

OLDHAM INTEGRATED CARE PARTNERSHIP COMMITTEE

“THE COMMITTEE”

TERMS OF REFERENCE

1 Context

- 1.1 Neighbourhood and place-based working provides the closest connection to the broadest range of factors affecting people’s health and wellbeing. Most people will receive their day-to-day care for much of their lives in the neighbourhood or locality. The only place where local authority spend and planning, not only on care services, but also on the wider determinants of health comes together with NHS spend is at the locality level.
- 1.2 Local Integrated Care Partnership Committees will accelerate our journey to place-based working by forming a single entity that can deliver accountability for decisions and budgets at place level.
- 1.3 The Committees will take accountability for health spend in their locality – and do so in concert with Greater Manchester Integrated Care Board (GM ICB).

2 Establishment and purpose

- 2.1 Oldham Integrated Care Partnership Committee (“the Committee”) has been established to bring together senior leaders for the NHS (primary, secondary, community and mental health), local authority and the VCFSE (Voluntary, Community, Faith & Social Enterprise). Its role is to focus on the shared priorities within the local health and care strategy and, by working together, improve health, wellbeing, and care for the population of Oldham.
- 2.2 It will specifically oversee the effectiveness of collaborative partnership working in the locality, ensuring there is a framework for integrated transformation, delivered under agreed principles, priorities, and objectives.
- 2.3 Additionally, there is a specific purpose in relation to discussions and decisions that are under the section 75 Agreement (“s75”) in place between Oldham Council and NHS Greater Manchester Integrated Care Board (“GM ICB”). This is outlined as follows:

- 2.3.1 The s75 part of this Committee is the integrated strategic commissioning body for health and social care services established under section 75 of the NHS Act 2006 between Oldham Metropolitan Borough Council (“Oldham Council”) and NHS Greater Manchester Integrated Care Board (“GM ICB”).
- 2.3.2 The s75 part of this Committee is a Joint Committee of Oldham Council and GM ICB established under Regulation 10(2) of the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (the Partnership Regulations). It is established in accordance with, and shall be accountable to, Oldham Council’s Constitution and GM ICB’s Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies.
- 2.3.3 The s75 part of this Committee shall exercise on behalf of Oldham Council and GM ICB such integrated / joint commissioning functions as may be delegated to it pursuant to such agreement or agreements that they may enter from time to time pursuant to the Partnership Regulations (s75 agreement).
- 2.3.4 These Terms of Reference embed and outline how business and decisions under the s75 Agreement will inform local commissioning, and describe the membership, remit, responsibilities and reporting arrangements of the s75 decision-makers and shall have effect as if incorporated into the aforementioned organisational Constitutions and Standing Orders.

3 Section 75 principles

- 3.1 The core principles of the s75 are:
 - 3.1.1 To place quality, innovation, productivity, and prevention at the heart of its business by considering the impact of decisions on the quality of care and the patient experience.
 - 3.1.2 To ensure that equality is the fundamental principle on which the s75 operates in the commissioning of services which address the diversity of needs within the borough.
 - 3.1.3 To take a holistic and integrated approach to the health and social care system, including for investments and savings, being mindful of the wider health and social care system.

- 3.1.4 To ensure transparent information sharing in relation to business planning, and therefore minimising risk from unforeseen unplanned activity in relation to the s75.
- 3.1.5 To ensure transparent information sharing in relation to performance and financial information, as relevant to the s75.
- 3.1.6 To share strategic and operational good practice.
- 3.1.7 To provide assurance to partner organisations to comply with all statutory and mandatory duties, including but not limited to, the duties to involve and/or consult (as appropriate) the public; the duty to consult the Overview and Scrutiny Committee; and relevant procurement guidance.
- 3.1.8 To undertake such involvement and/or consultation (as appropriate) with patients, users, and the public on issues within the s75 scope.
- 3.1.9 To take a proactive approach to sharing information to help partners work more effectively with service users and communities, where this is appropriate and safe to do so.

4 Status, authority, and accountability

- 4.1 The Committee is a committee of GM ICB, accountable to GM ICB as per its Scheme of Reservation and Delegation. Discussions and decisions in relation to the s75 between Oldham Council and GM ICB takes place within the Committee as a 'hybrid' meeting, with shared notices of meetings, agendas, papers, minutes, and action logs.
- 4.2 The Committee reserves the right to establish sub-groups and working groups under its own Scheme of Reservation and Delegation, to deliver the work of the Committee.
- 4.3 There are areas of accountability within the Committee that are specific to s75 matters:
 - 4.3.1 Decisions related to the s75 within the Committee are only for those in scope for the integrated commissioning outlined in the s75 Agreement. The s74 decision-makers have delegated executive responsibility and may exercise executive decision making for these in-scope service lines.
 - 4.3.2 The s75 decision-makers within the Committee, on behalf of the Oldham Council and GM ICB, can:

- (i) Commit resources within agreed limits.
- (ii) Decide policy within the scope of services.
- (iii) Commission research or reviews to inform decision-making.
- (iv) Oversee integrated commissioning action plans.

4.3.3 Ultimate legal accountability for the provision of statutory services will, however, be unaffected and will remain with Oldham Council and GM ICB through the Cabinet and GM ICB, respectively. Due to the nature of the decisions, the s75 decision-makers may, therefore, be required to seek additional approvals from the Cabinet and GM ICB in accordance with the terms of a Section 75 agreement or otherwise as directed.

4.3.4 The s75 decision-makers will meet and do its business in conjunction with the Committee, which is sub-committee of GM ICB, as part of an approved 'hybrid' arrangement. Whilst discussions will take place in the round, decision-making will be retained for the identified voting members for s75 matters. The s75 decision-makers reserve the right to undertake some business as a private 'part 2' meeting for voting members only.

5 Geographical coverage

5.1 The responsibilities for the Committee will cover the same geographical area as Oldham Council.

6 Responsibilities

6.1 The Committee will have the following responsibilities.

Strategic leadership

6.1.1 Undertake all functions and duties delegated to it by GM ICB.

6.1.2 Convene partners to set the overall vision and strategic direction for the locality, utilising public health-led data and intelligence to inform decision making and reduce health inequalities.

6.1.3 Develop a single local strategic plan for health and care in the locality which ensures that services are planned and co-ordinated around people's needs.

- 6.1.4 Ensure connection to the objectives and delivery arrangements of the wider plan for the place and to the means to address the social determinants of health.
- 6.1.5 Ensure that delivery of the strategic aims and objectives is embedded across the system.
- 6.1.6 Agree resource allocation within the scope of responsibilities delegated to it.
- 6.1.7 Be accountable for the pooled budget and have shared oversight of the local £ to ensure the most effective use of public resources.
- 6.1.8 Consider, make recommendations, and have oversight of spend in relation to specific budget areas where it is agreed to align services and funds or hold 'in-sight'.
- 6.1.9 Cooperate to have a shared understanding of the total locality health and care spend and of the mechanisms by which to shift investment towards prevention and early intervention.
- 6.1.10 Operate as the strategic interface into the GM, regional and national systems.
- 6.1.11 Lead locality implementation of key enablers such as digital, estates and workforce planning.
- 6.1.12 Ensure that local people can influence strategy and local service provision.
- 6.1.13 Agree appropriate representation in GM and reflect the agreed locality input.

Assurance

- 6.1.14 Hold the system to account for delivery of health and care provision for the borough to ensure delivery of agreed outcomes.
- 6.1.15 Monitor delivery of agreed plans including oversight local provider arrangements.

- 6.1.16 Seek assurance on the delivery of system-wide statutory duties including, but not exclusive to, reducing health inequalities, quality and safety of services, performance targets and financial arrangements.
- 6.1.17 Provide assurance to GM ICB and other relevant parties on delivery of statutory functions and responsibilities exercisable by the ICB.

System development

- 6.1.18 Agree and articulate expectations for how system partners work together and setting shared values.
 - 6.1.19 Ensure effective mechanisms to secure clinical and care professional leadership is embedded at all levels of the partnership.
 - 6.1.20 Oversee the development of and continued transition of the Integrated Care Partnership.
 - 6.1.21 As needed, support the development and governance arrangements of any locality provider delivery vehicles.
 - 6.1.22 Develop strong links with wider Public Service Reform agenda and operate under the GM Public Sector Reform Principles.
- 6.2 The specific remits, responsibilities, and objectives in relation to the s75 are:
- 6.2.1 Take responsibility for the management of partnership arrangements in accordance with the s75 Agreement, including monitoring the arrangements and receiving reports and information on the operation of the arrangements.
 - 6.2.2 Set the high-level commissioning strategy and health and wellbeing outcomes for Oldham to meet assessed population, community, and individual need within the financial resources of the s75 Agreement.
 - 6.2.3 Make commissioning recommendations for the financial resources not contained within the s75 Agreement.
 - 6.2.4 Support the dissolving of traditional boundaries between commissioning and provision of services in Oldham to improve outcomes for the population against the agreed Outcomes Framework.

- 6.2.5 Have responsibility for all matters relating to the aligned and/or pooled funds as may be set out in the s75 Agreement.
- 6.2.6 Recommend the high-level parameters for strategic commissioning and services.
- 6.2.7 Maintain a strategic overview and assurance role on behalf of Oldham Health and Wellbeing Board to ensure implementation and delivery of the agreed high-level strategies and outcomes set jointly between Oldham Council and GM ICB under the s75 Agreement.
- 6.2.8 Monitor and review high level outcomes and performance data to ensure that the goals established by commissioners for the transformation of health and social care services are achieved against the Outcomes Framework linked to the s75 Agreement.
- 6.2.9 Govern the arrangements for integrated commissioning in the Oldham borough providing assurance to Oldham Council and GM ICB that their statutory and mandatory responsibilities and strategic objectives are being met and that their combined resources are being utilised to best effect.
- 6.2.10 Provide assurance to Oldham Council and GM ICB for the achievement of the agreed outcomes, commissioning strategies and plans within the available financial envelope.
- 6.2.11 Inform an integrated commissioning strategy, setting out specific goals and outcomes for commissioning in the borough, and the intentions of the whole system to transform health and social care delivery to reflect best practice and value for money as linked to the s75 Agreement.
- 6.2.12 Describe how the outcomes and objectives set out in the s75 Agreement will be achieved.
- 6.2.13 Commit resource at a high level within the aligned and/or pooled funds to achieve the objectives of integrated commissioning as linked to the s75 Agreement.
- 6.2.14 Develop a joint financial plan to underpin the investments and savings to be made jointly by Oldham Council and GM ICB as linked to the s75 Agreement.

- 6.2.15 Set the high-level quality standards for, and monitor and review the outcomes and performance for, commissioned services within the s75 Agreement, identifying areas of good practice and acting where outcomes and performance fall short of requirements.
- 6.2.16 Ensure that the prescribed functions of Oldham Council and GM ICB are properly and effectively discharged through the aligned and/or pooled funds and the strategic commissioning arrangements as appropriate.
- 6.2.17 Provide assurance to Oldham Health and Wellbeing Board, Oldham Council Cabinet, Oldham Council's Overview & Scrutiny Committee and GM ICB of the quality and safety of commissioned services within the s75 Agreement of the proper and effective use of resources in the aligned and/or pooled fund, and of the achievement of agreed strategy and outcomes.
- 6.2.18 Conduct all business in accordance with the provisions of the s75 Agreement, including the standards on partnership behaviours and the code of conduct on conflicts of interest.
- 6.2.19 Identify, record, mitigate and manage all risks associated with the s75 Agreement.
- 6.2.20 Review regular high-level performance and financial monitoring reports relating to the s75 Agreement and ensure, if required, appropriate action is taken to ensure annual delivery of expected performance targets and approved schemes within permitted budget for the financial year.

7 Membership and chairing

7.1 Committee membership is outlined in the table that follows, showing which members have voting rights, and whether those voting rights are in relation to the matters of Oldham Integrated Care Partnership (ICP) and/or matters related specifically to the s75 Agreement.

Organisation / sector	Job title / role	Voting on Oldham ICP matters?	Voting on section 75 matters?
Oldham Council	Cabinet Member for Health and Social Care (Chair of the Committee)	✓	✓

NHS GM ICB	Oldham Place Lead for Health and Care Integration (Vice Chair of the Committee)	✓	✓
Oldham Council	Leader of the Council and Cabinet Member for Reform and Regeneration	✓	✓
Oldham Council	Cabinet Member for Children and Young People	✓	✓
Oldham Council	Cabinet Member for Neighbourhoods	✓	✓
NHS GM ICB	Oldham Associate Medical Director	✓	✓
NHS GM ICB	Oldham Associate Director of Finance	✓	✓
NHS GM ICB	Oldham Deputy Place-Based Lead / Associate Director for Delivery and Transformation	✓	✓
Pennine Care NHS FT	Associate Director (Oldham)	✓	
Pennine Care NHS FT	Director of Strategy	✓	
Northern Care Alliance NHS FT	Oldham Care Organisation Chief Officer	✓	
Northern Care Alliance NHS FT	Chief Strategy Officer	✓	
Action Together	Oldham Director	✓	
Healthwatch	Oldham Manager	✓	
NHS GM ICB (NHS GM executive representative)	Chief Medical Officer		
Oldham GP Board	Representative of Oldham's Primary Care Networks	✓	
Oldham Council	Chief Executive	✓	
Oldham Council	Director of Finance	✓	
Oldham Council	Director of Adult Social Care	✓	
Oldham Council	Managing Director of Children's Services	✓	
Oldham Council	Director of Public Health	✓	
NHS GM ICB	Oldham Assistant Director of Quality, Safety and Safeguarding	✓	
NHS GM ICB	Oldham Associate Director of Strategy, Planning and Development	✓	

- 7.2 Leads for functions, themes, networks, programmes, or projects, and/or specific subject matter experts, may be invited to the meeting to present on an ad-hoc basis with agreement of the Chair, as may representatives from non-health and care sectors.
- 7.3 As outlined, other officers may be invited to support any agenda items as agreed by the Chair of the meeting. When considering a confidential matter, the Chair of the meeting may ask non-voting members to leave the meeting. The voting members may decide that a matter is confidential if in their view publicity about it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, or for other special reasons that they specify arising from the nature of that business or of the proceedings.

8 Quorum and decision-making

- 8.1 The Committee will be considered quorate if two thirds of Oldham ICP's voting members (or their nominated deputies) are present.
- 8.2 Decisions in relation to the s75 will be quorate with the attendance of six s75 voting members (or their nominated deputies), which must be made up of three voting members from Oldham Council and three voting members from GM ICB.
- 8.3 The Committee will function as a forum for discussion with the aim of making collective decisions by reaching consensus. Each party will express its views and make decisions.
- 8.4 Decisions made in relation to the section 75 shall be made on a simple majority basis, and in the event of a tie, the Committee Chair will have the casting vote.
- 8.5 Each party will delegate to its representative the authority agreed to be necessary for the Board to function effectively and discharge the duties within these Terms of Reference. Authority delegated by the parties will be recognised to the extent necessary in the parties' own schemes of reservation and delegation (or equivalent).
- 8.6 Nominated deputies will count towards voting quorum if the Chair is notified at the start of the meeting and receives confirmation from the core voting member that the deputy has full authority to function as described above.
- 8.7 Should a formal vote be needed, the vote structure will be defined ahead of the vote by the Chair and will only take place if parity across member organisations can be achieved.

8.8 In relation to the s75 specifically:

- 8.8.1 Oldham Council and GM ICB are delegating their functions to the s75 part of this Committee and not to their individual representatives.
- 8.8.2 Through its decision-making processes the s75 part of this Committee will adhere to the decision-making processes of both Oldham Council and GM ICB.
- 8.8.3 Where a decision of the Council is required at the s75 part of this Committee, then the requirements of the Local Government Act 2000 and the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 must be adhered to (publication of notice of key decisions 28 days in advance, publication of reports 5 clear working days in advance, formal decision notice signed by decision maker and Proper Officer. (Oldham Council's Constitutional Services team / representative must attend for this purpose for these items).
- 8.8.4 Decisions that are 'key decisions' are subject to Oldham Council's 'call-in' procedures and cannot be implemented until the time for call-in has expired or the matter has been dealt with in accordance with Overview & Scrutiny Procedure Rules.
- 8.8.5 A decision will be a "key decision" if it falls within the definition set out in:
- (i) Regulation 8 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012; and
 - (ii) the Council's Constitution, as both may be amended from time to time.
- 8.8.6 The s75 part of this Committee will be accountable to Oldham Council's Cabinet and/or Council, as appropriate, and NHS Greater Manchester Integrated Care Board (GM ICB). It will work in partnership with Oldham Health and Wellbeing Board and the wider Oldham Integrated Care Partnership Committee.

9 Financial arrangements for joint / integrated commissioning

- 9.1.1 One of the core functions of the s75 Agreement is to oversee the alignment of budgets for the services in scope as integrated / joint commissioning activity.
- 9.1.2 This will be achieved through either the aligning of budgets, whereby each partner will control their own budgets and spending will be reduced to a minimum, or pooled / fully integrated budgets.
- 9.1.3 The operation of s75 decisions is underpinned by the s75 Agreement, and it will oversee one or more aligned and/or pooled funds.

10 Reporting

- 10.1 The Committee and broader Integrated Care Partnership shall participate in any assurance processes requested by Oldham Council and/or GM ICB.
- 10.2 The Committee shall make any such recommendations to Oldham Council or GM ICB it deems appropriate on any area within its remit, where action or improvement is needed.

11 Conflicts of interest

- 11.1 Members of the Committee will be asked to declare any actual or perceived conflicts of interest as part of a maintained Declarations of Interest Register for the meeting.
- 11.2 In addition, the Chair will ask Members at each meeting to declare any new or existing, real or perceived conflicts, in relation to any items of business for that meeting.
- 11.3 The Chair of the Board shall manage all conflict of interest matters and will agree with Members as to the approach when a conflict has arisen in relation to an agenda item. The approach will need to be consistent with the Parties' own arrangements in respect of conflict of interest, as well as any relevant statutory duties.
- 11.4 Members of the Committee must refrain from actions that are likely to create any real or perceived conflicts of interest.

12 Confidentiality

- 12.1 Information obtained during the business of the Committee must only be used for the purpose it is intended. Sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions. The main purpose of sharing such information will be to inform new service models and such information should not be used for other purposes (e.g., performance management, securing competitive advantage in procurement).
- 12.2 Members of the Committee are expected to protect and maintain as confidential any privileged or sensitive information divulged. Where items are deemed to be privileged or particularly sensitive in nature, these should be identified and agreed by the Chair. Such items should not be disclosed until such time as it has been agreed that this information can be released.

13 Support

- 13.1 Functional advice, subject matter and clinical experts, and programme leads will be made available to the Committee to enable it to discharge its responsibilities.
- 13.2 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 13.3 Administration support will be provided to the Committee for the management of the meetings. This will be led by team members from GM ICB's Oldham Locality Place Team, with close liaison with Oldham Council's Constitutional Services team regarding s75 business.

14 Conduct of business

- 14.1 Formal Committee meetings will be held at least ten times per annum.
- 14.2 The meetings of the Committee will be held in public, subject to any exemption provided by law as set out under 14(b).
- 14.3 The Chair may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by both

the Public Bodies (Admission to Meetings) Act 1960 (as amended or succeeded from time to time) and the Local Government Act 1972.

- 14.4 The Committee will give no less than five working days' notice of its meetings. In extenuating circumstances, the Chair of the Committee may decide considering urgent circumstances to call a meeting at shorter notice.
- 14.5 The agenda will be developed in discussion with the Chair. Circulation of the meeting agenda and papers via email will take place no less than five working days before the meeting is scheduled to take place. The agenda, minutes, action log and papers for public meetings will be published via the NHS Greater Manchester Integrated Care website, subject to any exemptions provided by law as set out under 14(b), and as outlined in clause 14.2.
- 14.6 At the discretion of the Chair business may be transacted through a teleconference or videoconference provided that all members in attendance can hear all other parties and where an agenda has been issued in advance.
- 14.7 At the discretion of the Chair a decision may be made on any matter within these Terms of Reference through the written approval of every member, following circulation to every member of appropriate papers and a written resolution. Such a decision will be as valid as any taken at a quorate meeting but will be reported for information to, and will be recorded in the minutes of, the next meeting.
- 14.8 Formal minutes of the meeting will be taken. The minutes will be accompanied by a log of matters arising and actions.
- 14.9 The proceedings of the Committee will be recorded as minutes and will include the recording of all names of those in attendance and any conflicts of interest declared.
- 14.10 The minutes and action log of each meeting will be circulated to all Committee members within 7 days, with their approval considered as an agenda item at the next meeting.
- 14.11 Members of the Committee will act as the overall communication links to their organisations and relevant departments.

15 Review and effectiveness

- 15.1 Members of this Committee have a collective responsibility its operation. They will participate in discussion, review evidence, and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 15.2 The Committee may delegate tasks to such individuals or groups as it shall see fit, provided that any such delegations are consistent with each Parties' relevant governance arrangements and these Terms of Reference and reflect appropriate arrangements for the management of any real or perceived conflicts of interest.
- 15.3 The Committee shall give consideration to laws and regulations impacting on the work of the s75.
- 15.4 The Committee shall have access to sufficient resources to perform its duties, with members provided with appropriate and timely training, both in the form of an induction programme for new members and on an on-going basis for all members.
- 15.5 At least once a year, the Committee will review its own performance to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to partners.
- 15.6 These Committee Terms of Reference will be formally reviewed annually, or sooner should the Board need to respond to any changes to effectively enable it to fulfil its functions. If changes to these Terms of Reference are agreed by this Committee, they will be approved via partner governance channels as relevant, and formally ratified by the Cabinet and GM ICB.

16 S75 - Other matters

- 16.1 In the event of a dispute, the disputes procedure within the s75 Agreement shall be followed. The basis and procedure for termination of s75 business within this Committee is included within the s75 Agreement.
- 16.2 The s75 decision-makers are authorised by the Cabinet and GM ICB to investigate any relevant activity within these Terms of Reference. They are authorised to seek any information required from any employee, and all employees are directed to co-operate with any request made by this Committee.

- 16.3 The s75 decision-makers are authorised by the Cabinet and GM ICB to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, within the scope of these Terms of Reference and within a limit determined by organisational financial leads.