Kent and Medway Integrated Care Partnership
Joint Committee

Terms of Reference

1. Introduction

1.1. In accordance with the powers set out under Section XXXX of the National Health Service Act 2006 (as amended), and the Local Government and Public Involvement in Health Act 2007, the following organisations have established an Integrated Care Partnership (ICP) Joint Committee:

1.1.1 Kent and Medway Integrated Care Board (ICB)

1.1.2 Kent County Council (KCC) and Medway Council, together known for the purposes of this terms of reference as the Local Authorities

1.2. The Integrated Care Partnership is established as a Joint Committee of the above parties, to whom they are accountable. The Joint Committee is authorised to act within these Terms of Reference, which set out the membership, remit, responsibilities, authority and reporting arrangements of the Joint Committee.

2. Principles

2.1. The ICP is founded, first and foremost, on the principle of equal partnership between the NHS and local government to work with and for the communities of Kent and Medway

2.2. The ICP plays a key role in nurturing the culture and behaviours of a system that works together to improve health and well-being for local people. In undertaking its work, the Joint Committee will respect the nine key partnership principles:

2.2.1. Come together under a distributed leadership model and commit to working together equally

2.2.2. 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 though difficult issues where appropriate

2.2.3. Operate a collective model of accountability, where partners hold each other mutually accountable for their respective contributions to shared objectives within the remit of the Joint Committee

2.2.4. Agree arrangements for transparency and local accountability, including for example meeting in public with minutes and papers available online

2.2.5. Focus on improving outcomes for people, including improved health and wellbeing and reduced health inequalities

2.2.6. Ensure co-production and inclusiveness throughout the Integrated Care System (ICS) is championed

2.2.7. Support the triple aim (improved population health, quality of care and cost control), the legal duty on statutory bodies to collaborate and the principle that decision-making should happen at a local level (including provider collaboratives) where that is the most appropriate approach

2.2.8. Draw on the experience and expertise of professional, clinical, political and community leaders

2.2.9. Create a learning system, sharing improvements across the system geography and with other parts of the country, crossing organisational and professional boundaries

2.3. In undertaking its work, the ICP will also ensure it continually champions the four purposes of an integrated care system as defined by NHS England:

2.3.1. To improve outcomes in population health and healthcare

2.3.2. To tackle inequalities in outcomes, experience and access

2.3.3. To enhance productivity and value for money

2.3.4. To help the NHS support broader social and economic development

3. Purpose

3.1. The purpose of the Joint Committee is:

3.1.1. To produce an Integrated Care Strategy, developed with respective system partners and stakeholders, which covers the needs of the whole population of Kent and Medway

3.1.2. To influence improvement in the wider determinants of health and broader social and economic development, in areas such as housing, climate, transport, sport and leisure, etc

3.1.3. In developing the strategy, this should include development of a plan to address the broad health and social care needs of the population within Kent and Medway

3.1.4. Aligned to the Integrated Care Strategy, to develop and agree a suite of corresponding outcome measures - based on robust data, intelligence, research and innovation - to improve the health and well-being of the population at large

3.1.5. To seek on-going assurance in delivery of the strategy and associated outcome measures and, where required, agree actions to secure this assurance

3.1.6. To support the bringing together of health and care partnerships and coalitions with community partners which are well-situated to act on the wider determinants of health in the local area

3.2. The Joint Committee may from time to time have other responsibilities given to it by the Local Authorities and or the ICB, subject to compatibility with legislation and compliance

with the decision making process of the relevant body.

4. Responsibilities:

4.1. The Joint Committee is expected to facilitate coordination on health and well-being issues that no one part of the system can address alone and instead requires action by all partners. These include, but are not limited to:

4.1.1. Helping people live more independent, healthier lives for longer;

4.1.2. Addressing inequalities in health and wellbeing outcomes, experiences and access to health services;

4.1.3. Improving the wider social determinants that drive these inequalities, including employment, housing, education and environment;

4.1.4. Improving the life chances and health outcomes of babies, children, and young people; and

4.1.5. Improving people's overall wellbeing and preventing ill-health

4.2. Members of the Joint Committee will engage with stakeholders at system, place, and community levels in order to achieve the remit of the ICP.

4.3. In achieving its role, the Joint Committee will:

4.3.1. Develop and oversee delivery of an Integrated Care Strategy and a suite of corresponding outcome measures, for improving health and wellbeing across Kent and Medway. The Joint Committee will recommend approval of the Strategy and outcome measures to the ICB and Local Authorities for approval.

4.3.2. Ensure the Integrated Care Strategy:

a. Is built bottom-up from population health management data and local assessments of need (including local authority joint strategic needs assessments), with a specific focus on reducing inequalities and improving population health

b. Considers communities that have or may have specific and or unique characteristics

c. Takes account of any local health and wellbeing strategies, prepared under section 116A of the Local Government and Public Involvement in Health Act 2007

d. Addresses those 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

e. Includes (as part of any mandatory requirements):

- integration strategies, for example, setting of a strategic direction and work plan for organisational, financial, clinical and informational forms of integration
- a joint workforce plan, including the NHS, local government, social care and VSCE workforce
- arrangements for any agreed pooled funding and Section 75 agreements[1]

f. is published and made widely available

g. is reviewed annually

4.3.3. Receive from local authority partners on an agreed basis, updated assessments of need and, on receipt, consider whether the current Integrated Care Strategy should be revised, based on the updated information

4.3.4. Take account of available clinical and social research, innovation, and best practice, drawing on the expertise of appropriate academia and other stakeholders

4.3.5. Align partner ambitions through convening and involving all stakeholders across health, social care and more widely across sectors, in developing strategy and action to improve health and wellbeing and wider socio-economic conditions for the Kent and Medway population

4.3.6. Bolster its understanding of need and expected outcomes, particularly for the most vulnerable and groups with the poorest health and well-being; through insights gained from engagement and collaboration with various sectors, for example the voluntary community and social enterprise (VCSE) sector, Healthwatch, the criminal justice system and service users

4.3.7. Produce, publish and annually review an engagement strategy that emphasises the work of the ICP and the key priorities and expected outcomes in the Integrated Care Strategy

4.3.8. As a Joint Committee between the ICB and Local Authorities, ensure intelligence is shared in a timely manner that enables the evolving needs of the local health and care services to be widely understood and opportunities for at scale collaboration, maximised

4.3.9. Receive information as is required to enable review and on-going assurance regarding delivery of the strategy and expected outcomes

4.3.10. Within the agreed levels of any delegated authority of the Joint Committee, agree appropriate action amongst partners to secure the required assurances

4.3.11. Undertake any other responsibilities that may be agreed by the Local Authorities and or the ICB

[1] This may also include any other local funding and resourcing arrangements that may be agreed between the parties from time to time.

5. Delegated authority and cooperation

5.1. The Joint Committee is authorised by and accountable to Kent and Medway ICB, Kent County Council and Medway Council.

5.2. All partner members agree to co-operate with any reasonable request made by the Joint Committee to enable it to fulfil its responsibilities, insofar as respective partner member organisational governance arrangements allow..

5.3. In line with the requirements of the Health and Care Act 2022, the Joint Committee shall:

5.3.1. Develop an Integrated Care Strategy, and related outcome measures and assurance arrangements that cover the needs of the whole population. The Strategy and outcome measures will be recommended by the Joint Committee to the ICB and Local Authorities for formal approval through their individual governance arrangements

5.3.2. Request any information necessary from partner members to enable effective review and on-going assurance regarding delivery of the Integrated Care Strategy and associated outcome measures. All information requests between the partner members and with the Joint Committee will be managed in accordance with the relevant legislation and any partner sharing agreements in place

5.3.3. Agree actions amongst ICP partner members to secure the required assurances regarding delivery of the Integrated Care Strategy and outcomes, in so far as partner member schemes of delegation allow this

6. Membership, Chair and Leadership Team

6.1. Membership of the Joint Committee will be made up of elected, non-executive and clinical and professional members as follows:

6.1.1. Leader of KCC

6.1.2. Leader of Medway Council

6.1.3. Chair of the Kent and Medway ICB

6.1.4. Two additional Local Authority elected executive members from KCC, who hold an appropriate portfolio responsibility related to Joint Committee business

6.1.5. Two additional Local Authority elected executive members from Medway Council, who hold an appropriate portfolio responsibility related to Joint Committee business

6.1.6. One additional ICB Non-Executive Director

6.1.7. An ICB Partner Member who can bring the perspective of primary care

6.1.8. The Chairs of the four Kent and Medway Health and Care Partnerships

6.1.9. An elected District Council representative from within the geographies of each of the four Kent and Medway Health and Care Partnerships

6.2. Members are not permitted to have deputies to represent them.

6.3. The Chair of the Joint Committee shall be either the Leader of Kent County Council or Medway Council and will be elected at the first meeting of the Joint Committee to serve as Chair for a two year period. The Chair will rotate every two years between the Local Authority leaders.

6.4. The Joint Committee shall have the following standing non-voting attendees (these shall be known as Participants):

6.4.1. Medway Council Chief Executive

6.4.2. Kent County Council Head of Paid Service, or nominated representative

6.4.3. Kent and Medway ICB Chief Executive

6.4.4. Kent and Medway Directors of Public Health

6.4.5. Kent and Medway ICB Medical Director

6.4.6. A representative from each of Kent Healthwatch and Medway Heathwatch

6.4.7. A representative from the Kent and Medway Voluntary, Community and Social Enterprise Steering Group

6.4.8. Kent and Medway Local Authority directors of adult and children's social care

6.4.9. A representative from Kent Integrated Care Alliance

6.4.10. A representative from the Kent, Surrey and Sussex Academic Health and Science Network

6.4.11. A representative from the Local Medical Committee

6.5. The Chair may call additional individuals to attend meetings to inform discussion. Attendees may present at Joint Committee meetings and contribute to discussions as invited by the Chair but are not allowed to participate in any vote.

6.6. The Chair may invite or allow individuals to attend meetings held in private as observers. Observers may not present or contribute to any discussion unless invited by the Chair and may not vote.

6.7. To support the Chair and recognising the collective model of accountability, a Leadership Team comprising the two Local Authority leaders and the Chair of the ICB will be established to agree the forward plan (in discussion with partner members), meeting agendas, and other items of business relating to the Joint Committee.

6.8. In the event that the Joint Committee Chair is not available to chair the meeting (due to absence or a conflict of interest), the other Local Authority leader will preside over the matter(s) to be discussed. Where neither leader is available to preside, the ICB Chair will preside over matters.

7. Meetings and Voting

7.1. Meetings of the Joint Committee will be open to the public. The public and other Observers may be excluded from the meeting, whether for the whole or part of the proceedings, where the Joint Committee determines that discussion in public would be prejudicial to the public interest or the interests of ICB or Local Authorities by reason of:

7.1.1. The confidential nature of the business to be transacted

7.1.2. The matter being commercially sensitive or confidential

7.1.3. The matter being discussed is part of an on-going investigation

7.1.4. The matter to be discussed contains information about individual patients or other individuals which includes sensitive personal data

7.1.5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed

7.1.6. Any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time

7.1.7. To allow the meeting to proceed without interruption, disruption and/or general disturbance

7.2. Meetings held in public will be referred to as Part 1 meetings. Meetings or parts of meetings held in private will be referred to as Part 2 meetings.

7.3. When the Chair of the Joint Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as they shall specify. Where possible this will be agreed by the Leadership Team.

7.4. The aim of the Joint Committee will be to achieve consensus decision-making wherever possible. Where a formal vote is required each member of the Joint Committee shall have one vote. The Joint Committee shall reach decisions by a majority of members' present, subject always to the meeting being quorate. Where a majority vote is not achieved the proposal will not be passed. The Chair shall not have a second or casting vote, where the vote is tied.

7.5. All Members, Participants and any other individuals involved in the discussions are required to declare any interest relating to any matter to be considered at each meeting, in accordance with the partner member's relevant policy on standards and managing conflict of interests. Where the partner member does not have such a policy or policies, the ICB's policy on business standards and managing conflicts of interest shall apply.

8. Quorum

8.1. A quorum shall be nine voting members:

8.1.1. One of whom shall come from each of the two Local Authorities and one from the ICB

8.1.2. One of whom shall be from the Leadership Team

8.1.3. A minimum of two of the four health and care partnership areas shall be represented by their respective chair or district council representative

8.2. Whilst not part of the quorum, the Joint Committee shall endeavour to always have a public health representative in attendance, unless a conflict of interest precludes this.

8.3. At the discretion of the Chair, members who are not physically present at a Joint Committee meeting but are present through tele-conference or other acceptable media, shall be deemed to be present and count towards the quorum as appropriate.

8.4. Members of the Joint Committee have a collective responsibility for the operation of the Joint Committee. They will participate in discussion, review evidence, and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

9. Dispute resolution

9.1. Where a dispute or concern arises, this should be brought to the attention of the Chair. The matter will be discussed by the Leadership Team, who will agree a course of action by consensus, having sought appropriate advice where required and having due regard to the principles of the ICP set out in paragraph 2. Where a consensus cannot be reached, the matter will be referred to the Joint Committee for discussion.

10. Frequency and Notice of Meetings

10.1. The Joint Committee shall meet at least quarterly.

10.2. Notice of any Joint Committee meeting must indicate:

10.2.1. Its proposed date and time, which must be at least five (5) clear working days after the date of the notice, except where a meeting to discuss an urgent issue is required (in which case as much notice as reasonably practicable in the circumstances should be given)

10.2.2. Where it is to take place

10.3. Notice of a Joint Committee meeting must be given to each member of the Joint Committee in writing. Failure to effectively serve notice on all members of the Joint Committee does not affect the validity of the meeting, or of any business conducted at it.

10.4. Where Joint Committee meetings are to be held in public the date, times and location of the meetings will be published in advance on the websites of KCC, Medway Council and the ICB. Other technological and communication media may also be used to maximise public awareness of the work of the ICP.

11. Policy and best practice

11.1. The Joint Committee is authorised by KCC, Medway Council and the ICB to instruct

professional advisors and request the attendance of individuals and authorities from outside of the partner members with relevant experience and expertise if it considers this necessary for or expedient to the exercise its responsibilities.

11.2. The Joint Committee is authorised to obtain such information from partner members as is necessary and expedient to the fulfilment of its responsibilities and partner members will cooperate with any such reasonable request.

11.3. The Joint Committee is authorised to establish such sub-committees as the Joint Committee deems appropriate in order to assist the Joint Committee in discharging its responsibilities.

11.4. The Joint Committee will be conducted in accordance with the ICB policy on business standards, specifically:

11.4.1. There must be transparency and clear accountability of the Joint Committee.

11.4.2. The Joint Committee will hold a Register of Members Interests which will be presented to each meeting of the Joint Committee and available on the websites of the ICB and Local Authorities

11.4.3. Members must declare any interests and /or conflicts of interest at the start of the meeting. Where matters on conflicts of interest arise, the individual must withdraw from any discussion/voting until the matter(s) is concluded

11.5. The Joint Committee shall undertake a self-assessment of its effectiveness on an annual basis. This may be facilitated by independent advisors if the Joint Committee considers this appropriate or necessary.

11.6. Members of the Joint Committee should aim to attend all scheduled meetings.

11.7. Joint Committee members, participants and other observers must maintain the highest standards of personal conduct and in this regard must comply with:

11.7.1. The laws of England

11.7.2. The Nolan Principles

11.7.3. Any additional regulations or codes of practice adopted by the Member's appointing body

12. Secretariat

12.1. The Leadership Team will agree the secretariat arrangements to the Joint Committee. The duties of the secretariat include but are not limited to:

12.1.1. Agreement of the agenda with the Chair together with the collation of connected papers;

12.1.2. Taking the minutes and keeping a record of matters arising and issues to be carried forward.

12.2. Before each Joint Committee meeting an agenda and papers will be sent to every Joint Committee member and where appropriate published on the the websites of KCC, Medway Council and the ICB, excluding any confidential information, no less than five (5) clear working days in advance of the meeting.

12.3. If a Joint Committee member wishes to include an item on the agenda, they must notify the Chair via the Joint Committee's Secretary no later than twenty (20) clear working days prior to the meeting. In exceptional circumstances for urgent items this will be reduced to ten (10) clear working days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Chair.

12.4. A copy of the minutes of Joint Committee meetings will be presented to KCC, Medway Council and the ICB. These will be presented in the most appropriate way as determined by these organisations.

13. Confidentiality

13.1. Joint Committee meetings may in whole or in part be held in private as detailed at paragraph 7. Any papers relating to a private meeting will not be available for inspection by the press or the public. For any meeting or any part of a meeting held in private all attendees must treat the contents of the meeting, any discussion and decisions, and any relevant papers as confidential.

13.2. Decisions of the Joint Committee will be published by the Joint Committee except where these have been made in a private meeting. Where decisions have been made in private a summary of the decision will be made public without any confidential information being disclosed.

14. Review of Terms of Reference

14.1. The terms of reference of the Joint Committee will be approved by the Local Authorities and the ICB and shall be reviewed by the parties annually.

Approved: xxxxx

Version Control:

Version No	Amendment	Amendment Owner	Date of Amendment