

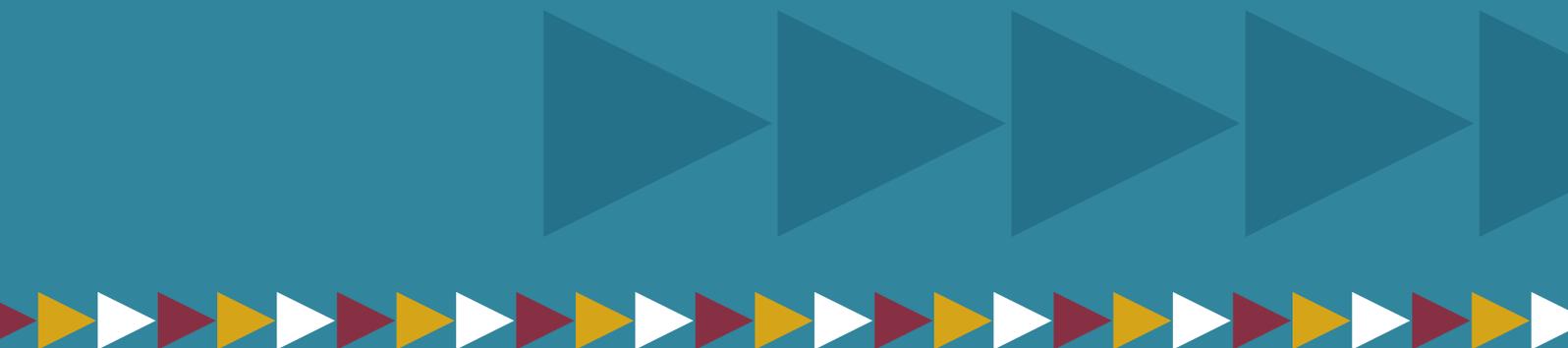


South Yorkshire and Bassetlaw Integrated Care System

Health and Care Compact

Health and Care Partnership

Terms of Reference



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Introduction

On February 11th 2021, the Department for Health and Social Care published its White Paper *Integration and Innovation: working together to improve health and social care for all*.

The proposals within the White Paper follow the journey of integrating care - a journey that South Yorkshire and Bassetlaw (SYB) has been on since 2016. They take account of NHS England and Improvement's recommendations to government following its engagement on Integrating Care – the Next Steps in November 2020.

The White Paper builds on the NHS Long-Term Plan with a strong emphasis on improving population health and tackling health inequalities through a whole population approach. The shared purpose of our Integrated Care System (ICS) is to deliver the quadruple aim of;

- Better health and wellbeing for the whole population
- Better quality care for all patients
- sustainable services for the taxpayer; and
- a reduction in health inequalities.

The White Paper also responds to the recommendation to strengthen governance, transparency and public accountability, to remove barriers and to give the opportunity to develop an even deeper relationship with Local Authority partners in ICSs. It includes the formal merger of NHS England and Improvement as a new statutory body, NHS England.

ICSs of the future are expressed as a NHS Statutory Body with an NHS Board and separately, a statutory Health and Care Partnership.

The Health and Care Partnership is an opportunity to address the wider health, public health and social care needs of the system, with the NHS ICS Board and Local Authorities having regard to that plan when making decisions.

The current indicative timeline for progression of the proposals through parliamentary process sees the earliest that the Bill will become an Act of Parliament is January 2022, with the provisions of the Act brought into effect in April 2022.



This document sets out an agreed way of working in South Yorkshire and Bassetlaw for the Health and Care Partnership during the transition year 2021-22 as partners get ready to set up a statutory organisation. Partners will continue to work within existing statutory frameworks during this time while developing future ways of working which will cover:

- Provider collaboratives
- Place-based partnerships
- How the nature of commissioning will change
- Integrated care system operating model

SYB partners formed a Steering Group to oversee the development work. The Group has been meeting regularly to co-produce the Compact and the roles and responsibilities, scope, accountability and reporting of the Health and Care Partnership for the transition year 2021/22.

The Compact captures the commitment of SYB health and care partners in focussing on the key purposes of an ICS and quadruple aim of better health and wellbeing for the whole population, better quality care for all patients, sustainable services for the taxpayers and reduction in health inequalities.

The new Health and Care Partnership for 2021/22 has a terms of reference and membership with a golden thread from the Health and Care Compact.

The Compact and Health and Care Partnership are interim arrangements for the year 2021/22 and will be refreshed as guidance and legislation is published.

The Steering Group has agreed to continue to meet during the transition year and continue to progress the development agenda as outlined in the timetable below (taken from the NHS 2021/22 priorities and operational planning guidance implementation guidance).



Route Map for ICS Development 2021/22

Route Map

By end Q1 Update System Development Plans and confirm proposed boundaries, constituent partner organisations and place-based arrangements.

By end Q2 Confirm designate appointments to ICS chair and chief executive positions (following the second reading of the Bill and in line with senior appointments guidance to be issued by NHSEI).

Confirm proposed governance arrangements for health and care partnership and NHS ICS body.

By end Q3 Confirm designate appointments to other ICS NHS body executive leadership roles, including place-level leaders, and non-executive roles.

By end Q4 Confirm designate appointments to any remaining senior ICS roles.

Complete due diligence and preparations for staff and property (assets and liabilities) transfers from CCGs to new ICS bodies.

Submit ICS NHS body Constitution for approval and agree "MOU" with NHS England and NHS Improvement.

1 April - Establish new ICS NHS body; with staff and property (assets and liabilities) transferred and boards in place.



Steering Group

Steering Group Member	Workstream	Designation
Richard Parker	Bassetlaw Place Partnership	Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
Sarah Norman	Barnsley Place Partnership	Chief Executive, Barnsley Metropolitan Borough Council
Damian Alan	Doncaster Place Partnership	Chief Executive, Doncaster Metropolitan Borough Council
Sharon Kemp	Rotherham Place Partnership	Chief Executive, Rotherham Metropolitan Borough Council
Kirsten Major	Sheffield Place Partnership	Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust
Kathryn Singh	System Mental Health Alliance	Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
Richard Jenkins	System Acute Federation	Chief Executive, Barnsley Hospital NHS Foundation Trust and Interim Chief Executive, The Rotherham NHS Foundation Trust
John Somers (Deputy Ruth Brown)	System Children's and Young People Collaborative	Chief Executive, Sheffield Children's NHS Foundation Trust
Jackie Pederson	Commissioning (Doncaster) and Primary Care System Collaborative	Accountable Officer, Doncaster Clinical Commissioning Group
Idris Griffiths	Commissioning (Bassetlaw)	Accountable Officer, Bassetlaw Clinical Commissioning Group
Chris Edwards	Commissioning (Rotherham)	Accountable Officer, Rotherham Clinical Commissioning Group
Nick Balac	Commissioning (Barnsley)	Clinical Chair, Barnsley Clinical Commissioning Group
Lesley Smith	Commissioning (Sheffield)	Accountable Officer, Sheffield Clinical Commissioning Group and SYB ICS Deputy System Lead
Catherine Burn	System – Voluntary Sector	Voluntary Sector Representative
Adrian England	System – Healthwatch	Healthwatch Representative
Andrew Cash	System	System Lead, SYB ICS
Will Cleary-Gray	System	Chief Operating Officer, SYB ICS
In attendance		
Mike Farrar	-	Independent Consultant
Robert McGough	-	Partner, Hill Dickinson
Helen Stevens-Jones	System	Director of Communications and Engagement, SYB ICS
Chris Walker	-	Attain
Sophia Malik	-	Attain



Design Group

Steering Group Member	Workstream	Designation
Damian Alan	Doncaster Place Partnership	Chief Executive, Doncaster Metropolitan Borough Council
Sharon Kemp	Rotherham Place Partnership	Chief Executive, Rotherham Metropolitan Borough Council
Alexis Chappell	Sheffield Place Partnership (Nominated by Sharon Kemp)	Director of Adult Social Services Sheffield City Council
Kirsten Major	Sheffield Place Partnership	Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust
Kathryn Singh	System Mental Health Alliance	Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
Richard Jenkins	System Acute Federation	Chief Executive, Barnsley Hospital NHS Foundation Trust and Interim Chief Executive, The Rotherham NHS Foundation Trust
Jackie Pederson	Commissioning (Doncaster) and Primary Care System Collaborative	Accountable Officer, Doncaster Clinical Commissioning Group
Idris Griffiths	Commissioning (Bassetlaw)	Accountable Officer, Bassetlaw Clinical Commissioning Group
Chris Edwards	Commissioning (Rotherham)	Accountable Officer, Rotherham Clinical Commissioning Group
Nick Balac	Commissioning (Barnsley)	Clinical Chair, Barnsley Clinical Commissioning Group
Lesley Smith	Commissioning (Sheffield)	Accountable Officer, Sheffield Clinical Commissioning Group and SYB ICS Deputy System Lead
Catherine Burn	System – Voluntary Sector	Voluntary Sector Representative
Adrian England	System – Healthwatch	Healthwatch Representative
Andrew Cash	System	System Lead
Will Cleary-Gray	System	Chief Operating Officer, SYB ICS
In attendance		
Robert McGough	-	Partner, Hill Dickinson
Helen Stevens-Jones	System	Director of Communications and Engagement, SYB ICS
Chris Walker	-	Attain
Sophia Malik	-	Attain



Health and Care Compact



The aim of partners in the South Yorkshire and Bassetlaw Integrated Care System is to bring about better health and wellbeing for the whole population, better quality care for all patients and sustainable services for the taxpayer.

The Compact enshrines the collaboration and principles of working together and is intended to be a golden thread during the transitional year 2021/22.



Health and Care Compact

Background and Purpose

The South Yorkshire and Bassetlaw Integrated Care System (ICS) has evolved from the establishment of a Sustainability and Transformation Partnerships in January 2016, Accountable Care Systems, April 2017, to become one of the first ICS systems in England. The ICS comprises of five places, Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

The ICS vision is for everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well, for longer.

The partners of the ICS acknowledge the gross state of inequalities in South Yorkshire and Bassetlaw (SYB) and that these have widened during the Covid-19 pandemic. The Marmot Review highlighted that the health gap has grown between wealthy and deprived areas and that place matters in terms of deprivation and life expectancy. This is also reflected in the wider socio-economic challenges for the development of the SYB region.

There is a compelling need for the partners of the ICS to come together to better address the inequality issue using a transformational collaborative approach with their combined resources.

The shared purpose of the ICS is to deliver the quadruple aim (better health, care, value and reduced inequalities) in order to;

- Improve population health outcomes and;
- Reduce health inequalities for the population of SYB.

This will be through the prevention of ill health and provision of safe and high quality needs led/ outcome-focussed public services that work well together, looking after staff and managing health and ill health.

Data, technology and innovation will be harnessed across the ICS and at place to achieve this and enable transformational change to make SYB the best place to be born, live and work ('the Shared Purpose').



The Integrated Care System

Partners of the ICS now (those set out as signatories to this Compact below) are wishing to develop the ICS in response to the changes to the system set out in the White Paper:

Integration and Innovation:
working together to improve
health and social care for all

(the **White Paper**) and the forthcoming legislative changes from a Health and Care Bill to better meet the Shared Purpose.

The current core ICS arrangements consist of Collaborative Partnership Board, Health Oversight Board, Health Executive Group and Integrated Assurance Committee, together with a clinical forum, citizens' forum and a number of Programme Boards working with existing statutory governance. Partners of the ICS are seeking to transition to an appropriate approach to the ICS NHS Body and the Health and Care Partnership through 2021/22 and the adoption of the new Bill and this Compact will be reviewed during the course of the year to ensure that it and its membership reflects the current position and constituency of the ICS.

The new arrangements will include the development of a statutory ICS NHS Body and an associated ICS Health and Care Partnership (the **Partnership**). The Partnership will bring together health, social care, public health (and potentially representatives from the wider public space where appropriate, such as social care providers or housing providers) and the voluntary and community sector. Amongst its roles, it will be responsible for developing a plan that addresses the wider health, public health, and social care needs of the system - the ICS NHS Body and Local Authorities will have regard to the plan when making decisions.

This Compact sets out the underlying values and principles amongst the partners on matters that will guide the development of the ICS. It is not intended to be a legally binding document but rather a shared commitment. It should be used as a guide in discussions and for holding each other to account when developing the ICS and the Partnership.

The partners intend to work together in a collaborative and integrated way across system, place and neighbourhoods in SYB in line with the Values and Principles set out below, for the Shared Purpose.



Values and Principles for the ICS Partnership

The partners recognise that achieving the Shared Purpose will depend on their ability to effectively co-ordinate themselves in order to deliver an integrated approach to the provision of services across the ICS. This may include (if partners choose) combining expertise, workforce and resources and also a review of how the Health and Wellbeing Boards in each of the five Places can play a key role in the development and structure of the Partnership.

The partners also wish to support each other in the development of successful place based systems within the ICS for Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield, which will each work as an effective part of the wider system and key building block. Members will also deploy appropriate resource to support the Partnership (each member retains ownership of its resources and is solely responsible for decisions about how those resources are used).

The members will embrace the following values:

- The **'quadruple aim'** of 'better health and wellbeing for the whole population, better quality care for all patients and sustainable services for the taxpayer alongside the reduction of health inequalities
- To play their part in social and economic development and environmental sustainability of the SYB region
- Committing to making decisions

- Always keeping citizens at the centre of everything the partners do
- Ensuring that the children's, young people and families agenda is a key element of this work
- Supporting each other and working collaboratively to take decisions at the most local level as close as possible to the communities that they affect whether that be system, place or neighbourhood (subsidiarity) and not to simply replicate what is at place in the ICS
- Developing collaborative leadership to deliver the Shared Purpose, and a culture and values to support transformation. All partners are respected and valued. They understand their own contribution and support the contributions of other partners to the Shared Purpose
- Strengthen the links between Place and ICS as well as other local representative structures such as Health and Wellbeing Boards and demonstrate inclusivity and shared ownership
- Making time and other resources available to develop the Partnership and deepen working relationships between partners at all levels
- Being transparent with each other and the people of SYB around decisions and appointments
- Using the best available data to inform priorities and decision-making
- Looking for simplicity and effectiveness in any Partnership structures and governance and follow the rule of form following function



- Acting with honesty and integrity and trusting that each other will do the same; This includes each member being open about the interests of their organisation and any disagreement they have with a proposal or analysis. Partners will assume that each acts with good intentions; and
- Working to understand the perspective and impacts of their decisions on other parts of the health and social care system
- Decisions should be taken together at the right level to deliver the Shared Purpose and benefit the population of SYB. Decisions around resource at place should be made with the relevant partners at the place level and when decisions are taken together across the SYB system they should not adversely affect the outcomes or equity for populations within SYB ICS
- Communicating openly about major concerns, issues or opportunities relating to this Compact and adopting transparency as a core value, including through open book reporting and accounting, subject always to appropriate treatment of commercially sensitive information if applicable
- Having conversations about supporting the wider health and care system, not just furthering their own organisations’ interests
- Undertaking more aligned decision-making across the partners and trying to commission and deliver services in an integrated way wherever reasonably possible
- Routinely using insights from data to inform decision making
- Positive engagement with other partners in other geographies in pursuit of the quadruple aim and effective planning and delivery including Clinical and Professional Networks
- Ensure that problems are resolved where possible rather than being moved around the system
- Acting promptly. Recognising the importance of integrated working and the Partnership and responding to requests for support from other partners

...together these are the **‘Values’**.

The ways in which the members will put the Values into practice include:

- Promoting and striving to adhere to the Nolan Principles of public life (selflessness, integrity, objectivity, accountability, openness, honesty and leadership) including:
- Specifically being accountable to each other for performance of respective roles and responsibilities for the Partnership and the ICS, in particular where there is an interface with other members; and

...together these are the **‘Principles’**.



Signatories to the Compact

Organisation	Officer	Signature
Barnsley Clinical Commissioning Group		
Barnsley Hospital NHS Foundation Trust		
Barnsley Metropolitan Borough Council		
Bassetlaw Clinical Commissioning Group		
Bassetlaw District Council		
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust		
Doncaster Clinical Commissioning Group		
Doncaster Metropolitan Borough Council		
Healthwatch (signed on behalf of Healthwatch partners in SYB)		
Nottinghamshire Healthcare NHS Foundation Trust		
Nottinghamshire County Council		



Signatories to the Compact

Organisation	Officer	Signature
Rotherham Clinical Commissioning Group		
Rotherham Metropolitan Borough Council		
The Rotherham NHS Foundation Trust		
Rotherham, Doncaster and South Humber NHS Foundation Trust		
Sheffield Children's NHS Foundation Trust		
Sheffield City Council		
Sheffield Clinical Commissioning Group		
Sheffield Health and Social Care NHS Foundation Trust		
Sheffield Teaching Hospitals NHS Foundation Trust		
South West Yorkshire Partnership NHS Foundation Trust		
Voluntary, Community and Social Enterprise (VCSE) (signed on behalf of the VCSE partners in SYB)		



The Health and Care Partnership is intended to be a springboard for bringing together health, local authorities and partners, to address the health, social care, and public health needs at a system level, and to support closer integration and collaborative working between health and social care.



Health and Care Partnership

Introduction

Transitional Phase to April 2022:

The South Yorkshire and Bassetlaw ICS Health and Care Partnership (H&CP) will replace the Collaborative Partnership Board. It will have a transitional role until the adoption of the statutory ICS in April 2022 (the Transitional Phase) and will be reviewed during this phase in the light of emerging legislation and guidance.

New statutory role post - April 2022:

As set out in the White Paper, ICSs will be established to include an NHS body and a Health and Care Partnership (H&CP).

The SYB H&CP has been co-produced and will be established in the transition year with the new structure in mind. Further guidance is expected from the Department of Health and Social Care which will inform its role.

Its role for this later period is expected to include promoting SYB partnership arrangements, and developing a plan to address the health, social care and public health needs of the SYB system. It is intended that (from April 2022) the ICS NHS Body and each local authority in SYB will have regard to this plan.

The role for the ICS H&CP post April 2022 will be developed by the members with reference to appropriate legislation and guidance during the Transitional Phase and the H&CP will support this process.



Roles and responsibilities

The H&CP is intended to be a springboard for bringing together health, local authorities and partners, to address the health, social care, and public health needs at a system level, and to support closer integration and collaborative working between health and social care.

In the Transitional Phase the H&CP's role and responsibilities will be to:

- a) **support delivery of the Shared Purpose (as set out in the Compact agreed between the ICS members)** working in partnership across the SYB ICS membership in particular around population health and the need for transformational changes to address health inequalities
- b) **engage with the Health and Wellbeing Boards at place** and have regard to their plans for their place as well as the plans from the place based partnerships in SYB in developing an ICS Health and Care Plan to address the systems' health, public health, and social care needs. (See Health and Wellbeing Board Interface section below)
- c) to set the framework within which the transitional ICS Executive and Health Executive Group (HEG) will operate in the Transitional Phase and to prepare for the transition to the new statutory structure for the ICS
- d) to involve, inform and engage patients, the public, staff and their representatives in the work of the partners of the ICS
- e) be responsible for the agreement and oversee the delivery of the SYB ICS Five Year Plan (and an annual refresh of this plan) as well as a finance plan and such other plans for SYB as may be agreed
- f) receive regular update reports from the transitional ICS Executive and Health Executive Group (HEG) on the ongoing progress of the transition to the new statutory form for the ICS on 1 April 2022
- g) provide a mutual assurance function and holding each other to account as outlined in the Compact
- h) support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector
- i) promote collaboration and the Values and Principles set out in the Compact across SYB through its constituent parts (organisational, provider collaboratives, place and neighbourhood)
- j) provide leadership across the SYB health economy to ensure that the values and principles for the SYB health and care system as set out in the Compact are followed

These roles and responsibilities will be reviewed during the Transitional Phase and will be periodically updated to reflect any agreed or required changes following legislation and guidance.



Health and Wellbeing Board Interface

We recognise the importance of bringing together ICSs and Health and Wellbeing Boards (HWB) as complementary bodies at system and place level. ICS NHS Bodies and Health and Care Partnerships will have formal duties to have regard to HWB plans.

The Health and Wellbeing Board Chairs (HWBC) for each of the constituent five places in SYB will be asked to meet to assure and agree the process and common format for the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies as well as the timing for these to be presented to the H&CP in order to inform the H&CP planning process on the SYB plans for the forthcoming financial year.

In preparing the H&CP plan for SYB the H&CP will submit its draft plan to the HWBC at an agreed time in the planning process together with a summary of how the local HWB plans have been reflected in the SYB plan for review and comment.

The HWBC will have the option to either support the SYB plan or to make comments for consideration by the H&CP within an agreed timeframe.

The H&CP will also be required to inform the HWBC of how any of their documented concerns have been reflected in subsequent drafts or why they have not been included and provide the HWBC with a copy of the proposed final form of the H&CP plan when this is sent to the H&CP members for approval.

If the final form H&CP plan is not supported by the HWBC or they have specific concerns then they will have the option to attend and make representations at (or to table a document at the meeting reflecting their concerns) the H&CP Meeting where the H&CP plan is to be discussed or approved directly.

The intention of the members is to review this joint planning process over the Transitional Period and to consider prior to April 2022 whether the H&CP will require either the overview and review of the SYB plan by the HWB as set out above or alternatively the direct membership of the HWBC on the H&CP.



Membership

The H&CP will exercise its role in relation to the SYB ICS region.

Geographical scope

In the Transitional Phase it is acknowledged there will initially be a wider membership of the Health and Care Partnership (H&CP) building on places and recognising the current statutory framework including and up to April 2022. In the Transitional Phase the H&CP will facilitate the development of the H&CP to take on its statutory form and a refresh of the membership will take place following Department of Health and Social Care (DHSC) guidance expected in June/July. Membership will be reviewed in the light of this guidance and other local discussions in SYB, for example any other emerging provider collaboratives. At the same time, a small steering group will work to the Partnership in the transition year. In addition, the H&CP will engage Health and Wellbeing Boards to seek their views on how they wish to work with the H&CP in their respective statutory roles. We would seek to rotate the meeting in Local Authority premises where live streaming would be available and local people could attend. Meetings will be expertly facilitated, well-organised and with the opportunity for places to exchange ideas and all partners to agree on major system priority programmes. The H&CP will hold four meetings per year, with the possibility of two of the meetings having extended membership and

the format adapted to facilitate 1) input to the SYB strategic plan and priorities and 2) reviewing delivery against the plan and priorities.

The initial membership of the H&CP in the Transitional Phase will comprise of:

- a) Six nominations from each place, representing the views of commissioners and providers in each of our five places (30)

Nominations must include:

- Two nominations from the Local Authorities; Chief Executive and Director of Public Health
- Two nominations from CCGs, recognising the clinical leadership of these organisations; Clinical Chair and Accountable Officer
- GP Primary Care Collaborative representative for place (may take a few months to get in place)*
- One nomination from other Providers

- b) Provider collaboratives (6)

A Chair and Chief Executive from each provider collaborative:

- SYB Primary Care Programme Director and Community Pharmacy Representative*
- Mental Health Collaborative
- Acute Provider Collaborative

*NB primary care structures are still emerging.



- c) Yorkshire Ambulance Service and East Midlands Ambulance Service (2)
A Chair or Chief Executive nomination
 - d) South Yorkshire Housing Association (1)
A Chair or Chief Executive nomination
 - e) Voluntary, Community, Faith and Social Enterprise Sector (1)
 - One nomination representing voluntary, community, faith and social enterprise sector for SYB
 - f) Clinical and professional representation (4)
 - One nomination representing adult social care for SYB
 - One nomination representing children, young people and families
 - One nomination representing Nursing and Midwifery for SYB
 - One nomination representing Allied Health Professionals for SYB
 - g) Health Education England
 - One nomination representing Health Education England for SYB
 - h) Healthwatch (1)
 - One nomination representing Healthwatch for SYB
 - i) Strategic commissioning (2)
 - Clinical Chair Joint Committee of Clinical Commissioning Groups
NB Will also be a current CCG Clinical Chair
 - One nomination representing NHS England specialised commissioning
 - j) South Yorkshire Combined Authority (1)
 - One nomination representing Sheffield City Region Combined Authority
 - k) ICS system – seven nominations from SYB system to be determined by the ICS lead. (7)
- Nominations must include:
- ICS chair designate
 - ICS chief executive designate
 - ICS chief operating officer
 - ICS medical director
 - ICS digital lead (SRO)
 - ICS finance director

Lay member/Non Executive representatives of ICS programme priorities to include (for example) Equality, Diversity and Inclusion and public and patient involvement leads.



Meetings

The H&CP will operate in accordance with the SYB ICS Standing Orders.

The Chair may agree that members may participate in meetings by means of telephone, video or computer link or other live and uninterrupted conferencing facilities provided every member is able to be heard by every other member. Participation in a meeting in this manner shall constitute presence in person at such meeting.

The Chair may determine that the H&CP needs to meet on an urgent basis, in which case the notice period shall be as specified by the Chair acting reasonably. Urgent meetings may be held virtually, using any of the means specified above.

Secretariat support for the H&CP will be provided by the SYB ICS Programme Office hosted by NHS Sheffield CCG.

Quorum

The H&CP is considered quorate if there are representatives from each Place and the ICS Chair or lead are present along with at least two other system leadership members.

ICS Assembly Forum

The H&CP may opt to form an additional Assembly Forum sub-group of the H&CP which will have wider membership of organisations involved in health and care across SYB in order to allow them to participate in, influence and inform the work of the H&CP. The H&CP may decide on the terms of reference as well as how it will report to and receive input from the Assembly Forum.

Conflicts of interest

Members will ensure that they comply with the SYB ICS conflicts of interest policy and with their own host organisational requirements. Members will be transparent about any interest their organisation has in matters being discussed by the H&CP.

Registers of interest will be maintained for the H&CP and members are required to declare any interests annually, as well as on an ad-hoc basis as any should arise or become relevant in the context of their role on the H&CP.

Decision-Making

For the Transitional Phase the decision making is based on the consensus of the H&CP group and each member agrees to work together to seek to find agreement in accordance with the Values and Principles set out in the Compact.



It is acknowledged that the members will in many instances be the representatives for a wider group of organisations and will need to obtain approval from their appointing group on decisions in the H&CP. To assist in this members will be expected to communicate with their appointing groups prior to meetings and decisions of the H&CP in order to ensure that they are able to facilitate representation of their group in any discussions and decision making.

In the event that the members are unable to reach a consensus decision on a matter then they may refer this to dispute resolution whereby the matter will be discussed in a specific meeting of the H&CP to try to reach resolution working under the Values and Principles of the Compact. [If consensus has not been reached following this meeting then the consent of not less than [90]% of the eligible representative members will be taken as the decision of the H&CP.]

From April 2022 together with the ICS NHS Body the H&CP will constitute the ICS. It is intended that from April 2022 that the H&CP will be able to take its own decisions regarding matters within its remit such as the setting of the H&CP Plan for the SYB ICS.

The ICS NHS Body may also then delegate parts of its role to the H&CP. This will be done in accordance with the ICS NHS Body governance rules and these Terms of Reference will be updated accordingly prior to April 2022.

Frequency

It is proposed that the H&CP meets between four and six times per year to coincide with key budgetary, planning and priority setting timetables and that two of these meetings are broadened out to include a wider membership and format which facilitates input to developing the wider system plan and priority setting and sharing of progress, innovation, learning and best practice.

Deputies

Members will nominate deputies to attend on their behalf when they are unable to do so. Deputies should only be asked to attend a meeting in exceptional circumstances.

Public meetings

The members intend that the formal meetings of the H&CP from the end of the Transitional Phase shall be open to members of the public and that notice of these meetings will be provided via the ICS website. Members of the public may be excluded from a meeting for special reasons.

Where providing a record of a public meeting the H&CP minutes shall be made available to the public.



Accountability and reporting

In the Transitional Phase the H&CP will report on its work and the delivery of the H&CP plan into the Health Executive Group and transitional ICS Executive and members will be expected to ensure that the work of the H&CP is reported back into its member organisations directly.

From April 2022 the H&CP will form part of the statutory NHS South Yorkshire and Bassetlaw Integrated Care System.

The H&CP will then report on its work and the delivery of the H&CP plan into the SYB ICS NHS Body and members will be expected to ensure that the work of the H&CP is reported into member organisations.

The H&CP will also publish its plan to address the systems' health, public health, and social care needs and make this available to the public by such routes as the H&CP shall determine.

Review

These Terms of Reference will be reviewed after the draft Health and Care Bill is issued and following guidance on the structures for the ICS and thereafter on an annual basis from April 2022.

Reviewer

Date of review





South Yorkshire and Bassetlaw Integrated Care System

Health and Care Compact

Health and Care Partnership

Terms of Reference

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