Bristol, North Somerset and South Gloucestershire
INTEGRATED CARE PARTNERSHIP

TERMS OF REFERENCE

JULY 2022

Version Control

Version:	Date:	Summary of Changes:	Author:
V0.1	July 2022	Original draft	Sarah Weston – BNSSG ICB Ellie Wetz – BNSSG ICB
V0.2	25 July 2022	Revised draft, following feedback from inaugural ICP meeting and system partners	Sarah Weston – BNSSG ICB Ellie Wetz – BNSSG ICB
V0.3	2 August 2022	Further revisions to draft, following feedback from system partners and release of NHSE guidance	Sarah Weston – BNSSG ICB Ellie Wetz – BNSSG ICB
V0.4.0 – V0.4.2	17 August 2022	Further revisions to draft following feedback from founding members governance leads. Appendix A membership revised to detail roles, not individuals.	Ellie Wetz – BNSSG ICB

Contents

Introduction and context

1.1 The Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Partnership (ICP) builds on the Healthier Together Partnership, established in 2016, to realise our shared ambitions to improve the health and wellbeing of the people of Bristol, North Somerset and South Gloucestershire (BNSSG).

1.2 The Health and Care Act 2022[1] established Integrated Care Systems (ICSs), Integrated Care Boards (ICBs) and ICPs.

1.3 NHS England has set out the following as the four core purposes of Integrated Care Systems:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

1.4 The ICB and each responsible local authority whose area coincides with or falls wholly or partly within the board's area must establish a joint committee for the board's area – an Integrated Care Partnership (ICP).

1.5 The ICP is to consist of:

- One member appointed by the ICB
- One member appointed by each of the responsible local authorities (Bristol City Council, North Somerset Council and South Gloucestershire Council)

These four members are known as the **Founder Members**.

- Any members appointed by the ICP (see section 4.2)

1.6 The BNSSG ICP is a key part of the wellbeing, health and care system leadership and governance. It is the central partnership structure at system level that operates at the heart of the ICS philosophy and approach.

1.7 These terms of reference describe the scope, function and ways of working for the ICP.

2. Mission and purpose

2.1 The responsibilities of the ICP are:

- To prepare an Integrated Care Strategy, setting out how the assessed needs of the area are to be met by the local ICB, NHS England or local authorities
- Involve local Healthwatch and local people in the development of the strategy
- Revised the strategy when needs assessments are updated

2.2 The ICP will drive the direction and policies of the ICS, linking the ICB (as accountable body for NHS funding allocations), the three local authorities, VCFSE sector partners, Healthwatch

[1] Health and Care Act 2022 (legislation.gov.uk)

and organisations whose role impacts on the health and wellbeing of the population such as the police, education, transport, housing and wider determinants of health.

2.3 The ICPs mission is to work on behalf of the population of BNSSG by setting the strategic direction for the system, being the guardians of the joint outcomes, the assurers of genuine partnership working and, by establishing an inclusive culture, to provide the vehicle by which all voices in the ICS can be heard.

2.4 The ICP will lead the development of an integrated wellbeing, health and care strategy on how the system can best meet the needs of the population – as identified in the joint strategic needs assessment (JNSA) from the three Health and Wellbeing Boards that fall within the area of the ICS, as well as the joint local health and wellbeing strategy (JLHWS). The Integrated Care Strategy should complement both the JNSA and JLHWS.

2.5 The ICP will be responsible for establishing local priorities based on intelligence from JNSAs, local population and community views, including from the voluntary, community and social enterprise sector, constituent organisations' views, with specific reference to Health and Wellbeing Boards and the input from Locality Partnerships, and the Provider Collaboratives. These will inform the development of the Integrated Care Strategy.

2.6 The ICP will ensure the Integrated Care Strategy facilitates subsidiarity in decision making, at either system (1), area (3) or place (6) level.

2.7 The ICP will work with partners to blend these local priorities with other regional and national priorities to inform the BNSSG strategic direction and influence the ICB and its resource allocations. The ICP supports the principles of resource alignment and pooling of budgets across system partners, where appropriate and where all partners are in agreement.

2.8 The ICP will act as a body to ensure mutual accountability with peer review and challenge part of its value. In particular, the ICP will look to ensure that, in delivering on each components' contribution within the system, the whole system is achieving its shared collective outcomes.

2.9 The ICP will set the culture of partnership working within the ICS and will serve as a forum that can resolve any issues or conflicts within the partnership or joint working problems as needed.

2.10 The ICP will be the body that seeks to secure the widest possible engagement with the population across all places, communities and interests. This will enable it to be comprehensively informed in shaping priorities and partnership working.

2.11 The ICP will support the safe and appropriate sharing of information between system partners and ensure confidential information is respected and used only for the purposes it was shared, unless legally obligated to do so.

3. How we work together in BNSSG

3.1 Our vision

Our vision is a better future for everyone in Bristol, North Somerset and South Gloucestershire. That future starts today. The local response to the pandemic has highlighted the strengths and assets within our communities, as well as shining a light on inequalities. Working together, we'll build on those strengths to ensure that people are living longer and in better health. The life expectancy gap between our most and least deprived areas will be reduced, and services will fit in with people's lives and goals.

We want people to be able to shape their care: from direct involvement in individual treatment plans, to services informed at every step by people's experiences. We'll use our improved understanding of individual, community and whole-population health needs to take better decisions and make best use of our resources. This will help to ensure our wellbeing, health and care system is sustainable for the long-term.

We will work to ensure partnership between our organisations is stronger, leading to services that fit seamlessly around people's needs. Health and care professionals will find it easier to collaborate, with their unique contribution and skills recognised wherever they work. We'll harness new technology and innovation to improve people's outcomes and experiences, and more care will be provided close to home. People will feel better able to take control of their own lives and health, and will understand where and when to get help when they need it.

3.2 The aims and objectives of our system are to:

- Increase the number of years people in BNSSG live in good health
- Reduce the inequality in how many years people in BNSSG live in good health, particularly improving healthy life expectancy for those with the poorest outcomes
- Become a place where wellbeing, health, and care services fit with people's lives and makes sense to the people engaging with them
- Make it easy for people working in wellbeing, health, and care to work with each other
- Our workforce is empowered and motivated to work passionately for the benefit of our citizens
- Reduce our adverse environmental impact in energy, travel, waste, water, food, biodiversity and land use
- Make our communities healthy, safe and positive places to live

These aims and objectives will be reviewed as the integrated care strategy is developed.

3.3 Our principles for working together:

Individuals @ the Centre	1. We work to achieve **our vision** to meet our citizens' needs by working together within our joint resources, as one wellbeing, health and care system and focussing on patient outcomes. We will develop a model of care and wellbeing that **places the individual at its heart**, using the combined strengths of public health, health and social care. 2. **Citizens** are integral to the design, co-production and delivery of services. 3. We **involve people, communities, clinicians and professionals** in all decision-making processes and champion collective decision making and co-production. 4. Our system will take collective, considered risks to cease specific activity and release funds for **prevention, earlier intervention and for the reduction in health inequalities.** 5. We strive for our leadership to be representative of the population, and we focus on the causes of inequality and not just the symptoms, ensuring **equalities is embedded** in all that we do.
Subsidiarity	6. **Decisions taken closer to the communities** they affect are likely to lead to better outcomes. The default expectation is for decisions to be taken as close to communities as possible, except where there are clear and agreed benefits to working at greater scale.
Collaboration	7. **Collaboration between partners in a place** across health, care services, public health, and the voluntary sector can overcome competing objectives and separate funding flows to help address health and social inequalities, improve outcomes, transform people's experience, and improve value for the tax payer. 8. **Collaboration between providers** across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity. 9. Through **collaboration as a system** we will be better placed to ensure the system, places, and individual organisations are able to make best use of resources. 10. We **prioritise** investments based on **value**, ensuring equitable and efficient resource allocation, taking into account the principles of the Social Value Act[2], and we take shared ownership in achieving this.
Mutual Accountability & Equality	11. We are coming together under a distributed leadership model and we are committed to working together as an **equal partnership.** 12. We have a **common understanding** of the challenges to be addressed collectively and the impact organisations can have across other parts of the system. We engage in honest, respectful, and open dialogue, seeking to understand all perspectives and recognising individual organisations' agendas and priorities and champion collective decision making. We accept that diverse perspectives may create dissonance, and we seek to understand and work through any disharmony, and move to conclusions and action in service of our citizens. We strive to **bring the best of each organisation** to the Partnership and create a learning system. 13. We adhere to a **collective model of accountability**, where we hold each other mutually accountable for our respective contributions to shared objectives

[2] Social Value Act: information and resources - GOV.UK (www.gov.uk)

	and engage fully in partners' scrutiny and accountability functions, where required. 14. We develop a **shared approach to risk management, taking collective responsibility** for driving necessary change while mitigating the risks of that change for individual organisations.
Transparency	15. With an 'open book' approach, we **pool information** openly, transparently, early, and as accurately and completely as possible to ensure one version of the truth to be used by partners across the system. 16. We work in an open way and establish **clear and transparent accountability for decisions,** always acting in service of the best outcomes for the people of BNSSG.

3.4 Our shared values and behaviours:

Members of the ICP commit to behave consistently in ways that model and promote our shared values:

- We support each other and work collaboratively
- We act with honestly and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions
- We implement our shared priorities and decisions, holding each other mutually accountable for delivery
- We represent our population, our staff and we serve as a conduit between the ICP and individual organisational Boards / Cabinets

3.5 All members of the ICP will uphold the Seven Principles of Public Life (known as the Nolan Principles)[3].

4. Membership and chairing arrangements

4.1 Chairing arrangements:

The Independent Chair of the ICP will chair all meetings. The role of the Chair will rotate between the three Health and Wellbeing Board Chairs from our three local authority partners (founding partners of the ICP) for a term of 1 year, running July-July. North Somerset Council will take up the Chair from July 22, followed by Bristol City Council and South Gloucestershire Council.

The Deputy Chair will be the ICB Chair and the two remaining Health and Wellbeing Board Chairs (who are not currently Chair of the ICP) will be Vice Chairs.

4.2 The membership of the ICP will be as follows:

[3] The Seven Principles of Public Life - GOV.UK (www.gov.uk)

Role	Member Organisation / Representative	Notes
ICP Founder Members		
Chair*	Bristol City Council Health and Wellbeing Board Chair North Somerset Council Health and Wellbeing Board Chair South Gloucestershire Council Health and Wellbeing Board Chair	- Elected members - Rotational Chair - other two members designated Vice Chairs* during non-chairing periods - July 2022-23: North Somerset - July 2023-24: Bristol - July 2024-25: South Gloucestershire **3 Members**
Deputy Chair*	ICB Board Chair	**1 Member**
Other ICP Members		
Community and VCFSE Voices	To be determined by the nomination process set out in Appendix C (process to be confirmed).	- Drawn from local groups/assemblies - Representative of VCFSE and citizen voices within our system. - Balanced representation from our three unitary authority districts. **8 Members**
Constituent Health and Care Organisation Representatives	Local Authorities - Bristol City Council - North Somerset Council - South Gloucestershire Council	- 1 member per Local Authority - Representative to be drawn from Director of Adult Services, Director of Children Services, Director of Public Health **3 Members**
	NHS or Foundation Trusts - University Hospitals Bristol and Weston NHS Foundation Trust - North Bristol NHS Trust - Avon and Wiltshire Mental Health Partnership NHS Trust - South Western Ambulance Service NHS Foundation Trust	- NHS or Foundation Trust Chairs by designation **4 Members**
	Adult and Children Community Services - Sirona Health and Care CIC	- Chair by designation **1 Member**
	Primary Medical Services	- Chair of local Primary Medical Services collaborative (membership: GP Collaborative Board, Local Medical Committee, Local Pharmaceutical Committee, Local Dental Committee, Local Optometry Committee and Brisdoc **1 Member**
Locality Partnership Representatives	- Inner City and East Bristol - North and West Bristol - South Bristol - South Gloucestershire - Weston, Worle and Villages	- Locality Partnerships to appoint a representative member. - Aim to have a balance of voices/seniority in representative

	- Woodspring	members across the Locality Partnerships. **6 Members**
Population Needs Representative	Healthwatch	- Chair by designation **1 Member**
Total:		**28 Members**

4.3 Members of the ICP are detailed in **Appendix A** *[Note: in development]*

4.4 Locality Partnerships, VCSFE and Community representation will be considered each time the Chair of the ICP rotates. Membership may be asked to be refreshed during each cycle to strengthen the diversity of voices impacted by the development and implementation of the Integrated Care Strategy set by the ICP.

4.5 The ICP will ensure that any membership, engagement or involvement opportunities are accessible; allow for reasonable adjustments, and, where appropriate, provide resources and training to build capability and capacity to enable effective participation.

4.6 Additional organisations, who are not necessarily permanent members of the ICP, but who work with our system partners and provide support, advice, and guidance to support delivery of our system vision include (but are not limited to):

Local Partners:

- Academic Health Science Network
- Brisdoc/Severnside
- Bristol Health Partners Academic Health Science Centre
- Health & Care West
- Second Step
- St. Peter's Hospice
- Vita Health Group
- West of England Civil Society
- West of England Rural Network (WERN)
- Voscur
- Voluntary Action North Somerset (VANS)
- Community and Voluntary Services (CVS) South Gloucestershire
- Black South West Network

Health Regulator and Oversight Bodies:

- NHS England and Improvement (NHSEI)
- Care Quality Commission (CQC)
- National Quality Board (NQB)

Other National Bodies:

- Health Education England

- Local Government Association
- UK Health Security Agency

4.7 Deputies

It is anticipated that Members are expected to attend all meetings. If they are unable to attend, Members may nominate a deputy to attend a meeting of the board that they are unable to attend. This is to be arranged with and at the discretion of the Chair.

4.8 Members roles and responsibilities

See **Appendix B: ICP Members Role Description**

5. Attendance

5.1 Additional attendees to ICP meetings will routinely include:

- Chief Executive of BNSSG ICB
- ICP joint secretariat

At the discretion of the Chair, additional representatives and attendees may be requested to attend meetings to participate in discussions or report on particular issues.

6. Delegated authority and decision making

6.1 The ICP is a committee established in accordance with the Health and Care Act 2022. It is a committee jointly established by the founding members. It is incorporated only via this Terms of Reference; it holds no financial accounts and cannot directly employ any staff.

6.2 The ICP will aim to make decisions with the consensus of all members in accordance with its mission as defined in section 3. In the event unified consensus cannot be achieved, decisions will be made by a majority vote of the founding members.

6.3 The ICP may create sub-groups to take forward specific programmes of work as considered necessary by the membership. The ICP shall determine the membership and terms of reference of any such sub-groups in accordance with these terms of reference. The ICP may not delegate any of its accountabilities to such sub-groups.

7. Direct reports

7.1 The ICP will take advice, guidance, and input from several expert reference and working groups within the system to inform its work. These will include, but are not limited to: BNSSG VCSE Alliance, Citizen Voices, the ICB's Health and Care Professional Executive, BNSSG Strategic Planning Group and groups representing social care.

8. Administration and public engagement

8.1 The agenda and supporting papers will be sent to Members and attendees and be made available to the public via the BNSSG Integrated Care Board (ICB) website no less than five

working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the chair.

8.2 The secretariat function for the ICP will be provided by Bristol City Council (jointly funded by the three local authorities and BNSSG ICB). A member of the team will be responsible for arranging meetings (including public attendance, broadcast and recording), recording and circulating minutes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

8.3 ICP meetings will be held in public and accessible via online services or in person. The date, time, venue, and meeting papers will be published in advance on the ICB website and sign posted from founding partner websites. Questions and statements can be submitted in advance by members of the public. Details for public participation can be found on ICP pages on the BNSSG ICB website (direct links to these pages also available on all founding members websites).

8.4 All meeting papers will be available in an accessible format on request.

9. Conflicts of interest

9.1 Conflicts of interest must be considered, recorded and managed. Members of the ICP should have regard to the founding members' policies, national guidance and Nolan Principles on managing conflicts of interest. Members should take advice from the Chair if they are uncertain about conflicts of interest. Where required, the Chair will take advice from their respective Local Authority Governance Leads.

9.2 All potential conflicts of interest must be declared and recorded at the start of each meeting. A register of interests must be maintained by the Chair and the joint secretariat and shared with the founder members and the rest of the ICP members. If a conflict of interest exists then the relevant person must not take part in that item, and the Chair may require the affected member to withdraw at the relevant point.

10. Quorum

10.1 The ICP will be quorate when the ICB (Vice Chair of ICP) and two out of the three local authorities (the founding partners) are present, along with at least 10 other members which must include:

- at least one constituent health & care organisation representative
- at least one VCFSE representative
- at least one Locality Partnerships representative
- at least one community/ citizen representative or Healthwatch.

11. Meeting frequency

11.1 The ICP will meet every two months. An annual schedule of meetings will be published by the secretariat.

11.2 Extraordinary meetings may be called for a specific purpose by members of the ICP at the discretion of the Chair. A minimum of seven working days' notice will be given when calling an extraordinary meeting.

11.3 Meetings of the ICP will be held in public, however the ICP may convene in private committee at the Chair and Members' discretion.

12. Review of terms of reference

12.1 These terms of reference and the membership of the Partnership Board will be reviewed annually by Members. Any changes will be approved by the founding members of the ICP. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the partnership.

Appendix A: ICP Members

Role	Organisation
Partnership Board Leadership Group	
Chair of the Health and Wellbeing Board	North Somerset Council
Chair of the Health and Wellbeing Board	Bristol City Council
Chair of the Health and Wellbeing Board	South Gloucestershire Council
Chair of ICB	BNSSG ICB
Community & VCSE Voices	
TBC	TBC
TBC	TBC
TBC	TBC
TBC	TBC
TBC	TBC
TBC	TBC
TBC	TBC
TBC	TBC
Constituent Health & Care Organisations	
Director of Adult Social Services	Bristol City Council
Director of Public Health	North Somerset Council
Director of Children Services	South Gloucestershire Council
Chair	NBT
Chair	UHBW
Chair	SWASFT
Chair	AWP
Chair	Sirona Care & Health
Chair of BNSSG Primary Medical Services Collaborative (GPCB, LMC, LPC, LDC, LOC, Brisdoc)	Primary Care Services
Locality Partnerships	
ICB Delivery Director (Interim)	Weston, Worle & Villages
Sirona Locality Director	Bristol Inner City & East
Locality Partnership Chair	Bristol North & West
ICB Delivery Director (Interim)	South Bristol
Locality Partnership Chair	South Gloucestershire
PCN Director	Woodspring
Population Needs Representative	
Chair	Healthwatch
Standing invites	
CEO	BNSSG ICB
Director of Strategy, Partnerships and Population	BNSSG ICB
VCSE Infrastructure Organisation	ICB (VCSE Alliance)
VCSE Infrastructure Organisation	Bristol City Council
VCSE Infrastructure Organisation	South Gloucestershire Council
VCSE Infrastructure Organisation	North Somerset Council

Appendix B: ICP Members Role Description

Bristol North Somerset and South Gloucestershire Integrated Care Partnership

Members Role Description

Our Purpose and Vision

NHS England has set out the following as the four core purposes of Integrated Care Systems:

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

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Partnership (ICP) serves a population of approximately one million people living within distinct and different communities. The Integrated Care System brings together the wider partnership of wellbeing, health and care organisations that have come together to plan and deliver joined up services and improve the health and wellbeing of people who live within Bristol, North Somerset and South Gloucestershire.

We are guided by clear values that help us lead healthcare in our areas and make the right decisions on behalf of our people.

- We support each other and work collaboratively
- We act with honestly and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions
- We implement our shared priorities and decisions, holding each other mutually accountable for delivery
- We represent our population, our staff and we serve as a conduit between the ICP and individual organisational Boards / Cabinets

Priorities and Accountabilities

The Terms of Reference of the ICP sets out the membership of the partnership. All members of the ICP share responsibility to ensure that the ICP exercises its functions effectively, efficiently, with good governance and in accordance with the terms of the ICP Terms of Reference, as agreed by its members.

The ICP members will:

- Drive the direction and policies of the ICS, linking the ICB (as accountable body for NHS funding allocations), the three local authorities, VCSE sector partners, Healthwatch and organisations whose role impacts on the health and wellbeing of the population.
- Work on behalf of the population of BNSSG by setting the strategic direction for the system, being the guardians of the joint outcomes, the assurers of genuine partnership working and, by establishing an inclusive culture, to provide the vehicle by which all voices in the ICS can be heard.
- Lead the development of an integrated wellbeing, health and care strategy on how the system can best meet the needs of the population – as identified in the joint strategic needs assessment (JNSA) from the three Health and Wellbeing Boards that fall within the area of the ICS.

- Be responsible for establishing local priorities based on intelligence from JNSAs, local population and community views, including from the voluntary, community and social enterprise sector, constituent organisations' views, with specific reference to Health and Wellbeing Boards and the input from Locality Partnerships, and the Provider Collaboratives. These will inform the development of the Integrated Care Strategy.
- Work with partners to blend these local priorities with other regional and national priorities to inform the BNSSG strategic direction, and influence the ICB and its resource allocations, supporting resource alignment and pooling of budgets where appropriate.
- Be the guardians of joint outcomes - the ICP will act as a body to ensure mutual accountability with peer review and challenge part of its value. In particular, the ICP members will look to ensure that, in delivering on each components' contribution within the system, the whole system is achieving its shared collective outcomes such as reducing health inequalities.
- Set the culture of partnership working within the ICS and contribute to a forum that can resolve partnership and joint working problems as needed.
- Actively contribute to the ICP's mission to seek to secure the widest possible engagement with the population across all places, communities and interests. This will enable it to be comprehensively informed in shaping priorities and partnership working.

Role Responsibilities and Leadership Competencies

The ICP members work alongside the Chair, Vice-Chair, Deputy Chair (the Founding Members) as equal members of the partnership. The ICP members:

- Are accountable to the ICP Chair.
- Have a collective responsibility with the other members of the ICP to ensure its functions are effectively and efficiently discharged.
- Provide knowledge about and the perspectives of the sector which they represent.

They are responsible for:

- Bringing knowledge and the perspective of health and social care to the plans, aims and priorities of the ICS.
- Jointly responsible with other board members for developing an integrated wellbeing, health and care strategy that addresses the four core purposes of integrated care systems.
- Promoting open and transparent decision-making that facilitates consensus aimed to deliver exceptional outcomes for the population.

Members bring a range of professional expertise and experience to the work of the ICP. Members will demonstrate a range of leadership competencies outlined below. As members of a committee jointly established by the ICB and the local authorities within BNSSG, they will contribute to a wide range of areas, including:

Strategy and transformation

- Setting the vision, strategy and clear objectives for the ICS in delivering on the four core purposes of the ICS, the triple aim of improved population health, quality of care and cost-control.

Partnerships and communities

- Promoting dialogue and consensus with partners, to ensure effective joint planning and delivery for system working and mutual accountability.
- Supporting the success of the ICP in establishing shared strategic priorities within the NHS, in partnership with local government, to tackle population health challenges and enhance services across health and social care.

Social justice and health equalities

- Advocating diversity, health equality and social justice to close the gap on health inequalities and achieve the service changes that are needed to improve population health.
- Ensuring the ICP is responsive to people and communities and that public, patient and carer voices are embedded in all of the ICPs plans and activities.
- Promoting the values of the NHS Constitution and modelling the behaviours embodied in Our People Promise and forthcoming Leadership Way to ensure a collaborative, inclusive and productive approach across the system.

Sustainable outcomes

- Oversight of purposeful arrangements for effective leadership of clinical and professional care throughout the ICP and the ICS.
- Fostering a culture of research, innovation, learning and continuous improvement to support the delivery of high quality services for all.
- Ensuring the NHS plays its part in social and economic development and achieving environmental sustainability, including the Carbon Net Zero commitment.

Governance and assurance

- Collectively ensuring that the ICP is compliant with its Terms of Reference, holding other members of the ICP to account through constructive and respectful challenge.
- Maintaining oversight of the development and delivery of the integrated care strategy, ensuring expected outcomes are delivered in a timely manner through the proportionate management of risks.

People and culture

- Supporting the development of other ICP members to maximise their contribution.
- Providing visible leadership in developing a healthy and inclusive culture for the organisation, which promotes diversity, encourages and enables system working and which is reflected and modelled in their own and the ICPs behaviour and decision-making.
- Ensuring the ICP acts in accordance with the highest ethical standards of public service and that any conflicts are appropriately resolved.

Person Specification

The role of partner member requires demonstrable competence in the following areas:

Competency	Knowledge, Experience and Skills required
Setting strategy and delivering long-term transformation*	• Extensive knowledge of the health, care and local government landscape • Experience of setting strategic direction in a complex environment • Substantial experience of healthcare board or system leadership • Experience leading change at a senior level to bring together disparate stakeholder interests
Building trusted relationships with partners and communities	• An understanding of different sectors, groups, networks and the needs of diverse populations • Exceptional communication skills and comfortable presenting in a variety of contexts • Highly developed interpersonal and influencing skills, able to lead in a creative environment which enables people to thrive and collaborate • Experience working collaboratively across agency and professional boundaries
Leading for Social Justice and health equality	• An awareness and appreciation of social justice and how it might apply within an ICS • Record of promoting equality, diversity and inclusion in leadership roles
Driving high quality, sustainable outcomes	• Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions
Providing robust governance and assurance	• An understanding of good corporate governance • Ability to remain neutral to provide independent and unbiased leadership with a high degree of personal integrity • Experience contributing effectively in complex professional meetings at a very senior level
Creating a compassionate and inclusive culture for our people	• Models respect and a compassionate and inclusive leadership style with a demonstrable commitment to equality, diversity and inclusion in respect of boards, patients and staff • Creates and lives the values of openness and transparency embodied by the principles-of-public-life and in Our People Promise

* For members that are invited to join the ICP to represent community and VCSE voices, support and training will be given to develop their skills in setting strategy and long-term transformation as appropriate.

Appendix C – Community Voices Nomination Process