

**DRAFT V6 – NOVEMBER 2023**

## **BLACK COUNTRY INTEGRATED CARE PARTNERSHIP TERMS OF REFERENCE**

### **BACKGROUND**

The Black Country Integrated Care System (ICS) was established in July 2022 to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The ICS is based on establishing collective accountability across partners to command the confidence of NHS and other public sector leaders across their system as they deliver for their communities.

As well as the NHS Integrated Care Board (ICB) and the other statutory organisations operating in the Black Country, the ICS includes the following elements:-

- The Integrated Care Partnership (ICP), the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population of the ICS, jointly convened by local authorities and the NHS.
- Place based Partnerships between the NHS, local councils and voluntary organisations, local residents, people who access services, their carers and families, leading the detailed design and delivery of integrated services within the four places (Dudley, Sandwell, Walsall and Wolverhampton) in the Black Country.
- Provider Collaboratives, bringing NHS providers together (both within the ICS and beyond), working with clinical networks and alliances and other partners, to secure the benefits of working at scale.

### **ICP RESPONSIBILITIES AND PRINCIPLES**

These Terms of Reference describe the role of the Black Country Integrated Care Partnership, which is a Joint Committee established by NHS Black Country Integrated Care Board, Dudley Metropolitan Borough Council, Sandwell Metropolitan Borough Council, Walsall Metropolitan Borough Council and the City of Wolverhampton Council under Section 116ZA of the Health and Care Act 2022.

Each ICP has a statutory duty under Section 116ZB of the Health and Care Act 2022 to create an integrated care strategy setting out how the assessed needs in relation to its area are to be met by the exercise of functions of:



1. the integrated care board for its area,
2. NHS England, and
3. the responsible local authorities whose areas coincide with or fall wholly or partly within its area

An initial Black Country Integrated Care Strategy was developed by partners during 2022 and launched across the system in March 2023. This contains four priority areas:

- **Black Country people, great and skilled** – workforce recruitment, education and training
- **Growing up in the Black Country** – children and families
- **Black Country Cares** – social care system
- **Feeling well in the Black Country** – mental health and emotional wellbeing

The Black Country ICP will work in accordance with the following key principles:-

- The ICB and local authorities will work together through the ICP to meet cross-cutting priorities for which they are all responsible, alongside other ICP partners.
- The ICP will support partnerships and integrated working across places, at system level, specifically looking at broad health and care experiences and outcomes that cannot be solved by one organisation or place alone.
- The ICP will complement the ongoing activities of Health and Wellbeing Boards (HWPB) by promoting integration from the place-level to the system-level. HWPBs will have local and place-based insight that will be incredibly valuable to the ICP when looking at and developing a strategy to address cross-cutting, long-term health and care challenges.

The ICP will oversee and co-ordinate work on the achievement of the priorities agreed in the Integrated Care Strategy.

- The ICP will consider the resources needed to support its work and will make recommendations to the constituent organisations on how they will be provided.
- The ICP will use data from across the partner organisations including for determinants of health and wellbeing such as employment, environment, and housing, to help identify and deliver its responsibilities.
- The ICP will work where possible through existing groups, including existing partnership arrangements such as Safeguarding or Community Safety, to deliver its responsibilities.
- The ICP will seek to identify opportunities for innovation, plus to identify and to communicate areas of achievement and good practice.



## ICP MEMBERSHIP

The initial membership of the ICP is:

| Name   | Organisation / Role  |
|--|--|
| Jonathan Fellows   | Chair, Black Country ICP and<br>Chair, NHS Black Country ICB         |
| Shokat Lal   | Council Chief Executive<br>Sandwell MBC                              |
| Kerrie Allward   | Director for Adult Social Services<br>Walsall Council                |
| Catherine Driscoll   | Director for Childrens Services<br>Dudley MBC                        |
| John Denley  | Director for Public Health<br>City of Wolverhampton                  |
| Mark Axcell  | Chief Executive<br>NHS Black Country ICB                             |
| Sally Roberts  | Chief Nurse & Deputy CEO<br>NHS Black Country ICB                    |
| Dr Ananta Dave   | Chief Medical Officer<br>NHS Black Country ICB                       |
| Taps Mtemachani  | Director of Transformation and Partnerships<br>NHS Black Country ICB |
| Richard Fisher   | Chief Superintendent<br>West Midlands Police                         |
| Sam Samuels  | West Midlands Fire Service   |
| Prof Sharon Arkell   | University of Wolverhampton  |
| Sharon Nanan-Sen, Wolverhampton CVS<br>Andy Gray, Dudley CVS<br>Vicky Hines, Walsall CVS<br>Mark Davis, Sandwell CVS | Community and Voluntary Sector<br>(CO's rotating attendance)         |

ICP membership will as a minimum comprise:

- Four members nominated and agreed by the four local authorities,
- Four members nominated and agreed by the ICB
- One member nominated by the police service
- One member nominated by the fire service
- One member nominated by the education sector
- One member nominated by the voluntary sector



Where agreed as part of the nomination process, membership can be undertaken in rotation.

Where ICP members are unable to attend meetings, a nominated deputy may attend in their place.

The ICP can agree to appoint other members or to invite other people to attend meetings.

## **CHAIRING ARRANGEMENTS**

The ICB chair has been agreed as the initial ICP chair. There will be no remuneration payable by the ICP as a result of the joint chair roles.

The ICP membership is responsible for agreeing arrangements and appropriate remuneration for the charring of the ICP. When the initial arrangements are reviewed, DHSC guidance states that the principle of parity of esteem and respect between the ICB and ICP should be considered when deciding appropriate remuneration. The ICP membership will need to agree how any remuneration costs are met by partners.

## **MEETING ARRANGEMENTS**

The ICP will:

- meet at least four times a year; and
- meet in-person wherever possible, making arrangements for members and the public to dial in where necessary; and
- meet in public, unless it is agreed to exclude the public on the grounds that it is believed not to be in the public interest

ICP development meetings will be conducted in private.

## **QUORACY AND DECISION MAKING**

For meetings to be quorate, the minimum attendance required will be:

- at least two members from local authorities; and
- at least two members from the ICB; and
- at least two members from the police, fire service, education and voluntary sector.

Any decisions taken will require consensus. Should this not be achieved, decisions will be deferred and the chair will be responsible for seeking to establish an agreed way forward.



## REPORTING ARRANGEMENTS

The ICP will produce a report following each meeting which will be published and made available to the Board of the ICB and the Health and Wellbeing Boards of the four local authorities and can be sent, on request, to any other partner for consideration.

## REVIEW

These Terms of Reference will be reviewed by ICP members at least annually.

