

Public Document Pack

Southend-on-Sea City Council

Strategy, Change & Governance

Executive Director: Stephen Meah Sims (Interim)

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30 June 2022

Dear Councillor

PEOPLE SCRUTINY COMMITTEE - WEDNESDAY, 6TH JULY, 2022

I refer to the Agenda for the meeting of the People Scrutiny Committee taking place on Wednesday, 6th July, 2022, and now attach the following report that was unavailable when the agenda was printed.

Agenda Item No.	Item
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| 7. | Integrated Care Partnership (Pages 1 - 20)
Report of Executive Director (Adults and Communities) |
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Stephen Tautz

Principal Democratic Services Officer

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Southend-on-Sea City Council

Report of Executive Director (Adults and Communities)

To

Cabinet

On

1st July 2022

Agenda
Item No.

7
12

Report prepared by: Tandra Forster Executive Director
(Adults & Communities)

Benedict Leigh Director of Commissioning (Adults and
Communities)

Giles Gilbert– Director of legal Services

Integrated Care Partnership

People Scrutiny Committee

Cabinet Member: Councillor Kay Mitchell

1. Purpose of Report

- 1.1 The Health and Care Act 2022 (“the Act”) received Royal Assent on 28 April 2022 and has important implications for Southend City Council, Thurrock Council, Essex County Council and Essex NHS organisations. It will see the abolition of GP-led clinical commissioning groups.
- 1.2 For Southend City Council and our residents, the Act introduces three main reforms:
 - 1.2.1 It changes how the NHS is governed, creating integrated care boards and integrated care partnerships. This will take effect from 1 July 2022.
 - 1.2.2 It introduces a new assurance regime of local authorities and the NHS jointly so that they can look at the performance of adult social care and the NHS jointly in an area. This will be carried out by the Care Quality Commission (CQC). This is expected to start in 2023.
 - 1.2.3 It reforms the approach to charging for adult social care by changing financial eligibility thresholds and by introducing a new cap on eligible social care costs. This is expected to commence from October 2023.
- 1.3 This report deals specifically with the reforms to NHS structures and the establishment of integrated care systems.

- 1.4 These legislative changes have progressed through Parliament at a time of wider policy and legislative changes that will impact upon the commissioning and provision of health and care services across Essex, most notably the Government white papers, *Build Back Better: Our Plan for Health and Social Care* (September 2021) and *Health and Social Care Integration: Join-up Care for People, Places, and Populations* (February 2022).

2. Recommendations

- 2.1 Agree that Southend City Council makes arrangements to become a member of a new statutory joint committee (to be known as an Integrated Care Partnerships, or ICPs) between NHS integrated care boards and Essex County Council and Thurrock Council, the relevant upper tier authorities in the areas affecting Mid and South Essex (covering Basildon, Braintree, Brentwood, Castle Point, Chelmsford, Maldon and Rochford plus the unitary authorities of Southend and Thurrock).
- 2.2 Approve the terms of reference for the joint committee as appended to this report and delegate authority to the Monitoring Officer, in consultation with the Leader, to agree on behalf of Southend City Council any final amendments to the constitution/terms of reference of the joint committee.
- 2.3 Agree that the Chief Executive in consultation with the Leader will;
 - 2.3.1 Nominate representative(s) to sit on the new NHS Integrated Care Board and will work with other authorities to agree joint nominations where possible.
 - 2.3.2 Agree and confirm who will be the statutory nominee of Southend City Council on the Integrated Care Partnership.
- 2.4 Agree that the Southend Health and Wellbeing Board will update and refresh its membership to reflect changes to NHS organisations and structures.
- 2.5 Agree that the Executive Director for Adult Social Care, in consultation with the relevant portfolio holder, may update, amend, transfer or replace existing section 75 arrangements between the Council and Essex clinical commissioning groups to the new NHS integrated care boards.

3. Background

- 3.1 The Act establishes new statutory integrated care systems (ICSs), which will have four 4 core purposes:
 - 3.1.1 improve outcomes in population health and healthcare
 - 3.1.2 tackle inequalities in outcomes, experience, and access
 - 3.1.3 enhance productivity and value for money
 - 3.1.4 help the NHS support broader social and economic development
- 3.2 The Government confirmed that Southend City Council would be a member of one ICP, covering Mid and South Essex including the Essex County Council (ECC) areas of Basildon, Braintree, Brentwood, Castle Point, Chelmsford, Maldon, Rochford, as well as the unitary authorities of Southend and Thurrock.

3.3 ECC are also part of two further ICPs covering (1) Hertfordshire and West Essex (covering Epping Forest, Harlow and Uttlesford and most of Hertfordshire) and (2) Suffolk and North East Essex (covering Colchester and Tendring and most of Suffolk).

3.4 Each integrated care system will include two new bodies:

3.4.1 A new statutory NHS Integrated Care Board (ICB)

3.4.1.1 For Southend residents, ICBs will be responsible for NHS strategic planning, spending, and performance within its area. Each ICB will produce a five-year plan, updated every year, for how NHS services will be delivered to meet local needs. The ICB will have some responsibilities that currently sit with NHS England, such as community pharmacy, optometry, and dental services.

3.4.1.2 Clinical Commissioning Groups (which currently hold many NHS budgets and commission services) will cease to exist on 1 July 2022, with commissioning functions and staff transferring to the ICB.

3.4.1.3 ICBs will be governed by a single board, which must include provision for at least one local authority partner member, to be jointly nominated by the respective upper tier authorities within the relevant area. The ICB chief executive will be the accountable officer for the NHS money allocated to the NHS ICS body.

3.4.1.4 ICBs are further encouraged to delegate decision-making down to ‘place’ – typically a geography covering 250-500k populations.

3.4.1.5 NHS ICBs will be statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the ICS. They will replace clinical commissioning groups and also take on some responsibilities from NHS England.

Each ICB must set out its governance and leadership arrangements in a constitution formally approved by NHS England and NHS Improvement.

The planned membership of the ICB is set out here:

Mid and South Essex
Chair, Prof Michael Thorne
Chief Executive, Anthony McKeever
2 x NHS and Foundation Trusts
1 x Primary Medical Services
1 x Essex County Council
1 x Southend on Sea City Council
1 x Thurrock Council
3 x non-executive members

1 x Director of Resources
1 x Chief Nurse
1 x Medical Director
1 x Chief People Officer

3.4.2 A new statutory Integrated Care Partnership (ICP)

3.4.2.1 Integrated Care Partnerships (ICPs) will be a new joint committee between the NHS integrated care board and the upper tier authorities in its area.

3.4.2.2 ICPs will be responsible for bringing together a wider set of partners to promote partnership arrangements.

3.4.2.3 The key statutory function of an ICP is to develop a new statutory document called 'an integrated care strategy'. The role of the strategy is to set out how the assessed needs of its area are to be met by the ICB, NHS England and the local authorities. In particular, the use of joint working is to be considered. The assessed needs are those assessed in the JSNA which is prepared by the Director of Public Health and approved by health and well-being boards.

3.4.2.4 The Government has said that it will publish further guidance in July 2022 on who ICPs should consult with as they produce their integrated care strategies, but the law requires them to consult with healthwatch and involve the public who live or work in the ICP's area.

3.4.2.5 The government originally stated that ICPs must produce their integrated care strategy by March 2023. Recent guidance advises ICPs to publish an interim integrated care strategy by December 2022 to influence the first 5-year forward plans for healthcare that ICBs are required to publish before April 2023.

3.4.2.6 Other than the minimum of one member appointed by each LA and one by the ICB, the ICP is free to determine its own membership. National guidance suggests that alongside local government and NHS organisations, ICPs should include representatives of local Voluntary and Community Sector organisations, social care providers, housing providers, independent sector providers, and local Healthwatch organisations.

3.4.2.7 The Chair of the ICP will be Professor Mike Thorne, Chair of the NHS ICB. The Chairs of the Essex, Southend and Thurrock health and wellbeing boards will be vice-chairs.

3.5 The Act does not change the statutory role of health and wellbeing boards, which remain a duty on upper tier authorities under the Health and Social Care Act 2012. The Government has indicated that some updated guidance on health and wellbeing boards and how they relate to ICBs and ICPs will be published in July 2022.

3.6 The duties of local authority Health Overview and Scrutiny committees remain largely unchanged, which will continue to play an important role in considering any major service changes as well as more general scrutiny. Consideration may need to be given as to how joint health overview and scrutiny arrangements may be put in place to effectively scrutinise as a system rather than County/Unitary footprint.

3.7 A separate report will be brought to Cabinet at a later date to outline the implications and requirements of the CQC assurance regime on local authorities and the new social care charging reforms.

4. Other Options

4.1 The Act provides some scope for local discretion, building on existing foundations and tailoring ways of working to best tackle local need and circumstances.

4.2 The Integrated Care Partnership, is a statutory committee, bringing together a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. Together, the ICP will generate an integrated care strategy to improve health and care outcomes and experiences for their populations, for which all partners will be accountable. Further guidance on this is expected from NHS England in July 2022. The Membership including SCC representatives can be found at Appendix A and therein at Appendix 2.

4.3 Therefore, as the ICPs and ICBs are required under the Act, there is no feasible, other option.

5. Reasons for Recommendations

The Council has little choice following the abolition of CCGs but to participate in ICPs and ICBs. Both are public bodies carrying out public functions, meaning that they must have robust decision making processes and therefore need to agree their terms of reference, a draft of which is appended at Appendix A.

6. Corporate Implications

If the service were allowed to fail the Council would need to immediately intervene to protect its service users. The Council no longer employs the staff to undertake this function.

7 Contribution to the Southend 2050 Road Map

7.1 Safe and Well

7.1.1 We protect and improve the quality of life for everyone in our community, including the vulnerable.

7.1.2 Southenders are remaining well enough to enjoy fulfilling lives, throughout their lives.

8 Financial Implications

8.1 There is no material impact on the Council's budget through the recommendations in this report alone. The wider reforms through the Act including the CQC assurance regime and changes to social care charging will have significant financial impact and associated risks but are outside the scope of this report. These will be detailed in a separate report to Cabinet.

8.2 The technical changes to the Better Care Fund will mean that there is no immediate impact other than to update formal governance and legal agreements in the transition to ICBs. The forthcoming policy framework effective from the 2023/24 financial year is expected to widen opportunities to make best use of the BCF pooled fund. This may increase financial risk to the authority and if there are may require a further report to Cabinet.

8.3 The new approach to integration at place level set out in the Integration White Paper comes with the expectation of (though not mandating) further aligning and pooling of budgets between local authorities and health. While again this will not have an immediate impact, the policy direction should be noted as a potential for further opportunities around best use of system resources, as well as associated risks to the Council that would need to be evaluated. Once this policy has been worked through with the associated financial implications and risks to the Council this may necessitate a further report to Cabinet.

9 Legal Implications

9.1 The Council has no choice but to participate in ICPs and ICBs. Both are public bodies carrying out public functions, meaning that they must have robust decision making processes.

9.2 Any local decision making arrangements must ensure that it is clear how disagreements are resolved and basic issues such as who decides what items are included on the agenda, how people are notified about meetings, and how any deadlock is resolved. The draft documents from Mid and South Essex do not include this in any significant detail. A late change to the Act means that it is the ICP, not the sponsor organisations who decide the rules of procedure. These will need further work.

10 People Implications

No Southend City Council staff will be directly affected by the implementation of the recommendations in this report

11 Property Implications

None.

12 Consultation

No consultation is required for this decision

13 Equalities and Diversity Implications

13.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by statute which makes discrimination etc. on the grounds of a protected characteristic unlawful.
- (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

13.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. Statute states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

13.3 This Council understands from ECC that equality impact assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

14 Value for Money

There are no associated value for money issues at this stage

15 Environmental Impact

There are no immediate environmental issues to consider

16 Background Papers

- Integration and Innovation: working together to improve health and social care for all (February 2021)
- Build Back Better: Our Plan for Health and Social Care (September 2021)
- Health and Social Care Integration: join up care for people, places and populations (White Paper February 2022) plus Essex County Council response (April 2022)
Health and Care Act 2022

17 Appendices

A. Integrated Care Partnership Terms of Reference Draft v2

Integrated Care Partnership Terms of Reference Draft v2

7 June 2022 Draft v2

1 Purpose

The Integrated Care Partnership (herein referred to as the ICP) is a partnership across Mid and South Essex, established by the Mid and South Essex Integrated Care Board and the three upper tier local authorities (Southend City Council, Essex County Council and Thurrock Council) as equal partners, with a focus on aligning purpose and ambitions to support the residents of Mid and South Essex. It is formed as a joint committee between the Mid and South Essex ICB and the upper tier local authorities.

The ICP will facilitate joint action to improve health and care outcomes, to influence the wider determinants of health and broader social and economic development.

Together, the Mid and South Essex Integrated Care Board (ICB) and the Mid and South Essex ICP forms the new statutory Mid and South Essex Integrated Care System (ICS).

The ICP has specific responsibility for developing the Mid and South Essex Integrated Care Strategy for the whole population. The strategy will take forward the health and wellbeing strategies of our upper tier health and wellbeing boards, use the best available evidence and data, covering health and social care (both children's and adult's social care), and seek to address the wider determinants of health and wellbeing. The strategy will be built bottom-up from local assessments of needs and assets identified through our four Alliances, district, borough, and city councils. The strategy will be focused on improving health and care outcomes, reducing inequalities, ensuring inclusion, and addressing the consequences of the pandemic for our communities.

While the ICP has no formal delegated powers from its constituent organisations, it will provide leadership, oversight, and support for system-wide activities, playing a key role in ensuring joint accountability to our population.

The ICP builds on the existing Health & Care Partnership and will therefore be underpinned by the existing Partnership Memorandum of Understanding (MoU), which will need to be slightly amended in light of the agreed new membership of the ICP and these ToRs should be read in conjunction with that modified MoU.

The existing Health and Care Partnership 5-year Strategy (December 2019) describes the following high-level ambitions which will support the ICP in its definition of the integrated care strategy:

We will reduce health inequalities by:

- Creating opportunities for our residents, through education, employment, and socio-economic growth
- Support health and wellbeing, with a focus on prevention, self-care, and early identification
- Bring care closer to home, where safe and possible
- Transform and improve our services

This will be underpinned by:

- Strong clinical and multi-professional leadership
- Meaningful engagement with our communities to ensure true coproduction

2 Our Beliefs and Values as an Integrated Care Partnership

- **Subsidiarity** - devolving planning and delivery to the lowest possible level.
- **Respect for sovereignty** of statutory organisations
- **Collaboration** to bring about improved Standards, Outcomes and the application of Common Clinical Policies
- **A shared agenda** driven and owned by partners working together with a focus on **reducing health inequality**
- **Data Driven:** serving the individual needs of our population, not organisations
- **Delivery of integrated care**, with meaningful engagement with our communities
- **Asset and strengths-based approaches**, delivering care according to people's preferences
- **A focus on healthy lives** – prioritising prevention and self-care
- **Clinical and Care Professional engagement** at the earliest opportunity
- **Empowering front line staff to do the right thing** – through distributed leadership
- **Pragmatic pluralism** –differing needs across our populations require different approaches. Not a one size fits all approach
- **Innovative - trying** new and innovative approaches, test and learn



3 Our Responsibilities as an Integrated Care Partnership

The ICPs responsibilities are to:

1. Develop the integrated care strategy for the population of Mid and South Essex.
2. Design and oversee a joint accountability framework to ensure delivery of the integrated care strategy.
3. Ensure the integrated care strategy:
 - a. Is focused on reducing the inequalities that our population faces
 - b. Uses the best available evidence and information, including the joint strategic needs assessments and health and wellbeing strategies of local authorities
 - c. Is built 'from the bottom up' taking account of health inequalities, challenges, assets and resources locally at neighbourhood and Alliance level.
 - d. Expands the range of organisations and partners involved in strategy development and delivery.
 - e. Is underpinned by insights gained from our communities.
 - f. Benefits from strong clinical and professional input and advice.
2. Agree and monitor delivery of Alliance plans (Basildon and Brentwood; Mid-Essex, South-East Essex and Thurrock), with a focus on shared learning and support.
3. Agree and have oversight of the statutory ICS health inequalities strategy.
4. Consider recommendations from partners and reach agreement on:

- Priority work programmes and workstreams that would benefit from a cross-partnership approach
 - The apportionment of transformation monies from national bodies aligned to the ICP
 - The need to take joint action in relation to managing collective issues and challenges.
5. Commission specific advice from established groups – including but not limited to, the Clinical and Multi-professional Congress, our Population Health Management function, our Engagement Network, Healthwatch organisations, Stewardship groups, our Digital, Data and Technology Board, our People Board, our System Finance Leaders’ Group, and our Estates function, in order to obtain subject matter expertise, leadership, advice and support in setting the strategic direction of the ICP.
 6. Provide active support to the development of the four Alliances across Mid and South Essex, enabling local partnership arrangements, engagement and co-production, bringing together Local Authorities, voluntary and community groups, NHS partners and residents. Facilitate and support cross-Alliance working and sharing of best practice where this would benefit the population or provide efficiencies in our approach.
 7. Ensure that the ICP has a greater focus on population health improvement, integration of health and care services around the needs of residents, and a focus on care provided in primary and community settings.
 8. Provide a mechanism for joint action and joint decision-making for those issues which are best tackled on a wider scale.

For the avoidance of doubt, it is not a function of the ICP to duplicate the statutory functions of constituent organisations.

The Mid and South Essex ICP will not perform a health scrutiny function and will itself be subject to scrutiny by the Health Scrutiny Committees as appropriate of Southend City Council, Essex County Council and Thurrock Council.

4 Chair and Vice Chair Arrangements

- 4.1 The Mid and South Essex will appoint a Chair and three vice-Chairs annually. The Chair and vice-chairs will hold office until they resign, cease to be a member of the Mid and South Essex ICP, or cease to be a member of the organisation that appointed them to the ICP.
- 4.2 If a vacancy arises for any position within the Municipal Year, an appointment will be made for the remainder of the Municipal Year.
- 4.3 For the first year of operation, the Chair of Mid & South Essex ICB will act as Chair of the ICP. The chairs of the three upper tier local authorities Health and Wellbeing Boards (Southend City Council, Essex County Council and Thurrock Council) will act as vice chairs.

5 Membership

- 5.1 The founding membership of the Mid and South Essex ICP will be one member nominated by the ICB, and one member nominated by each of Southend City Council, Essex County Council, and Thurrock Council.

- 5.2 Subject to the agreement of the Mid and South Essex ICP, the membership will be as set out in Appendix 2.
- 5.3 In addition to the membership outlined in Appendix 2, the Mid and South Essex ICP may appoint such additional persons as it sees fit, either as co-opted voting members or as observers who shall be entitled to participate in discussion at meetings of the Mid and South Essex ICP but shall not be entitled to vote.
- 5.4 Where a member is to be appointed other than by an upper tier local authority 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.
- 5.5 Southend City Council, Essex County Council, and Thurrock Councils will not exercise Health and Wellbeing Board activity through the Mid and South Essex ICP.

6 Deputies

- 6.1 If a member is unable to attend a meeting of the ICP, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and understanding of the issues to be considered to represent their organisation, Alliance, or group effectively. Deputies will be eligible to vote if required. The Chair of the Mid and South Essex ICP must be informed in advance of the relevant meeting of the identity of a substitute

7 Additional Attendees

- 7.1 At the discretion of the Chair, additional representatives may be requested to attend meetings from time to time to participate in discussions or report on particular issues.

8 Term of Office

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

9 Quorum

- 9.1 The quorum for meetings of the Mid and South Essex ICP shall be the chair plus 1 voting member representing each of Southend City Council, Essex County Council, and Thurrock Council and the Mid and South Essex ICB.
- 9.2 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.
- 9.3 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.

9.4 The Quorum provisions shall apply equally to virtual meetings.

10 Member Conduct

10.1 Members of the Mid and South Essex ICP who are not Councillors shall comply with any code of conduct applicable to their professional body and/or the organisation they represent.

10.2 If a member persistently disregards the ruling of the Chair, or person presiding over the meeting, by behaving improperly or offensively or deliberately obstructs business, the Chair, or person presiding over the meeting, may move that the member be not heard further. If seconded, a vote will be taken without discussion.

10.3 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. If seconded, a vote will be taken without discussion.

11 Conduct of Business

11.1 The Mid and South Essex ICP shall hold at least four meetings each year. Special meetings may be called at any time by (i) the Chair or (ii) by a written notice requiring a meeting to be called being served on the Chair of the ICB by Southend City Council, Essex County Council or Thurrock Council specifying the business to be transacted.

11.2 In the absence of the Chair at a meeting of the Mid and South Essex, one of the three Vice Chairs will preside over that meeting.

11.3 The Mid and South Essex ICP may hold any meeting remotely using Zoom, Microsoft Teams, or any other suitable platform and may live stream the meeting.

11.4 The manner of voting will be determined by the person chairing the meeting.

12 Notice of and Summons to Meetings

12.1 At least five clear working days before a meeting, a copy of the agenda and associated papers will be sent to every member of the ICP and made available to the public for meetings held in public. The agenda will give the date, time and confirmation regarding whether the meeting is in person or virtual and specify the business to be transacted and will be accompanied by such details as are available.

12.2 A minimum of five working days' notice will be given when calling an extraordinary meeting.

13 Participation at the Mid and South Essex ICP

13.1 All members of the Mid and South Essex ICP are entitled to speak and where necessary to vote (unless they have been co-opted as a non-voting member by the Mid and South Essex ICP).

13.2 At the discretion of the Chair, co-opted non-voting members may be permitted to speak and participate at meetings of the Mid and South Essex ICP.

14 Public Questions

14.1 At a meeting of the Mid and South Essex ICP any member of the public who is a resident or a registered local government elector of Southend City Council, Essex

County Council, or Thurrock Council may ask a question about any matter over which the Mid and South Essex ICP has power, or which directly affects the health and wellbeing of the population.

- 14.2 A member of the public who wishes to ask a question under 14.1 above shall give written notice, including the text of the proposed question, within 2 working days of the meeting. Questions from the public should be sent to mse.midsouthessexstp@nhs.net
- 14.3 Unless the Chair otherwise agrees and subject to 14.5 below, a member of the public may only ask one question.
- 14.4 Questions shall be put orally at the meeting in the order in which notice of the question has been received. At the end of each reply, the questioner may ask one supplementary question arising from the answer. A member of the Mid and South 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 Mid and South Essex ICP.
- 14.5 The period allocated to questions under 14.1 shall be limited to 20 minutes unless the 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.
- 14.6 Answers given orally at the meeting shall be included in the Minutes. Written replies shall be copied to all members of the Mid and South Essex ICP.
- 14.7 For the purposes of 14.1 to 14.6 above and for the avoidance of doubt a County Councillor, or a District Councillor for a District Council in Essex, or a councillor of Southend City Council or Thurrock Council who, in either case, is not a member of the Mid and South Essex ICP shall be regarded as a member of the public.

15 Voting

- 15.1 The ICP will generally operate on the basis of forming a consensus on issues considered and will attempt to resolve in good faith any issues between partners, as per the principles of the Partnership MoU. It will seek to make any decisions on a "Best for Mid and South Essex" basis.
- 15.2 On the rare occasion that a vote is required to support a decision, for example, should that become necessary in respect of priorities for investment or apportionment of transformation funding, the ICP may make a decision provided that it is supported by a simple majority of ICP members present at the meeting. If notwithstanding a consensus decision cannot be achieved, the issue resolution process outlined in the MoU will be followed.
- 15.3 In the case of an equal number of votes the Chair (or in his/her absence the Vice Chair presiding at the meeting) shall have a casting vote.

16 Accountability and Reporting

- 16.1 Minutes, and a summary of key messages arising from each meeting will be submitted to all members after each meeting and made available on the ICS website.
- 16.2 The ICP has no formal powers delegated by Partner organisations.

17 Conflicts of Interest

- 17.1 Members of the Mid and South Essex ICP are required to declare any interests they have in respect of matters being discussed by the Mid and South Essex ICP.
- 17.2 Where any ICP member has an actual or potential personal conflict of interest (in other words, one which is not related to the role they undertake for the partner organisation) in relation to any matter under consideration at any meeting, the Chair shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.
- 17.3 Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.
- 17.4 Each member must abide by the policies of the organisation they represent in relation to conflicts of interest.

18 Professional & Administrative Support

- 18.1 The secretariat function for the ICP will be provided by the Mid & South Essex ICB in partnership with upper tier local authorities. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting and preparing agendas and ensuring these are agreed by the Chair and Vice Chairs.
- 18.2 The Mid and South 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 Mid and South Essex ICP, will be managed in accordance with separate terms of reference as agreed by the Mid and South Essex ICP
- 18.3 The role, remit and membership of Programme Boards/Advisory Sub-Groups will be reviewed regularly by the Mid and South Essex ICP to ensure they remain flexible to the demands of ongoing and new programmes of work.

19 Minutes

- 19.1 The Chair will sign the minutes of the proceedings at the next suitable meeting after they have been agreed as a correct record at that meeting. The Chair will move that the minutes of the previous meeting be signed as a correct record.
- 19.2 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.

20 Interpretation of Terms of Reference

- 20.1 The ruling of the Chair of the Mid and South Essex ICP as to the interpretation of these Terms of Reference shall be final.

21 Suspension of Terms of Reference

- 21.1 As far as is lawful, any of these Terms of Reference may be suspended by motion passed by the majority of those members present and entitled to vote.

22 Review

22.1 The terms of reference and the membership of the ICP will be reviewed at least annually.

Appendix 1

East of England Leadership Compact

In working together as a leadership community, we will adopt the following behaviours and hold each other to account for upholding these:

- We will put people first – our patients, staff, and citizens.
- We will support each other to deliver excellence in quality and performance.
- We will respect and trust each other and share important information, so there are no surprises
- We will have inclusive robust, honest, and realistic conversations where all voices are heard, views respected, and differences resolved for the greater good of our population.
- We will be compassionate and caring, supporting each other, especially in difficult times.
- We will value each other's contributions, celebrate successes collectively and learn from failure
- We will ensure our collective decisions are transparent and inclusive and we will abide by them.
- We will agree expectations and hold each other to account.
- We will be ambitious to improve health and wellbeing, sharing expertise, talent, knowledge, best practice, innovation and learning for the benefit of our patients, staff, and citizens
- We will work together to have a strong, united external voice for our region.

Appendix 2

Mid & South Essex ICP Membership

1. Chair, Mid & South Essex ICB (Chair)
2. Chair, Southend City Council Health & Wellbeing Board (Vice Chair)
3. Chair, Essex County Council Health & Wellbeing Board (Vice Chair)
4. Chair, Thurrock Council Health & Wellbeing Board (Vice Chair)
5. CEO, Mid & South Essex ICB
6. Chair of the Mid & South Essex Foundation Trust
7. Chair of the Essex Partnership NHS Foundation Trust
8. Chair of Provide CIC
9. Chair of the North East London NHS Foundation Trust
10. Lead Non-Executive Director of the East of England Ambulance Services Trust
11. Director of Public Health, Southend City Council
12. Director of Public Health, Essex County Council
13. Director of Public Health, Thurrock Council
14. Director of Adult Social Services, Southend City Council
15. Director of Adult Social Services, Essex County Council
16. Director of Adult Social Services, Thurrock Council
17. Director of Children's Services, Southend City Council
18. Director of Children's Services, Essex County Council
19. Director of Children's Services, Thurrock Council
20. Clinical Lead, Basildon & Brentwood Alliance
21. Alliance Director, Basildon & Brentwood Alliance
22. Clinical Lead, Mid-Essex Alliance
23. Alliance Director, Mid-Essex Alliance
24. Clinical Lead, South East Essex Alliance
25. Alliance Director, South East Essex Alliance
26. Clinical Lead, Thurrock Alliance
27. Alliance Director, Thurrock Alliance
28. Lead Officer, Basildon Council
29. Lead Officer, Braintree District Council
30. Lead Officer, Brentwood Council
31. Lead Officer, Castle Point Council
32. Lead Officer, Chelmsford City Council
33. Lead Officer, Maldon District Council
34. Lead Officer, Rochford Council
35. CEO, Essex Local Medical Committee

36. CEO, Healthwatch Southend
37. CEO, Healthwatch Essex
38. CEO, Healthwatch Thurrock
39. Representative of Mid & South Essex Community & Voluntary Sector Organisations
40. Representative of Hospice Sector
41. Representative of Anglia Ruskin University
42. Representative of University of Essex
43. Representative of Writtle University College
44. Chief Constable, Essex Police
45. Locality Director, NHS England & Improvement
46. Executive Director of Strategy & Partnerships, Mid & South Essex ICB
47. Director of Communications & Engagement, Mid & South Essex ICB
48. Chief People Officer, Mid & South Essex ICB
49. Chief Finance Officer, Mid & South Essex ICB
50. Director of Strategic Partnerships, Mid & South Essex ICB
51. Medical Director, Mid & South Essex ICB