

Norfolk and Suffolk Integrated Care Partnership (ICP)

Terms of Reference

Effective from: 1 April 2026

1. Background and statutory context

1.1 The Norfolk and Suffolk Integrated Care Partnership (ICP) is established in accordance with section 116ZA of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022).

1.2 The ICP is a statutory joint committee of:

- Norfolk County Council
- Suffolk County Council
- NHS Norfolk and Suffolk Integrated Care Board (ICB)

1.3 The ICP is coterminous with the Norfolk and Suffolk Integrated Care System (ICS) footprint.

2. Purpose of the Integrated Care Partnership

2.1 The purpose of the Norfolk and Suffolk ICP is to provide system-level partnership leadership across Norfolk and Suffolk, bringing together local government, the NHS, and wider partners to improve health, wellbeing, and care outcomes for the population.

2.2 The ICP will:

- Act as the statutory forum for joint strategic leadership across the Norfolk and Suffolk system
- Develop and maintain the Integrated Care Strategy for the ICS
- Support alignment, collaboration and integration across partners where this adds value beyond place-based arrangements
- Focus on issues that span multiple places or organisations, or where system-wide consistency or coordination is required

2.3 The ICP will not replace, override or duplicate the statutory responsibilities of Health and Wellbeing Boards, the ICB Board, or place-based partnerships. It will operate as a strategic partnership forum, providing alignment and coherence across the system where this cannot be achieved at place level alone.

3. Relationship with Health and Wellbeing Boards

3.1 The ICP and the Health and Wellbeing Boards (HWBs) in Norfolk and Suffolk have distinct but complementary roles.

3.2 Health and Wellbeing Boards will continue to provide place-based, democratically accountable leadership, including responsibility for:

- Joint Strategic Needs Assessments (JSNAs)
- Joint Health and Wellbeing Strategies
- Place-based prevention, integration, and neighbourhood working

3.3 The ICP will:

- Draw on JSNAs and Joint Health and Wellbeing Strategies
- Support alignment between place-based priorities and system-level planning
- Provide a forum for system-wide discussion and development where issues cut across both counties

4. Principles and ways of working

4.1 The ICP will operate according to the following principles:

- **Partnership of equals** – NHS, local government, and partners working collaboratively
- **Collective accountability** – shared responsibility for system outcomes
- **Subsidiarity** – decisions taken at the most appropriate local level
- **Prevention and population health** – addressing inequalities and wider determinants of health
- **Openness and transparency** – meetings in public, clear reporting, and engagement
- **Co-production and inclusion** – valuing lived experience, community insight, and evidence

5. Core functions

5.1 In line with section 116ZB of the Local Government and Public Involvement in Health Act 2007, the ICP will:

- Prepare and publish an Integrated Care Strategy setting out how the assessed health, public health, and social care needs of the population will be met through the exercise of functions by:
 - NHS Norfolk and Suffolk ICB
 - NHS England
 - Norfolk County Council and Suffolk County Council

- Consider whether these needs could be met more effectively through joint working or section 75 arrangements
- Involve Healthwatch and people who live and work in Norfolk and Suffolk in the development of the Integrated Care Strategy
- Review and refresh the Integrated Care Strategy as required, taking account of updated JSNAs and national guidance

5.2 The ICP will also:

- Promote integrated approaches and subsidiarity
- Provide system-level leadership on reducing health inequalities
- Support alignment on strategic priorities such as mental health, workforce, data and digital, prevention, and neighbourhood health
- Act as a forum for challenge, shared learning, and collaboration across partners

5.3 The ICP will not:

- Commission or deliver services
- Hold or manage budgets
- Duplicate place-based governance or programme management
- Act as a scrutiny body
- Replace statutory decision-making within partner organisations

6. Membership

6.1 The statutory membership of the ICP will comprise representatives appointed by:

- Norfolk County Council
- Suffolk County Council
- Norfolk and Suffolk Integrated Care Board

6.2 The ICP may appoint additional members or observers to ensure a breadth of perspectives, including (but not limited to):

- District and borough councils
- Healthwatch
- NHS providers
- Primary care
- Voluntary, Community and Social Enterprise (VCSE) sector
- Public health
- Safeguarding partnerships

6.3 Membership will be kept to a productive and proportionate size, recognising the system-level role of the ICP.

6.4 A detailed membership schedule will be agreed and maintained separately and reviewed periodically.

7. Chairing arrangements

7.1 The ICP will operate a rotating co-chairing arrangement, jointly agreed by the statutory partners.

7.2 Co-Chairs will be drawn from:

- Norfolk County Council
- Suffolk County Council
- Norfolk and Suffolk Integrated Care Board

7.3 Co-Chairs will be appointed annually and will be responsible for:

- Providing collective leadership of the ICP
- Ensuring balanced contributions from partners
- Upholding the ICP's principles and purpose

8. Authority and decision-making

8.1 The ICP has no executive powers other than those specifically delegated by its constituent bodies.

8.2 The role of the ICP is to:

- Develop and agree strategic direction
- Make recommendations to constituent organisations
- Provide system-level oversight and challenge

8.3 Decisions will normally be reached by consensus. Voting will be used only where necessary and will be non-binding unless otherwise agreed by statutory partners.

9. Meetings

9.1 The ICP will meet at least twice per year, with additional meetings or workshops arranged as required.

9.2 If formal meetings are held, they will be in public, with agendas, papers, and minutes published in advance, except where confidential is being considered.

9.3 Quorum for formal ICP meetings will be achieved where at least one representative from each statutory partner (Norfolk County Council, Suffolk County Council, and Norfolk and Suffolk ICB) is present. Where a meeting is not quorate, discussion may proceed but no formal recommendations will be agreed.

9.4 The ICP may convene informal system workshops to support strategic development, shared understanding, and collaborative problem-solving. These workshops will not be decision-making forums and may be hosted by any of the statutory partners on a rotating basis.

10. Secretariat and support

10.1 Secretariat support to the ICP will be provided by Norfolk County Council, on behalf of the statutory partners, with resourcing arrangements agreed separately.

10.2 The Secretariat will support:

- Meeting administration and governance
- Action tracking and reporting
- Coordination with Health and Wellbeing Boards and other system partners

11. Conflicts of interest

11.1 Members will declare any actual or potential conflicts of interest in line with their own organisational requirements.

11.2 The Chair will be responsible for managing conflicts during meetings, ensuring discussions remain focused on system-wide benefit.

12. Review

12.1 These Terms of Reference will be reviewed at least annually, or sooner if required due to changes in legislation, national guidance, or system arrangements.