FUNCTIONS

Under s116ZB of the Local Government and Public Involvement in Health Act 2007 the Suffolk and North East Essex ICP is required to prepare an integrated care strategy that :-

- Details how the needs of residents of its area will be met by either the ICB, NHS England, or local authorities
- Considers how NHS bodies and local authorities could work together to meet these needs using section 75 of the National Health Service Act 2006
- Must have regard to the NHS mandate and guidance published by the Secretary of State

- Involves the Local Healthwatch and people who live or work in the ICP's area
- Is reviewed and revised as required when a new Health and Social Care joint strategic needs assessment is received from a local authority within the ICP
- Considers how health related services can be more closely integrated with arrangements for the provision of health services and social care in its area
- Is published and provided to each local authority in its area and each partner Integrated Care Board of those local authorities

Under s116B of the Local Government and Public Involvement in Health Act 2007 a local authority and each of its partner ICPs must have regard to :-

- Any joint assessment of health and social care in relation to the area for which they are responsible
- Any Integrated Care Strategy that applies to the area of the local authority
- Any Joint Health and Wellbeing Strategy prepared by the local authority and any of its partner ICBs

The Suffolk and North East Essex ICP will not perform a Health scrutiny function and will itself be subject to scrutiny by the Health Scrutiny Committees of the County Councils of Suffolk and Essex.

MEMBERSHIP

There are two classes of members of the ICP:

- Voting members
- Co-opted members

The initial statutory membership of the Suffolk and North East Essex ICP will be one member appointed by each of Suffolk County Council, Essex County Council and the NHS Suffolk and North East Essex ICB.

Voting Members

The voting membership of the Suffolk and North East Essex ICP will comprise the following:-

Type/Sector	Role
Essex County Council	Chair of Essex Health and Wellbeing Board
Suffolk County Council	Chair of Suffolk Health and Wellbeing Board
NHS Suffolk and North East Essex Integrated Care Board (ICB)	Chair

Co-opted Members

Where a member is to be appointed other than by a county council or the ICB then the ICP will invite nominations via any fair process determined by their appointing organisations and the agreed nominee will be co-opted on to the ICP at a meeting of the ICP. In the event that there is no clear nominee or if there is a dispute as to the identity of the nominee the ICP may co-opt as it thinks fit.

Essex County Council, whose Health and Wellbeing Board now operates across three ICS will not be exercising Health and Wellbeing Board activity through the Suffolk and North East Essex ICP

Suffolk County Council, whose Health and Wellbeing Board now operates across two ICS will not be exercising Health and Wellbeing Board activity through the Suffolk and North East Essex ICP.

In addition to the membership of the Suffolk and North East Essex ICP, the Suffolk and North East Essex ICP may appoint such additional persons as it sees fit, either as co-opted members or as observers. Observers shall also be entitled to participate in discussion at meetings of the Suffolk and North East Essex ICP.

PROFESSIONAL AND ADMINISTRATIVE SUPPORT

The Suffolk and North East Essex ICP may establish Programme Boards/Advisory Sub-Groups to oversee specific work programmes or broader thematic areas as required. Programme Boards/Sub-Groups, reporting into the Suffolk and North East Essex ICP, will be managed in accordance with separate terms of reference as agreed by the Suffolk and North East Essex ICP

The role, remit and membership of Programme Boards/Advisory Sub-Groups will be reviewed regularly by the Suffolk and North East Essex ICP to ensure they remain flexible to the demands of ongoing and new programmes of work.

Administrative support to the Suffolk and North East Essex ICP will be provided by a small independent ICP Secretariat with the reasonable costs of this split between by the NHS Suffolk and North East Essex ICB, Suffolk County Council and Essex County Council subject to the agreement of each authority which is expected to pay.

The Suffolk and North East Essex ICP may from time to time decide that the work of the ICP can be supported by wider partner organisations in the Suffolk and North East Essex ICS.

STANDING ORDERS

The Suffolk and North East Essex ICP is governed by Standing Orders approved and amended by the ICP from time to time. The Current standing orders are set out in Annex A attached to these Terms of Reference.

REVIEW

This document be reviewed by members of the Suffolk and North East Essex ICP in or around December 2024.

Annex A - Suffolk and North East Essex ICP STANDING ORDERS

Appointment of Co-Chairs

- i. Based on the principle of the ICP working as a statutorily equal partnership between the NHS and local government, the Suffolk and North East Essex ICP Committee will be co-chaired by appropriate Elected or Non-Executive leaders, one nominated by the NHS Integrated Care Board (ICB), one nominated by Essex County Council and one nominated by Suffolk County Council.
- ii. The Co-Chairs will hold office until they resign, cease to be a member of the Suffolk and North East Essex ICP or until their successor is appointed under this paragraph and will be appointed annually at the first meeting taking place after Suffolk County Council and Essex County Council have held their annual meetings.
- iii. If a vacancy arises for any position within the Municipal Year, an appointment will be made for the remainder of the Municipal Year.

Membership

- i. The initial membership of the ICP will be determined by the three Co-chairs as voting members based on the principles outlined above. Members will be drawn from nominations made by forums or organisations in the ICS representing the perspectives outlined above.
- ii. Decisions to add further additional members will be determined by the ICP Committee once convened.
- iii. All members will be expected to enable good two-way connections between the ICP and the constituent partners or forums, modelling a collaborative approach to working and listening to the voices of people, patients, and the public.
- iv. The Suffolk and North East Essex ICP may appoint representatives to other outside bodies as co-opted members.

Alternate or Substitute Members

- i. Members must be able to prioritise these meetings and make themselves available for the work of the ICP. Members will normally be expected to attend at least 50% of meetings held each calendar year. A tracker recording attendance at ICP Committee meetings will be maintained and circulated together with the papers for each meeting.
- ii. Exceptionally where this is not possible a deputy of sufficient seniority may attend. They must have delegated authority to make decisions on behalf of the organisation or forum they represent. For local authority representatives, this will be in accordance with the due political process.
- iii. The ICP Co-Chairs must be informed in advance of the relevant meeting of the identity of a substitute via the ICP Secretariat.
- iv. Each voting member will be entitled to appoint from time to time one named alternate or substitute member in exceptional circumstances, who may act in all aspects as a voting member of the Suffolk and North East Essex ICP in the absence of the voting member appointed.

ICP MEMBERSHIP

The ICP membership shall be structured as follows:

	Member
County Councils	*Chair Suffolk Health & Wellbeing Board *Chair Essex Health & Wellbeing Board
NHS Suffolk & North East Essex ICB	*ICB Chair
	ICB Chief Executive ICB Director Strategy and Transformation ICB Director of Workforce and People
Public Health	Director of Public Health – Suffolk Director of Public Health – Essex UK Health Security Agency (UKHSA)
Social Care	Director of Adult Social Care - Suffolk Director of Adult Social Care - Essex Director of Children’s Social Care – Suffolk Director of Children’s Social Care – Essex
Healthwatch	Healthwatch Suffolk Healthwatch Essex
NHS Providers	East Suffolk & North Essex NHS Foundation Trust West Suffolk NHS Foundation Trust Norfolk and Suffolk NHS Foundation Trust Essex Partnership University NHS Trust East of England Ambulance NHS Trust
District & Borough Councils	District & Borough Councils x 6
Police	Suffolk Police Essex Police
Social Care Providers	Social Care Providers - Suffolk Social Care Providers – Essex
NHS England	NHS England East of England
VCFSE Sector	VCFSE Assembly Chair Hospices CVS Organisations x 3 VCFSE Providers x 3 Community Funders
Health and Care Professionals	ICB Medical Director ICB Director of Nursing Allied Health Professional Representative Mental Health Clinical Representative Professional Social Work Representative Pharmacy, Dentistry, Optometry x 3
Primary Care/PCNs/ LMCs	Local Medical Committees x 3 Suffolk GP Federation North Essex GP Primary Care Choice NHS 111 Provider
Academic Institutions	University of Essex x 2 University of Suffolk Integrated Care Academy
Lived Experience	Lived Experience Networks x 3
Quality and Safeguarding	Care Quality Commission Safeguarding Chairs x 2
County Council Elected Members	UTLA elected members – Suffolk County Council x 2

	Member
	UTLA elected members – Essex County Council
ICS Chairs Group	ICS Chairs Group
Place Based Alliances	Alliance Directors x 3
ICP Secretariat	ICP Director
	<u>MAXIMUM TOTAL MEMBERSHIP</u>

*denotes the role of ICP Co-Chair and voting member

Term of Office

- i. The term of office of voting and alternate or substitute voting members shall end:
 - if rescinded by the organisation by whom they are appointed; or
 - if a Councillor appointed by a Council ceases to be a member of the appointing Council.
 - if an ex officio member ceases to be appointed in that role
 - if the individual changes role within an organisation and is no longer in the role that led to their appointment to the ICP.

Quorum

- i. The quorum for meetings of the Suffolk and North East Essex ICP will be at least one member appointed by Suffolk County Council, one member appointed by Essex County Council and one member appointed by the NHS Suffolk and North East Essex Integrated Care Board (ICB).
- ii. If there is no quorum at the published start time for the meeting, a period of ten minutes will be allowed, or longer, at the Chair's discretion. If there remains no quorum at the expiry of this period, the meeting will be abandoned, and no business will be transacted.
- iii. If there is no quorum at any stage during a meeting, the Chair will adjourn the meeting for a period of ten minutes, or longer, at their discretion. If there remains no quorum at the expiry of this period, the meeting will be closed, and no further business will be transacted.
- iv. The Quorum provisions above shall apply equally to virtual meetings.

Member Conduct

- i. All members of the Suffolk and North East Essex ICP shall comply with any code of conduct applicable to the professional body and/or the organisation they represent.
- ii. Members of the Suffolk and North East Essex ICP are required to declare any interests they have in respect of matters being discussed by the Suffolk and North East Essex ICP.
- iii. If a member persistently disregards the ruling of the Co-Chair, or person presiding over the meeting, by behaving improperly or offensively or deliberately obstructs business, the Co-Chairs, or person presiding over the meeting, may move that the member be not heard further.
- iv. If the member continues to behave improperly after such a motion is carried, the Chair, or person presiding over the meeting, may move that either the member leaves the meeting or that the meeting is adjourned for a specified period.

Meetings and Proceedings of the Suffolk and North East Essex ICP

- i. The Suffolk and North East Essex ICP shall hold at least 6 formal meetings each year. Special meetings may be called at any time by (i) the Co-Chairs or (ii) by a written notice requiring a meeting to be called being served on the Co-Chairs by the NHS ICB or Suffolk County Council or Essex County Council specifying the business to be transacted.
- ii. A co-chair present shall preside at the meeting, if there is more than one co-chair present then the Partnership will, as its first item of business agree which Co-chair will preside at the meeting. The person chairing that meeting will be rotated between the co-chairs. In the event that the planned presiding Co-Chair is unable to attend (for example in the event of illness) then one of the other Co-Chairs will act of the presiding Co-Chair on their behalf for that meeting. If no co-chair is present then the meeting shall elect another member of the partnership to preside at the meeting.
- iii. The agenda for each meeting of the Partnership shall include any report approved by any of the co-chairs of the Partnership.
- iv. The Suffolk and North East Essex ICP may hold any meeting remotely using Microsoft Teams, Zoom or any other suitable platform and may live stream the meeting.

Notice of and Summons to Meetings

- i. Regular meetings of the statutory ICP will be planned on an annual basis. Meetings will normally be held on the morning of the second Friday of each month.
- ii. At least five clear working days before each meeting, a copy of the agenda and associated papers will be published online and sent to every member of the ICP. The agenda will give the date, time and confirmation regarding whether the meeting is in person or virtual, will specify the business to be transacted and will be accompanied by such details as are available.

Voting

- i. Suffolk and North East Essex ICP members commit to seek, where possible, to operate on the basis of consensus.
- ii. If it is not possible in a specific instance to find a consensus, the Chair of the meeting may defer the issue to a later meeting of the Suffolk and North East Essex ICP, which may be an adjournment of the same meeting. Where an item has been deferred for lack of consensus a vote will be taken by the three statutory voting members.
- iii. All members of the Suffolk and North East Essex ICP are entitled to speak on any item.
- iv. In the case of an equality of votes the person presiding at the meeting will have a second or casting vote.

Reports from Health Overview and Scrutiny Committees

- i. The Chair of the Joint Health Overview and Scrutiny Committee (JHOSC) will be invited to be an observer of the ICP. The Suffolk and North East Essex ICP will receive any reports and recommendations from the JHOSC or the Health Scrutiny Committees of either Suffolk or Essex County Council and the Chairs of Health Scrutiny Committees of both Suffolk and Essex County Councils, or a nominated representative on their behalf, will also be entitled to attend meetings of the Suffolk and North East Essex ICP to represent the Committee as an observer.

Public Questions

- i. At a meeting of the Suffolk and North East Essex ICP any member of the public who is a resident of West Suffolk, Ipswich and East Suffolk or North East Essex or a registered local government elector in those areas may ask a question about any matter over which the Suffolk and North East Essex ICP has authority or which directly affects the health and wellbeing of the population.
- ii. A member of the public who wishes to ask a question shall give written notice, including the text of the proposed question, to the ICP Director at least 7 clear working days before the meeting.
- iii. Unless the presiding Co-Chair otherwise agrees and subject to the paragraph below, a member of the public may only ask one question.
- iv. Questions shall be put orally at the meeting in the order in which notice of the question has been received and an answer shall be given by the presiding co-chair or such other person as they may nominate. At the end of each reply, the questioner may ask one supplementary question arising from the answer. A member of the Suffolk and North East Essex ICP nominated by the Chair will either give an oral reply to the question and/or any supplementary question orally or will indicate that a written reply will be sent to the questioner within 5 working days. There shall be no debate about the question or any supplementary question between members of the Suffolk and North East Essex ICP.
- v. The period of time allocated to questions shall be limited to 15 minutes unless the Presiding co-Chair agrees to extend this time. Any questions remaining after that period has elapsed shall be subject to a written reply within 5 working days.
- vi. Answers given orally at the meeting shall be included in the Minutes. Written replies shall be copied to all members of the Suffolk and North East Essex ICP.
- vii. For the avoidance of doubt a County Councillor, or a District Councillor for a District Council in Suffolk or Essex, who, in either case, is not a member of the Suffolk and North East Essex ICP shall be regarded as a member of the public.

Minutes

- i. The presiding Co-Chair for each meeting will sign the minutes of the proceedings after they have been agreed as a correct record at that meeting. The presiding Co-Chair will then move that the minutes of the previous meeting be signed as a correct record.
- ii. The minutes will be accompanied by a list of agreed action points, which may be discussed in considering the minutes of the previous meeting should they not be specifically listed as items on the agenda for the meeting.

Interpretation of Standing Orders

- i. The ruling of the Presiding Co-Chairs of the Suffolk and North East Essex ICP as to the interpretation of these Standing Orders shall be final. Each meeting of the ICP will be chaired by one of the three ICP Co-Chairs on a rotating basis. The agenda for each meeting will clearly state who the presiding ICP Co-Chair will be for that meeting. In the event that the planned presiding Co-Chair is unable to attend (for example in the event of illness) then one of the other Co-Chairs will act of the presiding Co-Chair on their behalf for that meeting

Suspension of Standing Orders

- i. As far as is lawful, any of these Standing Orders may be suspended by motion passed by the majority of those ICP members present and entitled to vote.