

**Barking and Dagenham ICB Sub-Committee****30.03.2023****2.30pm – 3.30pm****Committee room 2, Barking Town Hall, Town Hall Square, IG11 7LU****AGENDA**

	<b>Item</b>	<b>Time</b>	<b>Lead</b>	<b>Attached/ verbal</b>	<b>Action required</b>
<b>1.0</b>	<b>Welcome, introductions and apologies</b>	2.30 (5 mins)	Chair	Verbal	Note
<b>2.0</b>	<b>Declarations of conflicts of interest</b>	2.35 (5 mins)	Chair	Attached <i>Pages 2 -4</i>	Discuss/ Note
<b>3.0</b>	<b>Place Sub-Committee Terms of Reference</b>	2.40 (15 mins)	Charlotte Pomery	Attached <i>Pages 5 - 49</i>	Approve
<b>4.0</b>	<b>Committees in Common approach</b>	2.55 (15 mins)	Charlotte Pomery	Attached <i>Pages 50 - 58</i>	Support
<b>5.0</b>	<b>Questions from the Public</b>	3.10 (15 mins)	Chair	Verbal	Discuss/ note
<b>5.0</b>	<b>AOB</b>	3.25 (5 mins)	Chair	Verbal	Discuss

Date of next meetings:  
ICB sub-committee – 25 May 2023

- Declared Interests as at 20/03/2023

Name	Position/Relationship with ICB	Committees	Declared Interest	Name of the organisation/business	Nature of interest	Valid From	Valid To	Action taken to mitigate risk
Brid Johnson	Member of sub-committee	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board Havering ICB Sub-committee Havering Partnership Board Redbridge ICB Sub-committee Redbridge Partnership Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indirect Interest	Mid and South Essex ICB	My Partner is a Non-Executive Director at MSE ICB	2022-08-25		
Craig Nikolic	Chief Operating Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board	Financial Interest	Together First CIC	Board member and employee of Together First CIC	2018-01-01		Declarations to be made at the beginning of meetings
			Non-Financial Professional Interest	NHS Confederation	NHS Confederation Primary Care Advisory Group member	2021-04-01		No action required as no conflicts declared.
Elsbeth Paisley	member of B&D Place Based Partnership	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board	Non-Financial Professional Interest		Member of the Healthwatch Board	2021-01-04		
			Indirect Interest	Community Resources	Health Inequalities Funding 2022-23 from NHS North East London to Community Resources for Change as the incumbent secretariat for the BD_Collective	2022-07-06		
Emily Plane	Programme Lead - BHR System Development	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board Havering ICB Sub-committee Havering Partnership Board Redbridge ICB Sub-committee Redbridge Partnership Board	Non-Financial Personal Interest	The Greenwood Practice	I am a registered patient of the Greenwood GP Practice, Gubbins Lane, Harold Wood, in Havering.	2022-04-01	2022-11-01	
			Non-Financial Professional Interest	Petersfield Surgery	I am a registered patient of Petersfield	2022-11-02		

					Surgery in Havering.		
Sarah See	Director, Primary Care Transformation, BHR ICP	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board Havering ICB Sub-committee Havering Partnership Board ICS Executive Committee Primary Care Collaborative sub-committee Primary care contracts sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board	Indirect Interest	NELFT; CAMHS Havering	Husband is an employee	1998-01-01	Declarations to be made at the beginning of meetings
			Non-Financial Personal Interest	GP - Waltham Forest	Registered with a GP practice in Waltham Forest; members of the practice team works with the NHS NEL, LW LMC and NHSE/I	2001-01-01	Declarations to be made at the beginning of meetings
			Financial Interest	Together First CIC	Co-Chair of Together First CIC and Elected Practice Director	2022-03-21	
			Non-Financial Professional Interest	West One Primary Care Network, Barking and Dagenham	PCN Clinical Director	2019-07-01	
			Non-Financial Professional Interest	Patient First Social Enterprise	GP with Special Interest in Dermatology	2017-08-01	
			Non-Financial Professional Interest	The White House Surgery, Barking and Dagenham	GP Principal and Partner	2014-05-19	
Shanika Sharma	Co-chair the Barking and Dagenham ICB sub-committee as well as the Partnership Board	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board	Non-Financial Professional Interest	Castleton Road Health Centre, Redbridge	GP Principal and Partner	2018-04-01	
			Non-Financial Professional Interest	RCGP	RCGP Examiner	2018-04-01	
			Non-Financial Personal Interest		Wife of Dr Amit Sharma	2014-05-19	
			Non-Financial Personal Interest		Sister of Sandeep Sharma, Director of Together First CIC	2014-05-19	
			Non-Financial Personal Interest		Sister of Dr Kanika Rai, Primary Care Lead B&D	2014-05-19	

- Nil Interests Declared as of 20/03/2023

Name	Position/Relationship with ICB	Committees	Declared Interest
Sunil Thakker	Director of Finance; C&H ICP & Acting Director of Finance; TNW ICP	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Redbridge Partnership Board Tower Hamlets ICB Sub-committee Tower Hamlets Together Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Sharon Morrow	Delivery Director	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board	Indicated No Conflicts To Declare.
Mary Pirie	Care Provider and Digital Lead	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board	Indicated No Conflicts To Declare.
Selina Douglas	Executive Director of Partnerships	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board Havering ICB Sub-committee Havering Partnership Board Mental Health, Learning Disability & Autism Collaborative sub-committee Redbridge ICB Sub-committee Redbridge Partnership Board Waltham Forest Health and Care Partnership Board Waltham Forest ICB Sub-committee	Indicated No Conflicts To Declare.
Charlotte Pomery	Chief Participation and Place Officer	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board City & Hackney ICB Sub-committee City & Hackney Partnership Board Havering ICB Sub-committee Havering Partnership Board ICB Board ICB Population, Health & Integration Committee ICB Quality, Safety & Improvement Committee ICP Committee ICS Executive Committee Newham Health and Care Partnership Newham ICB Sub-committee	Indicated No Conflicts To Declare.
melody williams	member of sub committee	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board	Indicated No Conflicts To Declare.
Mike Corrigan	Director Adult Social Care	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board	Indicated No Conflicts To Declare.
Fiona Taylor	Acting Chief Executive	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board	Indicated No Conflicts To Declare.
Maureen Worby	Councillor In London Borough of Barking & Dagenham	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board ICB Board ICB Population, Health & Integration Committee	Indicated No Conflicts To Declare.

		ICB Quality, Safety & Improvement Committee ICP Committee	
Elaine Allegretti	Strategic Director for Children & Adults	Barking & Dagenham ICB Sub-committee Barking & Dagenham Partnership Board	Indicated No Conflicts To Declare.
matthew cole	ICB Sub Committee	Barking & Dagenham ICB Sub-committee Clinical Advisory Group	Indicated No Conflicts To Declare.

## Barking and Dagenham ICB sub-committee

30 March 2023

<b>Title of report</b>	Place Sub-Committee Terms of Reference
<b>Author</b>	Anne-Marie Keliris, Head of Governance
<b>Presented by</b>	Charlotte Pomery – Chief Participation and Place Officer
<b>Contact for further information</b>	<a href="mailto:charlotte.pomery@nhs.net">charlotte.pomery@nhs.net</a>
<b>Executive summary</b>	<p>Colleagues across the Integrated Care System (ICS) partner organisations undertook a considerable amount of work in advance of the Integrated Care Board's (ICB) establishment on 1 July 2022 to determine the form and governance of the seven Place Based Partnerships. Broadly, the seven Place ICB Sub-Committees have consistent terms of reference, and the seven Partnership Boards have recognisably similar terms of reference but with variation to reflect local preferences, needs and vision.</p> <p>Building on the pre-existing relationships across north east London and the collaborations already in place, the intention for the Place governance in 'year one' was to make use of the new flexibilities in the legislation to establish a governance mechanism which would enable:</p> <ul style="list-style-type: none"> <li>(a) more formal integrated ways of working involving the broad range of partners across the ICS; and</li> <li>(b) the lawful and efficient delegation of functions based on the principle of subsidiarity.</li> </ul> <p>It was also important to ensure the governance arrangements enabled 'an evolutionary approach' where Places could take on increasing responsibility for aspects of the ICB's work overtime. This was consistent with national guidance which encouraged systems to 'build by doing.'</p> <p>The Place Mutual Accountability Framework ('MAF'), which has been developed through engagement, is now a significant step forward in this evolution. The MAF describes the activities intended to be undertaken at Place in a user-friendly, narrative form. The MAF will continue to be developed overtime, alongside the ICB's financial framework which is also important for understanding Places' responsibilities. The MAF will also need to be considered alongside an equivalent document proposed for the provider collaboratives, in order to make clear the delineation between the work done at Place and the work done by the collaboratives. However, the MAF gives a good level of clarity about the delegation of functions to Place and it is appropriate to</p>

	<p>reflect that in the Place governance as we move beyond year one. Accordingly, the terms of reference have been updated to tie in the MAF. This has been proposed in a way which avoids substantial redrafting or disruption to the arrangements which are now bedding in.</p> <p>The proposed changes made to the terms of reference are shown in tracked changes. But, in summary, the amendments involve adding a number of cross-references to the MAF throughout the document (especially at Annex 1) and adding references to the ICB's financial framework whilst recognising that the financial framework will continue to be developed during 2023/24. It was originally envisaged that Annex 1 would include a list of specific services that Places would have delegated commissioning responsibility. However, the suggested approach of linking the Annex to the MAF enables the arrangements for delegation to be updated from time to time without the need for revision to the seven sets of terms of reference.</p> <p>The approach enables an appropriate level of flexibility to continue the ongoing conversation about where and how functions are best exercised (e.g. taking into account any relevant learning from emerging practice across other ICSs and developing NHS England and Government policy). However, given the significance of the MAF in describing the delegation of functions to Place, any revision to it will require approval by the ICB. This has been secured by incorporating the MAF into the ICB's Governance Handbook. The MAF therefore has a similar status to the ICB's Scheme of Reservation and Delegation (SORD) or its Standing Financial Instructions.</p>
<b>Action required</b>	Approval
<b>Previous reporting</b>	A first draft of the mutual accountability framework has been discussed for feedback at each place partnership and the ICB Executive Committee
<b>Next steps/ onward reporting</b>	Formal approval through ICB Board and update to the ICB governance handbook.
<b>Conflicts of interest</b>	None
<b>Strategic fit</b>	<p>The terms of reference and mutual accountability framework is designed to support place partnerships to contribute to the achievement of all of the north east London's integrated care system's objectives:</p> <ul style="list-style-type: none"> <li>• to improve outcomes in population health and healthcare;</li> <li>• to tackle inequalities in outcomes, experience and access;</li> <li>• to enhance productivity and value for money; and</li> <li>• to support broader social and economic development.</li> </ul>
<b>Impact on local people, health inequalities and sustainability</b>	North east London has a long history of successful pace-based working. Strengthening and spreading this across the integrated

	<p>care system is critical to our overall success because places are:</p> <ul style="list-style-type: none"> <li>• where the NHS, local authorities, and the voluntary and community sector integrate delivery, supporting seamless and joined up care;</li> <li>• where we will most effectively tackle many health inequalities through prevention, early intervention, and community development, including at neighbourhood level;</li> <li>• where diverse engagement networks generate rich insight into residents' views;</li> <li>• where we can build detailed understandings of need and assets on a very local basis and respond with appropriate support; and</li> <li>• where the NHS and local authorities as a partnership are held democratically accountable.</li> </ul> <p>This mutual accountability framework, when formally signed off, is designed to support place partnerships to fulfil these functions, in the interests of all residents.</p>
<p><b>Impact on finance, performance and quality</b></p>	<p>There are no additional resource implications (either revenue or capitals costs) arising directly from this report.</p> <p>However, the mutual accountability framework is designed explicitly to increase subsidiarity within north east London's integrated care system by empowering place partnerships with accountabilities across finance, performance, and quality. These will be captured in an updated version of the terms of reference for each Place's NHS north east London sub-committee.</p>
<p><b>Risks</b></p>	<p>There is a risk that, without clear articulation of the roles and responsibilities of each part of the integrated care system, partners will collectively not allocate resources and deliver transformation to best drive meaningful improvements to health, wellbeing, and equity in north east London. This document is, alongside complementary work being done on the accountabilities of other parts of the integrated care system, part of the mitigation of this risk.</p>



**BARKING & DAGENHAM**  
**PLACE-BASED PARTNERSHIP**  
**TERMS OF REFERENCE**

**Contents**

1. Introduction
2. **Section 1:** Terms of reference for the Barking & Dagenham Partnership Board (**'the Partnership Board'**)
3. **Section 2:** Terms of reference for the Barking & Dagenham Sub-Committee of the ICB (the **'Place ICB Sub-Committee'**).
4. **Annex 1:** Functions which the North East London Integrated Care Board has delegated to the Place ICB Sub-Committee

## INTRODUCTION

1. The following health and care partner organisations, which are part of the North East London Integrated Care System ('**ICS**') have come together as a Place-Based Partnership ('**PBP**') to enable the improvement of health, wellbeing and equity in the Barking & Dagenham area ('**Place**'):
  - (a) Barking, Havering and Redbridge University Hospitals Health NHS Trust ('**BHRUT**')
  - (b) North East London NHS Foundation Trust ('**NELFT**')
  - (c) London Borough of Barking & Dagenham ('**LBBD**')
  - (d) Together First CIC ('**Barking & Dagenham GP Federation**')
  - (e) Primary Care Networks ('**PCNs**')
  - (f) The NHS North East London Integrated Care Board (the '**ICB**')
  - (g) Barking & Dagenham Collective ('**BD Collective**')
  - (h) Healthwatch Barking & Dagenham
  - (i) Local Pharmaceutical Committee ('**LPC**')
2. 'Place' for the purpose of these terms of reference means the geographical area which is coterminous with the administrative boundaries of LBBD.
3. These terms of reference for the PBP incorporate:
  - (a) As Section 1, terms of reference for the Barking & Dagenham Partnership Board (the '**Partnership Board**'), which is the collective governance vehicle established by the partner organisations to collaborate on strategic policy matters and oversee joint programmes of work relevant to Place.
  - (b) As Section 2, terms of reference for any committees/sub-committees or other governance structures established by the partner organisations at Place for the purposes of enabling statutory decision-making. Section 2 currently includes terms of reference for:
    - The Barking & Dagenham Sub-Committee of the North East London Integrated Care Board (the '**Place ICB Sub-Committee**'), which is a sub-committee of the ICB's Population Health & Integration Committee ('**PH&I Committee**').
4. As far as possible, the partner organisations will aim to exercise their relevant statutory functions within the PBP governance structure, including as part of meetings of the Partnership Board. This will be enabled (i) through delegations by the partner organisations to specific individuals; or (ii) through specific committees/sub-committees established by the partner organisations meeting as part of, or in parallel with, the Partnership Board.

5. Section 2 contains arrangements that apply where a formal decision needs to be taken solely by a partner organisation acting in its statutory capacity. Where a committee/sub-committee has been established by a partner organisation to take such statutory decisions at Place, the terms of reference for that statutory structure will be contained in Section 2 below. Any such structure will have been granted delegated authority by the partner organisation which established it, in order to make binding decisions at Place on the partner organisation's behalf. The Place ICB Sub-Committee is one such structure and, as described in Section 2, it has delegated authority to exercise certain ICB functions at Place.
6. There is overlap in the membership of the Partnership Board and the governance structures described in Section 2. In the case of the Partnership Board and the Place ICB Sub-Committee, the overlap is significant because each structure is striving to operate in an integrated way and hold meetings in tandem.
7. Where a member of the Partnership Board is not also a member of a structure described in Section 2, it is expected that the Partnership Board member will receive a standing invitation to meetings of those structures (which may be held in tandem with Partnership Board meetings) and, where appropriate, will be permitted to contribute to discussions at such meetings to help inform decision-making. This is, however, subject to any specific legal restrictions applying to the functions or partner organisations and subject to conflict of interest management.
8. All members of the Partnership Board or a structure whose terms of reference are contained at Section 2 shall follow the Seven Principles of Public Life (also commonly referred to as the Nolan Principles), which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

## Section 1

### Terms of reference for the Barking & Dagenham Partnership Board

<p><b>Status of the Partnership Board</b></p>	<ol style="list-style-type: none"> <li>1. The Partnership Board is a non-statutory partnership forum, which commenced its operation on 1 July 2022. It brings together representatives from across Place, who have the necessary authority from the partner organisation they represent to consider strategic policy matters and oversee joint programmes of work relevant to Place.</li> <li>2. Where applicable, the Partnership Board may also make recommendations on matters a partner organisation asks the Partnership Board to consider on its behalf.</li> </ol>
<p><b>Geographical coverage</b></p>	<ol style="list-style-type: none"> <li>3. The geographical area covered will be Place, which for the purpose of these Terms of Reference is the area which is coterminous with the administrative boundaries of LBBD.</li> </ol>
<p><b>Vision, mission and values</b></p>	<ol style="list-style-type: none"> <li>4. <b>Our vision:</b>  Barking &amp; Dagenham residents, whatever their backgrounds and needs, are supported to thrive and achieve their health and life goals, reducing inequalities and isolation.  Health and social care services in Barking &amp; Dagenham are high quality, good value and designed around people's needs, across physical and mental health and throughout primary, secondary and social care.  Service users, carers and residents are active and equal partners in health and care, equipped to work collaboratively with B&amp;D partners to plan, deliver and strengthen local services.</li> <li>5. <b>Our mission</b> is to transform people's health and lives in Barking &amp; Dagenham, reducing inequalities and reorganising services to match people's needs.</li> <li>6. <b>Our values:</b> <ul style="list-style-type: none"> <li>• We are collaborative</li> <li>• We are compassionate</li> <li>• We are inclusive</li> <li>• We are accountable</li> <li>• We are community centred</li> </ul> </li> </ol>

## Role of the Partnership Board

7. The purpose of the Partnership Board is to:
  - (a) Have a leading role in promoting the health, and addressing the health inequalities, of the population of the borough and the oversight of health and social care integration, including service redesign, transformation, quality improvement, and innovation and through informing and influencing ICB and LBBB commissioning strategies.
  - (b) Partnership Board members will identify opportunities to improve outcomes and reduce costs, duplication and implement joint working, referencing the Joint Strategic Needs Assessment ('JSNA') and utilising a Population Health Management approach, to support the ambitions and deliver the outcomes of the Barking & Dagenham's joint local Health and Wellbeing Strategy/Plan at Place.
  - (c) The Partnership Board will have key role in connecting support between communities and services, giving voice to residents, and engaging with a wide range of clinical and care practitioners.
  - (d) The ethos of partnership working will underpin the programme of work and the Partnership Board will build effective relationships across the system at Place, and further the strategic development of health and social care integration.
  - (e) In its inaugural year, the Partnership Board will keep the arrangements for the PBP under review as the partner organisations become accustomed to the legislative changes made by the Health and Care Act 2022 and developing national policy concerned with health and social care integration.
8. The Partnership Board has the following core responsibilities:
  - (a) To work in partnership to improve health and wellbeing and reduce inequalities.
  - (b) To set a local system vision and strategy, reflecting the priorities determined by residents and communities at Place, the contribution of Place to the ICS, and relevant system plans including:
    - the Integrated Care Strategy produced by the NEL Integrated Care Partnership ('ICP').
    - the 'Joint Forward Plan' prepared by the ICB and its NHS Trust and Foundation Trust partners.
    - the joint local Health and Wellbeing Strategy produced by the Health and Wellbeing Board ('HWB'), together with the JSNA.

- [the Place Mutual Accountability Framework.<sup>1</sup>](#)
- (c) To develop the Place Based Partnership Plan for Barking & Dagenham, (**'PBP Plan'**), which shall be:
- aimed at ensuring delivery of relevant system plans, especially those listed above.
  - developed in conjunction with the governance structures in Section 2 (e.g. the Place ICB Sub-Committee).
  - agreed with the Board of the ICB, and the partner organisations including the HWB.
  - developed by drawing on population health management tools and in co-production with service users and residents of Barking & Dagenham.
- (d) As part of the development of the PBP Plan, to develop the Place objectives and priorities and an associated outcomes framework for Place.
- (e) To provide system wide accountability for the delivery of the PBP Plan and ensure outcomes of the HWB's joint local health and wellbeing strategy are taken into consideration.
- (f) To review and assess new and revised clinical pathways and models of care being proposed (which may have an impact on resources) as part of service transformation.
- (g) To develop new models of care that better serve the population of Barking & Dagenham, ensuring that such models take into account the PBP Plan/HWB strategy and JSNA and HWBS and wider ICS transformation plans.
- (h) To develop and deliver a framework of community engagement which identifies how, when and what to ensure effective resident and public engagement is central to the design of the model for services with robust underpinning of appropriate Equality and Privacy Impact Assessments, as appropriate.
- (i) To oversee delivery and performance at Place against:
- national targets.

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<sup>1</sup> [The Place Mutual Accountability Framework describes what NHS North East London ICB asks the seven Place ICB Subcommittees and wider Place Based Partnerships to have responsibility for and, in turn, what the Place Based Partnerships can expect the ICB to achieve for them. The framework needs to be read alongside the equivalent document that focuses on the role of the provider collaboratives which operate across the ICS area. The current versions of these frameworks are published in the ICB's Governance Handbook.](#)

- targets and priorities set by the ICB or the ICP, or other commitments set at North East London level, including commitments to the NHS Long Term Plan.
  - the PBP Plan, the Place objectives and priorities and the associated outcomes framework.
- (j) To provide direction to the life course workstreams (adult and children and young people) and receive regular reports on progress of priorities, transformation and delivery.
- (k) To develop and performance manage service wide delivery work plans with clear milestones and performance measures that support the agreed system wide mission and vision for services across Place.
- (l) To provide a forum at which the partner organisations operating across Place can routinely share insight and intelligence into local quality matters, identify opportunities for improvement and identify concerns and risk to quality, escalating such matters to the NEL ICS System Quality Group ('SQG') as appropriate. Meetings of the Partnership Board will give place and local leaders an opportunity to gain:
- understanding of quality issues at place level, and the objectives and priorities needed to improve the quality of care for local people.
  - timely insight into quality concerns/issues that need to be addressed, responded to and escalated within each partner organisation through appropriate governance structures or individuals, or to the SQG.
  - positive assurance that risks and issues have been effectively addressed.
  - confidence about maintaining and continually improving both the equity, delivery and quality of their respective services, and the health and care system, across Place.
- (m) To have oversight of how resources are utilised at place to inform discussions on how best to use money across the system, to achieve the agreed outcomes.
- (n) To make recommendations about the exercise of any functions that a partner organisation asks the Partnership Board to consider on its behalf.
- (o) To support the ICS with the achievement of the 'four core purposes' of Integrated Care Systems, namely to:
- improve outcomes in population health and healthcare;

## Statutory decision-making

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

(p) To support the North East London Integrated Care System to deliver against its strategic priorities and its operating principles, as set out [here](#).

(q) To follow the development of national policy around health and social care integration, with a view to further development of the PBP and its governance arrangements.

9. In situations where any decision(s) needs to be taken which requires the exercise of statutory functions which have been delegated by a partner organisation to a governance structure in Section 2, then these shall be made by that governance structure in accordance with its terms of reference and are not matters to be decided upon by the Partnership Board.

10. However, ordinarily, in accordance with their specific governance arrangements set out in Section 2, a decision made by a committee or other structure (for example a decision taken by the Place ICB Sub-Committee on behalf of the ICB) will be with Partnership Board members in attendance and, where appropriate, contributing to the discussion to inform the statutory decision-making process. This is, however, subject to any specific legal restrictions applying to the functions of a partner organisation and subject to conflict of interest management.

## Making recommendations

11. Where appropriate, considering the expertise of the Partnership Board, the Partnership Board may also be asked to consider matters and make recommendations to a partner organisation or a governance structure set out in Section 2, in order to inform their decision-making.

12. Note that where the Partnership Board is asked to consider matters on behalf of a partner organisation, that organisation will remain responsible for the exercise of its statutory functions and nothing that the Partnership Board does shall restrict or undermine that responsibility. However, when considering and making recommendations in relation to such functions, the Partnership Board will ensure that it has regard to the statutory duties which apply to the partner organisation.

13. Where a partner organisation needs to take a decision related to a statutory function, it shall do so in accordance with its terms of reference set out in Section 2, or the other applicable governance arrangements which the partner organisation has established in relation to that function.



## Collaborative working

14. The Partnership Board and any governance structure set out in Section 2 shall work together collaboratively. It may also work with other governance structures established by the partner organisations or wider partners within the ICS (e.g. other boards, committees, or transformation boards). This may include, where appropriate, aligning meetings or establishing joint working groups.
15. The Partnership Board may establish working groups or task and finish groups, to inform its work. Any working group established by the Partnership Board will report directly to it and shall operate in accordance with terms of reference which have been approved by the Partnership Board.

### *Collaboration with the HWB*

16. The Partnership Board will work in close partnership with the HWB and shall ensure that the PBP Plan is appropriately aligned with the joint local health and wellbeing strategy produced by the HWB and the associated needs assessment, as well as the overarching Integrated Care Strategy produced by the ICP.

### *Safeguarding Collaboration*

17. The Partnership Board will also work in close partnership with the Barking & Dagenham Safeguarding Children Partnership and Barking & Dagenham Safeguarding Adults Board.

## Chairing and executive lead arrangements

18. The Partnership Board will be chaired jointly by the Cabinet Member for Adult Social Care and Health Integration (LBBD) and the West One PCN Director (**'the Co-Chairs'**). It is expected that the Co-Chairs will chair meetings jointly and resolve issues between them but, where only one Co-Chair is present, that person will assume the joint responsibilities of the Co-Chairs.
19. If for any reason the Co-Chairs are absent for some or all of a meeting, the members shall together select a person to chair the meeting.
20. The Place Partnership Lead is the Acting Chief Executive of LBBD.

## Membership

21. There will be a total of 25 members of the Partnership Board, as follows:

### *LBBD*

- (a) Cabinet Member for Adult Social Care and Health Integration (**Co-Chair**)
- (b) Acting Chief Executive of LBBD (**Place Partnership Lead**)
- (c) Strategic Director Children and Adults
- (d) Director of Public Health

- (e) Director of Community Solutions
- (f) Operational Director Adults' Care

*ICB*

- (g) Place Director for Barking & Dagenham
- (h) Clinical Care Director for Barking & Dagenham
- (i) Director of Finance or their nominated representative
- (j) Director of Nursing/Quality or their nominated representative

*NHS Trusts/Foundation Trusts*

- (k) Integrated Care Director (NELFT)
- (l) Executive Director of Partnerships (NELFT)
- (m) Director of Strategy & Partnerships (BHRUT)

*Primary Care*

- (n) Place Based Partnership Primary Care Development Clinical Lead
- (o) Chief Operating Officer Together First, Barking & Dagenham GP Federation
- (p) Primary Care Network Director - North
- (q) Primary Care Network Director – North West
- (r) Primary Care Network Director – West One (**Co-Chair**)
- (s) Primary Care Network Director – New West
- (t) Primary Care Network Director - East
- (u) Primary Care Network Director – East One
- (v) Representative, LPC

*VCSE & Healthwatch*

- (w) Representative, Healthwatch
- (x) **Two** representatives, BD Collective

22. With the permission of the Co-Chairs of the Partnership Board, the members, set out above, may nominate a deputy to attend a meeting of the Partnership Board that they are unable to attend.

## Participants<sup>2</sup>

23. The Partnership Board may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties. This shall include other colleagues from the partner organisations or across the ICS, professional advisors, or others as appropriate at the discretion of the Co-Chairs.

## Meetings

24. The Partnership Board will operate in accordance with the evolving ICS governance framework, including any policies, procedures and joint-working protocols that have been agreed by the partner organisations, except as otherwise provided below:

### *Quoracy*

25. For a meeting of the Partnership Board to be quorate, at least 12 members will be present and must include:

- (a) One NHS Trust/Foundation Trust member
- (b) One LBBB member
- (c) One ICB member
- (d) One VCSE member
- (e) One primary care member

26. Where a member has been precluded from taking part in a meeting due to a conflict or potential conflict of interest, they shall count towards quorum.

27. If the quorum has not been reached, then the meeting may proceed at the Co-Chairs' discretion, but no decisions may be taken. At the Co-Chairs' discretion, if there is an issue where a decision needs to be taken, discussion may proceed outside the meeting in order that a decision may be arrived at.

### *Scheduling meetings*

28. The Partnership Board will normally meet monthly with dates to be circulated three months in advance.

29. On a bi-monthly basis, subject to a minimum of four occasions each year, the Partnership Board will hold its meetings in tandem with the Place ICB Sub-Committee.<sup>3</sup>

30. The expectation for such meetings to be held in tandem will not preclude the Partnership Board from holding its own more regular or additional meetings.

<sup>2</sup> i.e. non-voting.

<sup>3</sup> ~~In the first financial year of operation the Place ICB Sub-Committee is only expected to meet on three occasions.~~

31. Changes to meeting dates or calling of additional meetings will be convened as required in negotiation with the Co-Chairs.

*Papers and notice*

32. A minimum of seven clear working days' notice is required. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting.

33. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Co-Chairs will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Co-Chairs.

*Virtual attendance*

34. It is for the Co-Chairs, in consultation with the other board members, to decide whether the Partnership Board will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Co-Chairs may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. How a person has attended a meeting shall be specified in the meeting minutes.

*Admission of the public*

35. Where the Partnership Board meets jointly with the Place ICB Sub-Committee in accordance with paragraph 29, its meetings shall be held in accordance with the Place ICB Sub-Committee's terms of reference in Section 2. Otherwise, whether a meeting of the Partnership Board is to be held in public or private is a matter for the Co-Chairs.

*Recordings of meetings ~~and publication~~*

36. Except with the permission of the Co-Chairs, no person admitted to a meeting of the Partnership Board shall be permitted to record the proceedings in any manner whatsoever, other than in writing.

*Minutes*

37. The minutes of a meeting will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the Partnership Board, together with the action log as soon after the meeting as practicable. The minutes shall be submitted for agreement at the next meeting where they shall be signed by the Co-Chairs.

38. Where it would promote efficient administration, meeting minutes, action logs and any work plan, may be combined with those of the

	<p>Place ICB Sub-Committee and/or other place governance structures in Section 2.</p> <p><i>Governance support</i></p> <p>39. Governance support to the Partnership Board will be provided by the ICB's governance team.</p> <p><i>Confidential information</i></p> <p>40. Where confidential information is presented to the Partnership Board, those present will ensure that they treat that information appropriately considering any confidentiality requirements and information governance principles.</p>
<p><b>Decision-making</b></p>	<p>41. The Partnership Board is the primary forum within the PBP for bringing a wide range of partners across Place together for the purposes of determining and taking forward matters relating to the improvement of health, wellbeing and equity across the borough. It brings together representatives from across Place, who have the necessary authority from the partner organisation they represent to consider strategic policy matters and oversee joint programmes of work relevant to Place.</p> <p>42. The Partnership Board does not hold delegated functions from the partner organisations, but each member shall have appropriate delegated responsibility from the partner organisation they represent to make decisions for their organisation on matters within the Partnership Board's remit or, at least, will have sufficient responsibility and be ready to move programmes of work forwards by holding discussions in their own organisation and escalating matters of importance.</p> <p>43. Members 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 and reach agreement by consensus.</p> <p>44. If the Partnership Board is unable to agree a consensus position on a matter it is considering, this will not prevent any or all the statutory committees/sub-committees in Section 2 taking any applicable decisions they are required to take. To the extent permitted by their individual terms of reference, statutory committees may utilise voting on matters they are required to take decisions on.</p>
<p><b>Conflicts of Interest</b></p>	<p>45. Conflicts of interests will be managed in accordance with relevant policies, procedures and joint protocols developed by the ICS, which shall be consistent with partner organisations' respective statutory duties and applicable national guidance.</p>
<p><b>Accountability and Reporting</b></p>	<p>46. The Partnership Board shall comply with any reporting requirements that are specifically required by a partner organisation for the purposes of its constitutional or other internal governance arrangements. The Partnership Board will also report to the HWB, in</p>

**Monitoring  
Effectiveness and  
Compliance with  
Terms of  
Reference**

respect to the Partnership Board's delivery of the HWB's statutory functions.

47. The Partnership Board and the HWB will provide reports to each other, as appropriate, to inform their respective work. The reports the Partnership Board receives from the HWB will include the HWB's recommendations to the Partnership Board on matters concerning delivery of the Place objectives and priorities (see [here](#)) and delivery of the associated outcomes framework. The HWB will continue to have statutory responsibility for the joint strategic needs assessment and joint local health and wellbeing strategy.

48. Given its purposes at paragraph 8(l) above, the Partnership Board will regularly report upon, and comply with any request of the SQG for information or updates on, matters relating to quality which effect the ICS and bear on the SQG's remit.

49. The Partnership Board will carry out an annual review of its effectiveness and provide an annual report to the ICP and to the partner organisations and to the community. This report will outline and evaluate the Partnership Board's work in discharging its responsibilities, delivering its objectives and complying with its terms of reference. As part of this, the Partnership Board will review its terms of reference and agree any changes it considers necessary.

## Section 2

### Terms of reference for the Barking & Dagenham Sub-Committee of the North East London Integrated Care Board

<b>Status of the Sub-Committee</b>	<ol style="list-style-type: none"> <li>1. The Barking &amp; Dagenham Sub-Committee of the North East London Integrated Care Board (<b>‘the Place ICB Sub-Committee’</b>) is established by the Population Health &amp; Integration Committee (the <b>‘PH&amp;I Committee’</b>) as a Sub-Committee of the PH&amp;I Committee.</li> <li>2. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Sub-Committee and may only be changed with the approval of the Board of the ICB (<b>‘the Board’</b>). Additionally, the membership of the Sub-Committee must be approved by the Chair of the Board.</li> <li>3. The Sub-Committee and all of its members are bound by the ICB’s Constitution, Standing Orders, Standing Financial Instructions, policies and procedures of the ICB.</li> <li>4. These terms of reference should be read as part of the suite of terms of reference for the Barking &amp; Dagenham Place-Based Partnership (<b>‘PBP’</b>), including the terms of reference for the Barking &amp; Dagenham Partnership Board (<b>‘the Partnership Board’</b>) in Section 1, which define a number of the terms used in these Place ICB Sub-Committee terms of reference.</li> </ol>
<b>Geographical coverage</b>	<ol style="list-style-type: none"> <li>5. The geographical area covered will be Place, as defined in the Partnership Board’s terms of reference in Section 1.</li> </ol>
<b>Purpose</b>	<ol style="list-style-type: none"> <li>6. The Place ICB Sub-Committee has been established in order to:             <ol style="list-style-type: none"> <li>(a) Enable the ICB to exercise the Delegated Functions at Place in a lawful, simple and efficient way, to the extent permitted by the ICB’s Constitution and as part of the wider collaborative arrangements which form the PBP;</li> <li>(b) Support the development of collaborative arrangements at Place, in particular the development of the PBP.</li> </ol> </li> <li>7. The Delegated Functions which the Place ICB Sub-Committee will exercise are set out at <b>Annex 1</b> <u>and described in further detail in the Place Mutual Accountability Framework which the annex refers to.</u></li> <li>8. The Place ICB Sub-Committee, through its members, is authorised by the ICB to take decisions in relation to the Delegated Functions.</li> <li>9. Further functions may be delegated to the Place ICB Sub-Committee over time, in which case Annex 1 <u>will may</u> be updated with the approval of the Board, on the recommendation of the PH&amp;I Committee. <u>The remit of the Place ICB Sub-Committee is also described in the Place Mutual</u></li> </ol>



Accountability Framework, which may be updated by the Board taking into account the views of the PH&I Committee.

10. The Delegated Functions shall be exercised with particular regard to the Place objectives and priorities, described in the plan for Place (**‘the PBP Plan’**), which has been agreed with the PH&I Committee and the partner organisations represented on the Barking & Dagenham Partnership Board. A summary of the PBP’s priorities and objectives can be found [here](#).
11. In addition, the Place ICB Sub-Committee will support the wider ICB to achieve its agreed deliverables, and to achieve the aims and the ambitions of:
  - (a) The Joint Forward Plan;
  - (b) The Joint Capital Resource Use Plan;
  - (c) The Integrated Care Strategy prepared by the NEL Integrated Care Partnership;
  - ~~(d)~~ (e) The HWB’s joint local health and wellbeing strategy with the HWB’s needs assessment for the area;
  - ~~(e)~~ (f) The Place Mutual Accountability Framework and the NHS North East London Financial Strategy and developing ICS Financial Framework;
  - ~~(f)~~ (g) The PBP Plan.
12. The Place ICB Sub-Committee will also prioritise delivery against the strategic priorities of the North East London Integrated Care System ([see here](#)) and its design and operating principles set out [here](#).
13. In supporting the ICB to discharge its statutory functions and deliver the strategic priorities of the ICS at Place, the Place ICB Sub-Committee will, in turn, be supporting the ICS with the achievement of the ‘four core purposes’ of Integrated Care Systems, namely to:
  - (a) Improve outcomes in population health and healthcare;
  - (b) Tackle inequalities in outcomes, experience and access;
  - (c) Enhance productivity and value for money;
  - (d) Help the NHS support broader social and economic development.
14. The Place ICB Sub-Committee is a key component of the ICS, enabling it to meet the ‘triple aim’ of better health for everyone, better care for all and efficient use of NHS resources.
15. When exercising any Delegated Functions, the Place ICB Sub-Committee will ensure that it acts in accordance with, and that its decisions are informed by, the guidance, policies and procedures of the ICB or which apply to the ICB.

**Key duties relating to the exercise of the Delegated Functions**



## Collaborative working

16. The Sub-Committee must have particular regard to the statutory obligations that the ICB is subject to, including, but not limited to, the statutory duties set out in the 2006 Act and listed in [the Constitution](#). In particular, the Place ICB Sub-Committee will also have due regard to the public sector equality duty under section 149 of the Equality Act 2010.

17. In exercising its responsibilities, the Place ICB Sub-Committee may work with other Place ICB Sub-Committees, provider collaboratives, joint committees, committees, or sub-committees which have been established by the ICB or wider partners of the ICS. This may include, where appropriate, aligning meetings or establishing joint working groups.

### *Collaboratives*

18. In particular, in addition to an expectation that the Place ICB Sub-Committee and the Partnership Board shall collaborate with each other as part of the PBP, the Place ICB Sub-Committee will, as appropriate, work with the following provider collaborative governance structures within the area of the ICS:

- (a) The North East London Mental Health, Learning Disability & Autism Collaborative;
- (b) The Combined Primary Care Provider Collaborative;
- (c) The North East London Acute Provider Collaborative;
- (d) The North East London Community Collaborative;
- ~~(d)~~(e) The evolving Voluntary, Community and Social Enterprise Sector Alliance/Collaborative.

19. Some members of the Place ICB Sub-Committee may simultaneously be members of the above collaborative structures, to further support collaboration across the system.

### *Health & Wellbeing Board and Safeguarding*

20. The Place ICB Sub-Committee will also work in close partnership with:

- (a) The Health and Wellbeing Board and shall ensure that plans agreed by the Place ICB Sub-Committee are appropriately aligned with, and have regard to, the joint local health and wellbeing strategy and the assessment of needs, together with the NEL Integrated Care Strategy as applies to Place; and
- (b) The Safeguarding Adults Board for the Place established by the local authority under section 43 of the Care Act 2014; and
- (c) The Safeguarding Children's Partnership established by the local authority, ICB and Chief Officer of Police, under section 16E of the Children Act 2014.

### *Establishing working groups*

## Chairing and executive lead arrangements

21. The Place ICB Sub-Committee does not have the authority to delegate any functions delegated to it by the ICB. However, the Place ICB Sub-Committee may establish working groups or task and finish groups. These do not have any decision-making powers but may inform the work of the Place ICB Sub-Committee and the PBP. Such groups must operate under the ICB's procedures and policies and have due regard to the statutory duties which apply to the ICB.

22. The Place ICB Sub-Committee will be chaired jointly by the Co-Chairs of the Partnership Board who are appointed on account of their specific knowledge, skills and experiences making them suitable to chair the Sub-Committee. It is expected that the Co-Chairs will chair meetings jointly and resolve issues between them but, where only one Co-Chair is present, that person will assume the joint responsibilities of the Co-Chairs.

23. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

24. If one of Co-Chairs has a conflict of interest then the Sub-Committee will select another member of the Sub-Committee will be responsible for deciding the appropriate course of action.

25. The Acting Chief Executive of LBBD will be the Place Partnership Lead.

## Membership

26. The Place ICB Sub-Committee members will be appointed by the Board in accordance with the ICB Constitution and the Chair of the ICB will approve the membership of the Sub-Committee.

27. The Place ICB Sub-Committee has a broad membership, including those from organisations other than the ICB. This is permitted by the ICB's Constitution and amendments made to the 2006 Act by the Health and Care Act 2022.

28. The membership of the Place ICB Sub-Committee includes members drawn from the following partner organisations which operate at Place:

- (a) The ICB
- (b) BHRUT
- (c) NELFT
- (d) LBBD
- (e) Barking & Dagenham GP Federation
- (f) PCNs
- (g) BD Collective
- (h) Healthwatch

29. There will be a total of 14 members of the Place ICB Sub-Committee, as follows:

*ICB:*

- (a) Place Director for Barking & Dagenham
- (b) Clinical Care Director for Barking & Dagenham
- (c) Director of Finance or their nominated representative
- (d) Director of Nursing/Quality or their nominated representative

*LBBB*

- (e) Cabinet Member for Adult Social Care and Health Integration (**Co-Chair**)
- (f) Acting Chief Executive (**Place Partnership Lead**)
- (g) Strategic Director Children and Adults
- (h) Director of Public Health

*NHS Trusts/Foundation Trusts*

- (i) Executive Director of Partnerships (NELFT)
- (j) Director of Strategy & Partnerships (BHRUT)

*Primary Care*

- (k) Place Based Partnership Primary Care Development Clinical Lead
- (l) Primary Care Network Director – West One (**Co-Chair**)

*Others*

- (m) Chair, Healthwatch
- (n) Chair, BD Collective

30. With the permission of the Co-Chairs of the Place ICB Sub-Committee, the members, set out above, may nominate a deputy to attend a meeting of the Place ICB Sub-Committee that they are unable to attend. However, members will be expected not to miss more than two consecutive meetings. The deputy may speak and vote on their behalf. The decision of the Co-Chairs regarding authorisation of nominated deputies is final.

31. When determining the membership of the Sub-Committee, active consideration will be made to diversity and equality.

**Participants**

32. Only members of the Sub-Committee have the right to attend Sub-Committee meetings, but the Co-Chairs may invite relevant staff to the

meeting as necessary in accordance with the business of the Sub-Committee.

33. Meetings of the Sub-Committee may also be attended by the following for all or part of a meeting as and when appropriate:

(a) Any members or participants of the Partnership Board (i.e. in Section 1)

34. The Co-Chairs may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion on particular matters.

## Resource and financial management

35. The ICB has made arrangements to support the Place ICB Sub-Committee in its exercise of the Delegated Functions. Financial responsibilities of the Place ICB Sub-Committee are contained in the list of Delegated Functions in Annex 1, and further information about resource allocation within the ICB is contained in the ICB's Standing Financial Instructions and associated policies and procedures, which includes the NHS North East London Financial Strategy and developing ICS Financial Framework.

~~35-36.~~ The Co-Chairs will be invited to attend the Finance Performance and Investment Committee where the Committee is considering any issue relating to the resources allocated in relation to the Delegated Functions.

## Meetings, Quoracy and Decisions

~~36-37.~~ The Place ICB Sub-Committee will operate in accordance with the ICB's governance framework, as set out in its Constitution and Governance Handbook and wider ICB policies and procedures, except as otherwise provided below:

### *Scheduling meetings*

~~37-38.~~ The Place ICB Sub-Committee will aim to meet on a bi-monthly basis and, as a minimum, shall meet on four occasions each year.<sup>4</sup> Additional meetings may be convened on an exceptional basis at the discretion of the Co-Chairs.

~~38-39.~~ The Place ICB Sub-Committee will usually hold its meetings together with the Partnership Board, as part of an aligned meeting of the PBP. Although the Place ICB Sub-Committee may meet on its own at the discretion of its Co-Chairs, it is expected that such circumstances would be rare.

~~39-40.~~ The Place ICB Sub-Committee acknowledges that the Partnership Board may convene its own more regular meetings, for instance where agenda items do not require a statutory decision of the Place ICB Sub-Committee.

~~<sup>4</sup>In the first financial year of operation the Place ICB Sub-Committee is only expected to meet on three occasions.~~

~~40-41.~~ The Board, Chair of the ICB or Chief Executive may ask the Sub-Committee to convene further meetings to discuss particular issues on which they want the Sub-Committee's advice.

#### *Quoracy*

~~41-42.~~ The quoracy for the Place ICB Sub-Committee will be six and must include the following of which one must be a care or clinical professional:

- (a) Two of the members from the ICB;
- (b) Two of the members from the local authority;
- (c) One of the members from an NHS Trust or Foundation Trust;
- (d) One primary care member.

~~42-43.~~ If any member of the Sub-Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

~~43-44.~~ If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

#### *Voting*

~~44-45.~~ Decisions will be taken in accordance with the Standing Orders. The Sub-Committee will ordinarily reach conclusions by consensus. When this is not possible, the Chair may call a vote. Only members of the Sub-Committee may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter. The result of the vote will be recorded in the minutes.

~~45-46.~~ Where there is a split vote, with no clear majority, the Co-Chairs will share one casting vote. In the rare circumstances, that the Co-Chairs are unable to agree, the matter shall be referred to the PH&I Committee for determination.

#### *Papers and notice*

~~46-47.~~ A minimum of seven clear working days' notice is required. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting.

~~47-48.~~ On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Co-Chairs will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Co-Chairs.

#### *Virtual attendance*

~~48-49.~~ It is for the Co-Chairs to decide whether or not the Place ICB Sub-Committee will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Co-Chairs may

nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. How a person has attended a meeting shall be specified in the meeting minutes.

#### *Admission of the public*

~~49-50.~~ Meetings at which public functions of the ICB are exercised will usually be open to the public, unless the Co-Chairs determine, at their discretion, that it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for some other good reason.

~~50-51.~~ The Co-Chairs shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the business shall be conducted without interruption and disruption.

~~51-52.~~ A person may be invited by the Co-Chairs to contribute their views on a particular item or to ask questions in relation to agenda items. However, attendance shall not confer a right to speak at the meeting.

~~52-53.~~ Matters to be dealt with by a meeting following the exclusion of representatives of the press and other members of the public shall be confidential to the members of the Place ICB Sub-Committee and others in attendance.

~~53-54.~~ There shall be a section on the agenda for public questions to the committee, which shall be in line with the Integrated Care Board's agreed procedure as set out on our website [here](#).

#### *Recordings of meetings ~~and publication~~*

~~54-55.~~ Except with the permission of the Co-Chairs, no person admitted to a meeting of the Place ICB Sub-Committee shall be permitted to record the proceedings in any manner whatsoever, other than in writing.

#### *Confidential information*

~~55-56.~~ Where confidential information is presented to the Place ICB Sub-Committee, all those who are present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles.

#### *Meeting Minutes*

~~56-57.~~ The minutes of a meeting will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the Place ICB Sub-Committee, together with the action log as soon after the meeting as practicable. The minutes shall be submitted for agreement at the next meeting where they shall be signed by the Co-Chairs.

~~57-58.~~ Where it would promote efficient administration, meeting minutes and/or action logs may be combined with those of the Partnership Board.

*Legal or professional advice*

~~58-59.~~ Where outside legal or other independent professional advice is required, it shall be secured by or with the approval of the Director who is responsible for governance within the ICB.

*Governance support*

~~59-60.~~ Governance support to the Place ICB Sub-Committee will be provided by the ICB's governance team.

*Conflicts of Interest*

~~60-61.~~ Conflicts of interest will be managed in accordance with the policies and procedures of the ICB and those contained in the Handbook and shall be consistent with the statutory duties contained in the National Health Service Act 2006 and any statutory guidance issued by NHS England.

**Behaviours and Conduct**

~~61-62.~~ Members will be expected to behave and conduct business in accordance with:

- (a) The ICB's policies and procedures including its Constitution, Standing Orders and Standards of Business Conduct Policy which includes the Code of Conduct which sets out the expected behaviours that all members of the Board and its committees will uphold whilst undertaking ICB business.
- (b) The NHS Constitution;
- (c) The Nolan Principles.

~~62-63.~~ Members must demonstrably consider equality diversity and inclusion implications of the decisions they make.

**Disputes**

~~63-64.~~ Where there is any uncertainty about whether a matter relating to a Delegated Function is within the remit of the Place ICB Sub-Committee in its capacity as a decision-making body within the ICB's governance structure, including uncertainty about whether the matter relates to:

- (a) a matter for wider determination within the ICS; or
- (b) determination by another placed-based committee of the ICB or other forum, such as a provider collaborative,

then the matter will be referred to the Director who is responsible for governance within the ICB for consideration about where the matter should be determined.

**Referral to the PH&I Committee**

~~64-65.~~ Where any decision before the Place ICB Sub-Committee is 'novel, contentious or repercussive' across the ICB area and/or is a decision which would have an impact across the ICB area, then the Place ICB Sub-Committee shall give due consideration to whether the decision should be referred to the PH&I Committee.



## Accountability and Reporting

~~65-66.~~ With regard to determining whether a decision falling within the paragraph above shall be referred to the PH&I Committee for consideration then the following applies:

- (a) The Co-Chairs of the Place ICB Sub-Committee, at their discretion, may determine that such a referral should be made.
- (b) Two or more members of the Place ICB Sub-Committee, acting together, may request that a matter for determination should be considered by the PH&I Committee.

~~66-67.~~ Where a matter is referred to the PH&I Committee under paragraph ~~656564~~, the PH&I Committee (at an appropriate meeting) shall consider and determine whether to accept the referral and make a decision on the matter. Alternatively, the PH&I Committee may decide to refer the matter to the Board of the ICB or to another of the Board's committees/subcommittees for determination.

~~67-68.~~ In addition to the Place ICB Sub-Committee's ability to refer a matter to the PH&I Committee as set out in paragraph ~~656564~~:

- (a) The PH&I Committee, or its Chair and Deputy Chair (acting together), may determine that any decision falling with paragraph ~~656564~~ should be referred to the PH&I Committee for determination; or
- (b) The Board of the ICB, or its Chair and the Chief Executive (acting together), may require a decision related to any of the ICB's delegated functions to be referred to the Board.

~~68-69.~~ The Place ICB Sub-Committee shall be directly accountable to the PH&I Committee of the ICB, and ultimately the Board of the ICB.

~~69-70.~~ The Place ICB Sub-Committee will report to:

- (a) **PH&I Committee.** The PH&I Committee, following each meeting of the Place ICB Sub-Committee. A copy of the meeting minutes along with a summary report shall be shared with the Committee for information and assurance. The report shall set out matters discussed and pertinent issues, together with any recommendations and any matters which require disclosure, escalation, action or approval.

And will report matters of relevance to the following:

- (b) **Finance, Performance and Investment Committee.** Such formal reporting into the ICB's Finance, Performance and Investment Committee will be on an exception basis. Other reporting will take place via Finance and via NEL wide financial management reports.
- (c) **Quality, Safety and Improvement ('QSI') Committee.** Reports will be made to the QSI Committee in respect of matters which are relevant to that Committee and in relation to the exercise of the quality functions set out [here](#).



	<p><del>70-71.</del> In the event that the Chair of the ICB, its Chief Executive, the Board of the ICB or the PH&amp;I Committee requests information from the Place ICB Sub-Committee, the Place ICB Sub-Committee will ensure that it responds promptly to such a request.</p> <p><i>Shared learning and raising concerns</i></p> <p><del>71-72.</del> Where the Place ICB Sub-Committee considers an issue, or its learning from or experience of a matter, to be of importance or value to the North East London health and care system as a whole, or part of it, it may bring that matter to the attention of the Director who is responsible for governance within the ICB for onward referral to the PH&amp;I Committee, the Chair or Chief Executive of the ICB, the Board, the Integrated Care Partnership or to one or more of ICB's committees or subcommittees, as appropriate.</p>
<p><b>Review</b></p>	<p><del>72-73.</del> The Place ICB Sub-Committee will review its effectiveness at least annually.</p> <p><del>73-74.</del> These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.</p>

**Date of approval:** 29 September 2022 (Initial version by ICB Board on 1 July 2022)

**Version:** 2.0

**Date of review:** 1 April 2023

## Annex 1 - ICB Delegated Functions

### Commissioning functions

In addition to the specific activities set out in this Annex 1 below, the Place ICB Sub-Committee will have delegated responsibility for exercising the ICB's commissioning functions at Place in relation to the following functions described in the Place Mutual Accountability Framework at Place. These functions are referred to below as 'the Place Commissioning Functions'.

The Place Mutual Accountability is contained in the ICB's Governance Handbook and should be read alongside the equivalent accountability framework which describes the role of the provider collaboratives.

Where Place Commissioning Functions relate to a particular service they must be exercised in line with the ICB's relevant commissioning policy for that service. specified services (the 'Specified Services'), in line with ICB policy:

[section to be completed by end of 2022 following confirmation]

### Health and care needs planning

The Place ICB Sub-Committee will undertake the following specific activities in relation to health and care needs planning, through embedding population health management:

1. Making recommendations to the PH&I Committee in relation to, and contributing to, the Joint Forward Plan and other system plans, in so far as relates to the exercise of the ICB's functions at Place.
2. Overseeing, and providing assurance to the PH&I Committee regarding, the implementation and delivery at Place of the Joint Forward Plan, the Integrated Care Strategy and other system plans, in so far as they require the exercise of ICB functions.
3. Overseeing the development of service specification standards needed at Place in connection with the exercise of the Place Commissioning Functions and for the Specified Services, in line with relevant ICB policy.
4. Working with the Partnership Board on behalf of the ICB, to develop the PBP Plan including the Place objectives and priorities and a Place outcomes framework.

*The PBP Plan shall be developed by drawing on data and intelligence, and in coproduction with service users and residents of Barking & Dagenham. It is aimed at ensuring delivery of the Joint Forward Plan, the Integrated Care Strategy, the HWB's joint local health and wellbeing strategy and associated needs assessment, and other system plans.*

*In particular, this shall include developing the Place priorities and objectives to be set out in the PBP Plan, and summarised here, and an associated outcomes framework developed by the PBP.*

*The PBP Plan shall be tailored to meet local needs, whilst maintaining ICB-wide operational, quality and financial performance standards. It shall also be consistent with, and aimed at delivery of, the Place Mutual Accountability Framework at Place.*

5. Overseeing, and providing assurance to the PH&I Committee regarding, the implementation and delivery of the PBP Plan, in so far as the plan requires the exercise of ICB functions.
6. Overseeing, and providing assurance to the PH&I Committee regarding, the implementation and delivery of the Place objectives and priorities, contained within the PBP Plan and summarised [here](#), in so far as they require the exercise of ICB functions.
7. Overseeing the implementation and delivery of the HWB's joint local health and wellbeing strategy, in so far as the strategy requires the exercise of ICB functions.

### Market management, planning and delivery

The Place ICB Sub-Committee will undertake the following specific activities in relation to market management, planning and delivery:

1. Making recommendations to the Board of the ICB / PH&I Committee in relation to health service change decisions (whether these involve commissioning or de-commissioning).
2. Approving commissioning policies ~~in relation to the Specified Services~~connected with the exercise of the Place Commissioning Functions, in line with ICB policy.
3. Approving demographic, service use and workforce modelling and planning, where these relate to ~~ICB commissioning functions being exercised at Place~~the Place Commissioning Functions.

### Finance

The Place ICB Sub-Committee will have delegated financial management and control, as detailed below and within the ICBs SFI's. The Finance, Performance and Investment Committee will continue to have oversight of NEL wide financial decisions, including where coordination/planning for the services concerned is best undertaken over a larger footprint. However, there will be ongoing dialogue in order to ensure a joined up approach, ensure financial sustainability, and as the NHS North East London Financial Strategy and ICS Financial Framework develop.

1. Plan and monitor the budgets delegated to the Place ICB Sub-Committee and take action to ensure they are delivered within the financial envelope.
2. The committee will take shared responsibility, along with partners, for the health outcomes of their population, and will work with those partners to develop a shared plan for improving health outcomes and maintaining collective financial control.
3. Review and understand any variations to plan within the delegated budget and take appropriate action to mitigate these.
4. Oversee any required recovery plans in order to ensure financial balance is achieved at Place.
5. Ensure financial plans are triangulated with performance and quality.
6. Ensure any known financial risks are escalated to the ICB's Finance, Performance and Investment Committee and the ~~{ICS Executive}~~, as appropriate.
7. Review performance of the contracts within Place, [in relation to the Specified Services,] to ensure services and activity are being delivered in line with contractual arrangements.

8. Review and understand the financial implications of new investments and transformation schemes, and ensure there is sufficient funding across the life of the investment.
9. Oversee implementation of investments/transformation schemes, ensuring financial activity, KPIs and required outcomes are delivered.
10. Review and agree any procurement decisions in relation to ~~the Specified Services~~ services connected with the Place Commissioning Functions, as appropriate, in line with the ICB's Standing Financial Instructions and Procurement Policy.
11. Ensure financial decisions are taken in line with the ICB's Standing Financial Instructions and NHS North East London Financial Strategy and developing ICS Financial Framework.
12. In relation to financial risk share arrangements (including but not limited to section 75, 76 and section 256 agreements), the Place ICB Sub-Committee shall:
  - Review any current in year arrangements applicable to Place, ensuring that funding is spent appropriately in line with contractual agreements;
  - Review the risks and benefits of the allocation of funding and approve spend on pooled budgets based on recommendations from those leading the work and where all parties are in agreement;
  - Receive reports on the schemes funded through this mechanism to ensure it is delivering the expected outcomes and benefits;
  - Review the funding and arrangements for the subsequent financial year and ensure there is adequate governance and arrangements in Place that is consistent with other places across the ICB's area;
  - Review and make recommendations in relation to proposals for the ICB to enter into new agreements under section 75 of the 2006 Act with the local authority at Place. In accordance with the Constitution, any such arrangements must be authorised by the Board of the ICB.

## Quality

The Place ICB Sub-Committee will undertake the following specific activities in relation to quality:

1. Providing assurance that health outcomes, access to healthcare services and continuous quality improvement are being delivered at Place, and escalate specific issues to the Population Health & Integration Committee, the Quality Safety and Improvement Committee and/or other governance structures across the ICS as appropriate.
2. Complying with statutory reporting requirements relating to the exercise of the Place Commissioning Functions ~~Specified Services~~, in particular as relates to quality and improvement ~~of those services~~.
3. In addition, the Place ICB Sub-Committee will have the following responsibilities on behalf of the ICB at Place, in relation to quality:
  - Gain timely evidence of provider and place-based quality performance, in relation to the Specified Services; exercise of the Place Commissioning Functions at Place.

- Ensure the delivery of quality objectives by providers and partners within Place, including ICS programmes that relate to the place portfolio.
  - Identify, manage and escalate where necessary, risks that materially threaten the delivery of the ICB's objectives at Place and any local objectives and priorities for Place.
  - Identify themes in local triangulated intelligence that require local improvement plans for immediate or future delivery.
  - Gain evidence that staff have the right skills and capacity to effectively deliver their role, creating succession plans for any key roles within the services being delivered at Place.
  - Hold system partners to account for performance and the creation and delivery of remedial action/improvement plans where necessary.
  - Share good practice and learning with providers and across neighbourhoods.
4. Ensure key objectives and updates are shared consistently within the ICB, and more widely with ICS and senior leaders via the ICS System Quality Group ('SQG') and other established governance structures.

### Primary Care

The Place ICB Sub-Committee will undertake the following specific activities in relation to primary care:

1. To develop arrangements for integrated services, including primary care, through local neighbourhoods

### Communication and engagement with stakeholders

The Place ICB Sub-Committee will undertake the following specific activities in relation to communications and engagement:

1. Overseeing and approving any stakeholder involvement exercises proposed specifically in Place, consistent with the ICB's statutory duties in this context and the ICB's relevant policies and procedures. Such stakeholder engagement shall include political engagement, clinical and professional engagement, strategic partnership management and public and community engagement.
2. Overseeing the development and delivery of patient and public involvement activities, as part of any service change process occurring specifically at Place.

### Population health management

The Place ICB Sub-Committee will undertake the following specific activities in relation to population health management:

1. Ensuring there are appropriate arrangements at Place to support the ICB to carry out predictive modelling and trend analysis.

### Emergency planning and resilience

The Place ICB Sub-Committee will undertake the following specific activities in relation to emergency planning:

1. At the request of the any of the PH&I Committee or the Board, in relation to a local or national emergency, prepare or contribute to an emergency response plan for implementation at Place, coordinating with local partners as necessary.

## A framework for mutual accountability between north east London's place partnerships and NHS North East London

### Introduction

North east London's place partnerships are uniquely placed to drive the integration between health and care that will improve residents' wellbeing, through co-produced approaches that build on community assets. As partnerships, they understand their communities and the inequalities that residents face. Reshaping north east London's health and care system so that it is equitable, delivers improved wellbeing for everyone, and is financially sustainable, will happen only if we work together to deliver at neighbourhood, place, collaborative, and system. Each element of the system needs to be accountable for its part of our improvement journey and to work together alongside residents and communities to effect change sustainably.

This draft document continues our discussion about what NHS North East London asks place partnerships to hold accountability for and, in turn, what the partnerships can expect NHS North East London to achieve for them. It will sit alongside an equivalent document that focuses on the role of provider collaboratives to help build our understanding of how the system overall will work best.

We recognise that our system is new and evolving, and much of this draft document seeks to outline the principles which will guide this evolution to support improved health and wellbeing for local residents.

*Zina Etheridge* – Chief Executive Officer, NHS North East London

### Background

The North East London Health and Care Partnership (NELHCP) brings together the NHS, local authorities, and community organisations across north east London to work in partnership with local people to support them to live healthier, happier lives.

Our approach is built on an understanding that partnership, conversation, and collaboration underpin all that we do. We see that place shapes and strengthens system and that system enables and builds place, underlining our appreciation of the need for our workforce to participate through a range of inter-connecting networks (operating at neighbourhood, place, collaborative, system, region, and nation) in order to be most effective in improving outcomes for everyone. NHS North East London has adopted the principle of subsidiarity to encapsulate this approach as applied to governance, decision-making, strategy, and delivery of models of care. This means we will facilitate tasks being performed at the most local level, closest to those most likely to be directly affected, and only carry out tasks that cannot be carried out at that more local level.

As north east London's integrated care system, we are ambitious and actively draw on best practice locally and internationally. We are clear that we are moving beyond performance management to maximising value, and beyond our individual responsibilities to create a shared endeavour and mutual accountability for delivering benefit and opportunity for our residents. We are committed to continuous improvement and innovation across and with all partners, meaningful



co-production and resident participation, and working in integrated ways together to provide better health and care outcomes for our growing and diverse population of over two million people. At the heart of our partnership is a shared commitment to meaningful participation with residents and partners, a passion for equality and addressing health inequalities, and ensuring that system collaboration underpins continuous improvements to population health and the integrated delivery of health and care services. To operate effectively, we understand that our system needs to develop continually, to be resilient, and to respond coherently and in partnership to emergencies and emerging challenges.

Our seven place partnerships and our five provider collaboratives are crucial building blocks of North East London's integrated care system. Together they play distinct but crucially interdependent roles in driving the improvement of health, wellbeing, and equity for all residents. As we mature as a system, we will increasingly call on each other to support the achievement of outcomes and to enable the collaboration and partnership on which we all rely. We recognise that this support will look different for different pathways but we recognise the fundamental importance of building relationships, sharing perspectives and working alongside local residents to facilitate this support.

The places of north east London have a long history of successful place-based working. Strengthening and spreading this across north east London is critical to our overall success because places are:

- where the NHS, local authorities, and the voluntary and community sector integrate delivery, supporting seamless and joined up care;
- where local authorities can seek partner input into, and support for, their work to improve the wider determinants of health, which extends into areas including housing, education, employment, food security, community safety, social inclusion and non-discrimination, leisure and open spaces, and air pollution;
- where we will most effectively tackle many health inequalities through prevention, early intervention, and community development, including at neighbourhood level;
- where diverse engagement networks generate rich insight into residents' views;
- where we can build detailed understandings of need and assets on a very local basis and respond with appropriate support; and
- where the NHS and local authorities as a partnership are held democratically accountable, through health and wellbeing boards and overview and scrutiny committees.

Aligned to this, our collaboratives play a critical role in bringing together NHS provider trusts, primary care networks, and VCSE organisations across the whole of north east London to make use of their combined resources and expertise. We have collaboratives for acute care; mental health, learning disabilities, and autism; community services; primary care; and the VCSE sector. Across these five collaboratives, partners are focused on:

- reducing unwarranted variation and inequality in health outcomes, access to services and experience;
- improving resilience by, for example, providing mutual aid;
- ensuring that specialisation and consolidation occur where this will provide better outcomes and value;
- spreading innovation and best practice; and
- ensuring a strong voice for users of their services and other provision in ICS decision-making.



## Principles for working together as place, collaborative, and system

- Our approach is built on a shared understanding of subsidiarity: that decisions are best taken closest to those most affected by them. There is freedom to lead, innovate, experiment, and deliver through place partnerships, without non-value-adding interventions from NEL-wide structures.
- Subsidiarity will be enabled by financial and functional delegation to place sub-committees and to provider collaboratives where required.
- Aligned to this is a shared belief that the place partnerships created in our new arrangements are equal partnerships, with organisations, including collaboratives, coming to the table as equal partners to improve outcomes for local residents.
- Our model of working together sees place partnerships holding responsibility for the health and wellbeing of their local population, for key local outcomes, for improving care and support, and for reducing health inequalities, calling on collaboratives and NHS North East London to support.
- Our ambition is for system to support the journey towards greater integration strategically and operationally, building on best practice in places and recognising this might look different in each place.
- We are committed to working from existing arrangements in each place to develop the capacity and infrastructure that best supports place partnerships to respond to the specific and varied health and wellbeing needs of their local populations.
- NHS North East London will play a role in facilitating partners across the patch to enable effective place working, including problem-solving with and on behalf of place partnerships, advocating for the centrality of place, and organising teams and processes in ways that recognise the relevance of place.
- NHS North East London supports the approach that places shape the system and the system shapes places, and will address behaviours that promote the idea of it as an organisation standing apart from places rather than built from them, such as how its teams communicate and how north east London-wide work is described.
- Place partnerships and provider collaboratives are equal and co-dependent partners in the improvement of health, wellbeing, and equity. They will frequently rely on each other to achieve their objectives. For example, provider collaboratives will often depend on place partnerships for the insight required to ensure that north east London-wide programmes of work meet the varied needs of communities across north east London. Equally, place partnerships will rely on provider collaboratives to leverage the capacity and expertise that enables their residents to be cared for in the quickest and safest way possible. The links between place partnerships and provider collaboratives will come from the overlap of leaders, focused engagement on particular areas work, and formally through the population health and integration committee of the Integrated Care Board.
- Place partnerships will recognise their role within, and contribution to, the wider system in line with the principle of subsidiarity. This means that, whilst places work principally to respond to the needs and aspirations of their local residents and communities, they will also work in alignment with co-created wider approaches and, along with provider collaboratives, to deliver local elements of wider programmes. Whilst some such approaches and programmes may span north east London, some may cover identified geographies within this or dedicated communities for example.

## Delivering care and support that improve health, wellbeing, and equity

Our shared work to improve health, wellbeing, and equity combines outcomes and priorities identified by each place partnership with north east London-wide programmes in which places play a critical strategic and delivery role alongside collaboratives and NHS North East London.

We are already identifying clear and quantifiable outcomes goals – co-produced with our residents – so that we can be clear about the impact we are making. Where these already exist, they will be at the front and centre of the outcomes model.

Area	Place partnership accountabilities
<p><b>Overall ambition</b></p>	<p>Place partnerships will be responsible for the health and wellbeing of their local populations. In order to support this, a key role of place partnerships will be to convene a range of partners and enable their contribution to the delivery of integrated local care, based on smaller neighbourhoods and reflecting the system and community assets held locally.</p> <p>Each place will facilitate and co-ordinate the work necessary across collaboratives and geographies to ensure that all residents can access same-day urgent care when they need it and deliver continuity of care for agreed cohorts of residents in line with the Fuller Stocktake and any associated policy or legislative developments.</p> <p>Through prevention and earlier intervention, focused on the wider determinants of health and wellbeing, place partnerships will help to reduce the proportion of the population needing the most acute health and social care, including hospital stays and residential and nursing care, creating health and wellbeing for a wider range of residents for longer. Partners will also work together in integrated ways to minimise pressure on the social care front door, including by promoting earlier intervention and the use of community assets that support residents to avoid reaching crisis.</p> <p>In the context of a rapidly growing population, this approach is key to moderating the growth in demand for both NHS health provision and local authority social care, which is critical to our system’s long-term sustainability.</p>
<p><b>Leadership and infrastructure</b></p>	<p>Places hold a number of key strategic functions for the integrated care system, including:</p> <ul style="list-style-type: none"> <li>• relationships with local authorities, local providers, community groups, and residents;</li> <li>• participation and co-production with residents;</li> <li>• the insight to understand and tackle local population health and inequalities;</li> <li>• supporting system financial sustainability; and</li> <li>• building integrated models of insight, planning, and delivery.</li> </ul> <p>In order to fulfil these functions, places will need the resources identified in the proposal for core place teams, as well as support from north east London-wide teams who will provide embedded teams or individuals working at place. Places will be supported by an effective financial strategy and the requisite delegations for decision making.</p> <p>We envisage the leadership role at place as a system leadership role that builds on the strengths and assets of local communities and of our system, actively convening conversations, facilitating different perspectives, hosting partners to share best practice and building collaborative approaches. We will need to remind ourselves constantly of our system gaze, scanning a range of elements to build the strengths-based system we need.</p>

<p><b>Neighbourhood working</b></p>	<p>The place partnership will facilitate strong connections within each neighbourhood, building integrated teams encompassing NHS and social care services, the wider local government offer, and community-led care and support. Along with a central role for primary care, including the primary care collaborative, this joined-up locality working will strengthen the integration of health and care and directly drive better local outcomes.</p> <p>➤ <i>How NHS North East London will help</i></p> <p>Where a lack of geographical coherence of primary care networks poses a challenge to neighbourhood working in a place, NHS North East London will work with the primary care collaborative and places to support and drive the alignment of footprints to maximise the impact of neighbourhood working.</p>
<p><b>Partnership working</b></p>	<p>The place partnership will promote and enable the widest possible view of partnership working. This means working beyond statutory health and care organisations and ensuring that representatives from (for example) the voluntary sector, housing, and police are actively involved in the work of the partnership. This wide view of partnership includes a default to meaningful engagement of, and co-production with, residents.</p> <p>The place partnership lead and NHS North East London will together support the development of the partnership as a high-functioning executive team. This includes the encouragement of peer collaboration and constructive debate between partners, along with transparency and candour about organisational challenges. The Place Partnership Lead, the Director of Partnerships, Impact and Delivery, the Clinical Lead, and the collaboratives' leads in each place will together manage the business of the partnership as well as leading co-production, innovation, and the sharing of best practice.</p> <p>On safeguarding specifically, there is an important opportunity to align the work of existing statutory forums with the work of the broader partnership. It is fully recognised that statutory arrangements for safeguarding across both adults and children are not directly affected by the development of the place partnership or the sub-committee of NHS North East London. However, the place partnership can play a vital role in facilitating the contribution of safeguarding leads' expertise into the broader agenda of the place partnership, including care model and pathway design. Equally, the place partnership can help to facilitate all partners' contribution towards additional preventative work across the safeguarding agenda.</p> <p>➤ <i>How NHS North East London will help</i></p> <p>NHS North East London will connect place partnerships with each other, including robust mechanisms to share learning and leading practice across place partnership leads, clinical and care professional leaders, and staff from all levels in partner organisations. NHS North East London will also provide elements of development support across the seven places, by agreement with the place partnership leads.</p>
<p><b>Local system flow</b></p>	<p>As the principal forum for local health, care and wellbeing partners, place partnerships are uniquely placed and have a critical role in addressing more immediate operational pressures whose resolution require input from multiple organisations.</p> <p>The place partnership lead will ensure that place-based mechanisms exist and are instrumental in ensuring that local people receive the right health and care support in the right time and in the right setting. Place partnerships will convene relevant partners as required to maintain consistent and adequate system flow, as well as to respond to periodic additional pressures. This will</p>

	<p>be with the support of the relevant commissioning and transformation teams from within NHS North East London and will ensure the pressures on all parts of the system are paid equivalent attention.</p>
<b>Mental health and wellbeing</b>	<p>The place partnership, working closely with provider collaboratives at place, will develop and, through its partners, deliver integrated services that enable residents with mental ill-health to live well in the community. This will focus on agreed priority cohorts and prioritise prevention and more equitable access to services.</p> <p>The place partnership lead will ensure a strong focus on the wider mental wellness agenda, including access to employment and access to community-based care and support networks, rather than our collective historic default to focus on the acute end of mental health services.</p>
<b>Babies, children, and young people</b>	<p>Place partnerships, working closely with provider collaboratives at place, will make sure that north east London's places are the best places for babies, children and young people to develop and grow.</p> <p>Place partnerships will take an all-age approach, requiring a focus on transitions into adulthood and parity between the needs of babies, children, young people, and adults, as the basis for sustainable long-term improvements to population health and wellbeing.</p> <p>The place partnership lead will support and enable the creation of a coherent approach to early years, adolescents, and young people up to the age of 24, bringing in partners from across the NHS, local government (families, education, housing), and community organisations, working with parents and families and building holistic support for all babies, children and young people.</p>
<b>Workforce</b>	<p>The place partnerships will lead local design of more integrated workforce models, based around neighbourhoods and focused on community delivery by a broad range of clinical and care professionals alongside VCSE. Place partnerships will also enable local employment by forging effective links with local education and training institutions.</p> <p>The place partnership lead will sponsor this work whilst participating in, and facilitating broader place contributions to, NEL-wide work on broader systemic issues relating to recruitment, retention, design of new roles, and skills development across north east London.</p>
<b>Long-term conditions</b>	<p>Place partnerships have a significant role in ensuring a strong focus on prevention and early intervention, convening work across collaboratives, places and system and facilitating the creation of health-promoting communities and neighbourhoods. Partnerships will support the co-ordination of end-to-end pathway responses for residents at risk of and experiencing long-term conditions, working at different geographies to facilitate the best outcomes for local residents and communities.</p> <p>Please see the annex for further detail.</p>
<b>Community-based care</b>	<p>Place has a significant role in co-ordinating care in the community, ensuring a strong focus on prevention and early intervention, working across collaboratives, places and system and creating health-promoting communities and neighbourhoods for all.</p> <p>Much of the focus will be on a multi-agency approach to Ageing Well, ensuring that north east London is a good place to age, for example with</p>

	<p>dementia-friendly policies which could be met by the all-age approach supported by place partnerships.</p> <p>Place partnerships will seek to ensure residents can be supported at the end of their lives, dying with dignity in the place of their choice. This could include ensuring good information, advice, and guidance, palliative care at home, effective community support, and residential options are all available, reflecting the cultural and specific needs of our diverse populations. Place partnerships will ensure informal carers are well supported through the experience of end-of-life care for their loved ones.</p> <p>Please see the annex for further detail.</p>
<b>Learning disability and autism</b>	<p>Recognising the leadership role for local authorities in valuing people with learning disabilities and autism to lead fulfilling lives, place partnerships will bring together partners at a place level, including to improve the levels of employment, independent living, and quality of life for people with a learning disability. Place partnerships will enable good system working and ensure the needs of people with learning disabilities and autism are considered across all pathways.</p> <p>Place partnerships will work with all partners to seek to ensure people with learning disability and autism do not experience inequality of outcomes across any health or wellbeing domain, as reflected here and in performance and quality metrics.</p> <p>Place partnerships working across partners will be accountable for improving the rates of Learning Disability Health Checks carried out annually, and how the outcomes of these checks are followed through. Place partnerships will work with the Mental Health, Learning Disability and Autism Collaborative to ensure that Transforming Care responses are timely and support the principles of independent, community-based living for this cohort.</p>
<b>Carers</b>	<p>Place will play an active role in facilitating and joining up work across partners to ensure that carers are valued, supported to care, and able to enjoy fulfilling lives beyond their caring responsibilities. This will include developing a joint carers' strategy and action plan, as well as delivering on the NHSE metrics and deliver against specific targets on carer assessments, commissioning carer support agencies, etc.</p> <p>Place partnerships will work with local authority leads to ensure carers' strategies reflect wider system working and build awareness of the need for identification and support to carers to be system-wide. Place partnerships will deliver strengthened carers' offers that reflect the needs of their local communities and build best practice.</p>
<b>Homelessness</b>	<p>Recognising the leadership role of local authorities, place partnerships will be responsible for improving the health and wellbeing of those sleeping rough or facing homelessness by:</p> <ul style="list-style-type: none"> <li>• ensuring GP registration and primary care support to this cohort;</li> <li>• improving access to secondary and tertiary care as appropriate;</li> <li>• recognising the needs of the homeless population for all levels of support, care, and treatment across mental and physical health; and</li> <li>• co-ordinating local support to the street homeless population and participating in work led by local authorities work to improve their health and wellbeing outcomes.</li> </ul>



<b>Asylum seekers and refugees</b>	<p>Recognising the leadership role of local authorities, place partnerships will be responsible for improving the health and wellbeing of asylum seekers and refugees, including those accommodated in Home Office hotels, by:</p> <ul style="list-style-type: none"> <li>• ensuring GP registration and primary care support to this cohort;</li> <li>• improving access to secondary and tertiary care as appropriate;</li> <li>• recognising the needs of the asylum seekers for all levels of support, care, and treatment across mental and physical health; and</li> <li>• co-ordinating local health and wellbeing support to the asylum seeker and refugee population and participating in work led by local authorities to improve their health and wellbeing outcomes.</li> </ul>
<b>Person-centred care</b>	<p>Place partnerships will be held accountable for enabling person-centred care in their local area. This will include bringing together a range of initiatives that support residents and communities to be at the centre of decisions that are made around their care, reflecting the principle of 'Nothing about us, without us'. Ways of testing effectiveness in this area could include rates of satisfaction and levels of personal health budgets and direct payments in a specified area and for specific communities.</p>
<b>Health creation and primary prevention</b>	<p>Place partnerships will lead for ensuring that the wider determinants of health are effectively understood and influence approaches to all areas of accountability. Place partnerships will lead on the involvement of the whole local authority and wider partners to build an effective model for addressing wider determinants and their impacts on health and wellbeing. Place partnerships will be held accountable for supporting models to reduce health inequalities and improve health and wellbeing through a series of performance and quality metrics, attached.</p>
<b>Immunisations</b>	<p>Place partnerships are key in enabling uptake of immunisations across all communities in a local area. They will be accountable for the vaccination and immunisation rates of their local population, across children and adults and for routine and reactive vaccination programmes. Places will be required to ensure capacity for all vaccination and immunisations activity and to support take up with a focus on inequalities and ensuring equitable take up across all communities.</p>

#### Accountability for improving performance and quality at place

Many of the performance and quality metrics – and related outcomes for residents – that NHS North East London is required to deliver can be achieved only through effective collaboration in place partnerships. Each partnership is working on a performance and quality metrics framework that will set out in greater detail the metrics for which place partnerships are responsible and will be held accountable, whether the lead is with the NHS, the local authority, or other partners. Such metrics could include for example those required by regulators such as the Care Quality Commission and Ofsted as well as individual partners.

These metrics are a combination of performance and quality metrics contained in NHS North East London's operating plan, which is agreed each year with NHS England; the Better Care Fund Plans approved by Health and Wellbeing Boards in each local authority area; and in place partnership delivery plans, based on locally-identified priorities. The partnership will monitor performance and quality, identify trends and clusters of concern, agree and implement corrective action where necessary, and sense check data quality, with the support from the relevant local and north east London-wide commissioning and transformation teams from NHS North East London.

Target set by NHSE// London or national or regional policy or guidance ambitions driving locally developed targets	Requirement set by national guidance for both health and care
<p><b>22/23 Operational Planning Metrics</b></p> <ul style="list-style-type: none"> <li>• Hospital Discharge Pathway activity</li> <li>• Community Waiting List</li> <li>• 2 Hour Crisis Response</li> <li>• Virtual Ward</li> <li>• NHS 111 referrals into SDEC</li> <li>• LD Healthchecks</li> <li>• LD Inpatients</li> <li>• Personal Health Budgets</li> <li>• Social Prescribing</li> <li>• Personalised Care and Support Plans</li> <li>• GP appointments</li> <li>• Extended access</li> <li>• 18 weeks access for Children's Wheelchair</li> </ul>	<p><b>Better Care Fund</b></p> <ul style="list-style-type: none"> <li>• Percentage of inpatients who have been in hospital for longer than 14 days</li> <li>• Percentage of inpatients who have been in hospital for longer than 21 days</li> <li>• Percentage of hospital inpatients who have been discharged to usual place of residence</li> <li>• Unplanned hospitalisation for chronic ambulatory care sensitive conditions</li> </ul>

### How NHS North East London will help

NHS North East London will direct its people to work with place partnerships to develop their approaches in each of the areas described above, specific to the local context. This includes offering the tools, capacity, and skills required. It will build up north east London-wide approaches from work done at place. These north east London-wide approaches will aim to remove systematic barriers which obstruct effective place-level work. It will also work with places to direct additional available financial resources to support work in these areas.

Additional commitments from NHS North East London:

Theme	Commitment
<p><b>Localism and subsidiarity</b></p>	<ul style="list-style-type: none"> <li>• NHS North East London will operate, and shape the wider north east London health and care partnership, around a <i>default to place</i> – the assumption that places (and neighbourhoods within them) are the optimum organising footprint for our work unless there is a clear reason for operating at a larger scale</li> <li>• NHS North East London will provide its leaders at place with sufficient autonomy and flexibility to work in the ways required to deliver for their places, as well as encouraging and enabling this way of working in provider trusts</li> <li>• NHS North East London will ensure the ICB Board effectively delegates to Place Sub-Committees the functions and financial influence required to deliver its accountabilities – with an objective of this coming into place from 1 April 2023, with the requisite place-level engagement on new sub-committee terms of reference approvals happening in advance of this</li> </ul>
<p><b>Capacity to deliver</b></p>	<ul style="list-style-type: none"> <li>• NHS North East London will lead all partners across the health and care partnership to devise an integrated workforce strategy that sets out how the workforce needed in each place will be delivered</li> <li>• NHS North East London will organise its own workforce so that it supports the work of each place partnership, including through a core team based permanently in each place and an extended team at place drawn from colleagues working in NEL-wide structures</li> <li>• NHS North East London colleagues who are part of the extended team will spend time in the places to which they are aligned, building local knowledge and relationships</li> </ul>

	<ul style="list-style-type: none"> <li>• NHS North East London will encourage other partners who work across multiple places to align their structures and teams to place partnerships, where this supports delivery of place partnerships' objectives</li> <li>• NHS North East London will fund the substantial portion of clinical and care professional leadership roles operating at place</li> </ul>
<b>Money</b>	<ul style="list-style-type: none"> <li>• NHS North East London will lead the codesign of a system-wide financial strategy which will move investment into community health services and support the sustainable funding and transformation required for place partnerships to deliver their objectives</li> <li>• This will include NHS NEL working with partners to agree the specific budgets for which place sub-committees hold responsibility, along with and the associated requirements (such as reporting and treatment of over/under-spends). NHS NEL's objective is that, subject to system agreement, place sub-committees take on these responsibilities during the 2023/24 financial year (potentially at different points in the year for different places), with all places responsible for delegated budgets ready for the 2024/25 planning round</li> <li>• An underpinning principle of the financial strategy will be that allocations are made to trusts and place sub-committees on the assumption of active and meaningful engagement with partners in how they are invested, through the place sub-committees and the broader place partnerships as well as through the provider collaboratives</li> <li>• NHS North East London will support the development of a strategic overview of all funding enabling health and wellbeing in each place – including money spent by the NHS, local government, the direct schools grant and other education spending, and other public services – to create the insight required for each place partnership to exert influence across a greater spread of relevant investment</li> <li>• NHS North East London's financial strategy will drive a levelling up agenda so that the money spent on health services in each place is increasingly in line with relative need and reflects the pressures of population growth</li> </ul>
<b>Data and insight</b>	<ul style="list-style-type: none"> <li>• NHS North East London will provide place partnerships with the shared data and insight collectively agreed to be required to improve local outcomes, focused on outcome measures, service performance, and the information needed to plan and evaluate local transformation work</li> <li>• This will be in the form of a defined data set agreed between NHS NEL and the place partnerships</li> <li>• As part of the financial development programme, NHS NEL will lead the co-design of a suite of reports and tools that support discussions between place partners within places about the best allocation of capacity. These will include benchmarking of finance and performance and operational data and support transparency within and between places.</li> <li>• NHS North East London will provide capacity for bespoke local analysis commissioned and directed by place partnerships</li> </ul>



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|  | <ul style="list-style-type: none"> <li>• NHS North East London will also lead on working across partners to resolve issues that inhibit effective provision and sharing of data, including information governance, conflicting data sets, and unclear points of contact</li> </ul> |
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## Annex

We recognise that there are some specific areas where place partnerships and collaboratives working together will need to determine by outcomes and pathway how we best enable population health and wellbeing.

Examples of areas where we may work to define roles in more detail include:

### • Long Term Conditions

- In addition to the roles and functions outlined above, places could be required to:
  - understand local needs, have insight into local communities and plan for future needs;
  - deliver engagement and outreach into our diverse communities to build awareness and community support;
  - innovate to deliver primary and secondary prevention;
  - identify and manage long-term conditions;
  - develop integrated teams that support people with rising and complex needs, which will encompass a lot of long-term conditions management (Fuller);
  - empower patients to manage their own health as far as possible;
  - support people to live independently and well at home, avoiding admission to hospital or long-term care;
  - develop out of hospital services that support people with long-term conditions;
  - implement a consistent community-based rehabilitation offer; and
  - share best practice, identifying opportunities to work on a cross-borough basis and making pathways into secondary care as simple as possible.

### • Ageing Well

- In addition to the roles and functions outlined above, places could be required to:
  - understand local needs, have insight into local communities and plan for future needs;
  - deliver engagement and outreach into our diverse communities to build awareness and community support;
  - innovate to deliver primary and secondary prevention for older residents and those in need of community-based care;
  - develop integrated teams that support people in need of community-based care, aligning with implementation of the Fuller Stocktake;
  - empower patients to manage their own health as far as possible;
  - support people to live independently and well at home, avoiding admission to hospital or long-term care;
  - develop out-of-hospital services that support and are accessible to local residents;
  - implement a consistent community-based rehabilitation offer; and

- share best practice, identifying opportunities to work on a cross-borough basis and making pathways into secondary care as simple as possible.

Draft for comment

## Barking and Dagenham ICB sub-committee

30 March 2023

<b>Title of report</b>	Health & Wellbeing Board and ICB Sub-committee Governance Options Discussion Paper
<b>Author</b>	Matt Cridge, Head of Borough Partnerships Barking & Dagenham
<b>Presented by</b>	Charlotte Pomery, Chief Participation and Place Officer
<b>Contact for further information</b>	<a href="mailto:Matthew.cridge@lbbd.gov.uk">Matthew.cridge@lbbd.gov.uk</a>
<b>Executive summary</b>	<ul style="list-style-type: none"> <li>The Barking and Dagenham Partnership Board is the collective governance vehicle established by the partner organisations to collaborate on strategic policy matters and oversee joint programmes of work relevant to Barking and Dagenham Place. Where a formal decision needs to be taken which relates solely to a function of the Integrated Care Board ('ICB') or solely to the Local Authority then this can be enacted through, respectively, the Barking and Dagenham ICB Sub-Committee of the North East London Integrated Care Board ('ICB Sub-Committee'<sup>1</sup>) and the Barking and Dagenham Health and Wellbeing Board ('HWB').<sup>2</sup> The HWB and ICB Sub-committee share similar priorities and members and operate across the same geography.</li> <li>Early in 2022 the feasibility of integrating the HWB and ICB Sub-Committee, as a single committee, was explored but legal advice clarified this was not possible within current legislation. The Barking and Dagenham partnership agreed to the establishment of the ICB Sub-Committee to take decisions around functions delegated to Place by the Board of the ICB. This would meet in tandem with the Barking and Dagenham Partnership Board, to form the Barking and Dagenham Place Based Partnership.</li> <li>It was agreed that the HWB would have close links the Partnership Board and ICB Sub-Committee, and could hold meetings with those structures, but the HWB would not meet with those structures as a matter of course. In essence, the HWB would work closely with the Place Based Partnership but sit outside it. There was agreement for further review of the governance arrangements prior to April 2023.</li> </ul>

<sup>1</sup> The ICB Sub-Committee has been established as a sub-committee of the ICB's Population Health and Integration Committee which is a committee of the Board of the ICB.

<sup>2</sup> Other ICS partners may have delegated functions to individuals, who can take decision in the forum of the Partnership Board rather than through a committee.

	<ul style="list-style-type: none"> <li>• The Health and Care Act 2022 came into force on 1 July 2022. The HWB continues to be a statutory requirement and a committee of the Local Authority, and its core statutory membership is largely unchanged under the new Integrated Care System arrangements (other than the addition of an ICB representative replacing the CCG representative). HWBs continue to have the flexibility to have a broad membership.</li> <li>• Further guidance on the role of HWBs within Integrated Care System (ICS) arrangements was published in November 2022. The guidance confirms the importance of HWBs within place-based arrangements and as being key to driving integration.</li> <li>• There are examples of closer alignment taking place elsewhere in the country provided in the Guidance issued in November 2022 by the Government <a href="https://www.gov.uk/government/guidance/health-and-wellbeing-boards-guidance">Health and wellbeing boards – guidance - GOV.UK (www.gov.uk)</a>.</li> <li>• The ICB and Local Authority would like to explore the option of developing a Committees in Common of the Barking and Dagenham ICB Sub-Committee and Health and Wellbeing Board.</li> </ul>
<b>Action / recommendation</b>	The ICB sub-committee is asked to support the proposal to develop the option for developing a Committees in Common of the Barking and Dagenham ICB Sub-committee and the Health and Wellbeing Board.
<b>Previous reporting</b>	Barking and Dagenham Health and Wellbeing Board. Barking & Dagenham Executive Group.
<b>Next steps/ onward reporting</b>	Barking & Dagenham Health Scrutiny Committee
<b>Conflicts of interest</b>	The details of governance and the practicalities of operating the Committee in Common will be developed over the next few weeks where any potential conflict of interest will be identified.
<b>Strategic fit</b>	<p>Which of the ICS aims does this report align with? <i>(Delete as appropriate)</i></p> <ul style="list-style-type: none"> <li>• To improve outcomes in population health and healthcare</li> <li>• To tackle inequalities in outcomes, experience and access</li> <li>• To enhance productivity and value for money</li> <li>• To support broader social and economic development</li> </ul>
<b>Impact on local people, health inequalities and sustainability</b>	A closer alignment of the HWB and the ICB sub-committee will streamline the current governance arrangements; speed up decision making, improve alignment of actions on priorities and in doing so will improve services through greater collaboration and reduction in duplication. It will allow decisions around the Local Authority's functions and the

	ICB's functions to be taken in the forum of an aligned meeting. Ultimately this simplified governance will result in, greater single focus on health inequalities, improved services for residents and greater sustainability through joint endeavours. An equality impact assessment has not been completed.
<b>Impact on finance, performance and quality</b>	The impact on finance, performance and quality will be worked through alongside its governance and will be shared at a later stage.
<b>Risks</b>	Please state any risks to the delivery and if possible, relate to the BAF risks

## 1. Introduction and Background

- 1.1 Colleagues across the Integrated Care System (ICS) undertook a piece of work in advance of the establishment of the Integrated Care Board (ICB) on 1<sup>st</sup> July 2022 to determine the form and governance of the seven place-based partnerships in North East London. The intention for place governance in year one was to make use of the new flexibilities in the legislation to establish a governance mechanism that would enable:
- a) more formal integrated ways of working across the ICS partnership; and
  - b) the lawful and efficient delegation of functions based on the principles of subsidiarity.
- 1.2 There were a number of governance options to support place based working set out in policy which accompanied the Health and Care Bill, and the ICS already had a history of working in an integrated way through the BHR Integrated Care Partnership Board and the CCG Area Committee.
- 1.3 It was important to ensure that the governance arrangements enabled an “evolutionary” approach where Places could take on increasing responsibility for aspects of the ICB’s work overtime, and of other partners’ work as national policy around health and social care integration develops. A guiding principle recommended by the principal guidance<sup>3</sup> on the establishment of Place Based Partnerships was to ‘build by doing.’
- 1.4 Following legal advice from Browne Jacobson, and discussion at the Barking and Dagenham Delivery Group it was agreed that the preferred option from 1 July 2022 would be to establish the ICB Sub-Committee, to work in tandem with the Barking and Dagenham Partnership Board, thereby forming the Barking & Dagenham Place Based Partnership.
- 1.5 Under these current arrangements, the Partnership Board is the collective governance vehicle established by the ICS partner organisations who operate in Barking and Dagenham to collaborate on strategic policy matters and oversee joint programmes of work relevant to Barking and Dagenham Place. Where a formal decision needs to be

<sup>3</sup> NHS England and LGA guidance: [ICS-implementation-guidance-on-thriving \(england.nhs.uk\)](https://www.nhs.uk/england/lga-guidance/ics-implementation-guidance-on-thriving/)

taken which relates solely to a function of the ICB, then this can be taken by the ICB Sub-Committee. The Partnership Board and ICB Sub-Committee have aligned terms of reference and a significant overlap in membership which enables them to meet together within the forum of a single meeting. This is the approach taken across North East London in its seven Places.

- 1.6 Other ICS partners<sup>4</sup> may take decisions within the forum of the Partnership Board through individuals on the Board having delegated authority or, in the case of the Local Authority, the decision (depending on what it is) may need to be referred to the HWB. This is especially the case in Barking and Dagenham because the LBBB has delegated further functions to the HWB, which means it has a broader role than that which is mandated for HWBs by statute.
- 1.7 The current governance for the Place Based Partnership enables and encourages strong links with the HWB, for example, through: an overlap in membership (including aspects of chairing); by enabling the HWB to meet with the Partnership Board and ICB Sub-Committee; and by ensuring that plans developed by the Place Based Partnership appropriately reflect the HWB's work. However, under the current arrangements, the HWB takes more of a 'critical friend' and advisory role and is not itself a formal part of the Placed Based Partnership.
- 1.8 A revised terms of reference for the Barking and Dagenham Partnership Board and ICB Sub-Committee is being taken to the ICB Sub-committee on 30 March 2023 for consideration. These terms of reference have been updated to reference the Place Mutual Accountability Framework, which describes the activities intended to be undertaken at place (i.e. the delegation of functions by the Board of the ICB to the B&D ICB Sub-Committee). However, it is open to the partners to continue to evolve their arrangements.
- 1.9 Non-statutory guidance on HWBs was published in November 2022, setting out the role and duties of HWBs and clarifying their role in the new system architecture. The guidance supported the ICB and HWB leadership to understand how they should work together to ensure effective and place-based working following the principle of subsidiarity.
- 1.10 The Local Authority and ICB would like to streamline the Place governance arrangements and explore the option of establishing "Committees in Common" of the ICB Sub-Committee and Health and Wellbeing Board. Currently the HWB and Place ICB Sub-Committee are permitted to meet together, but this approach would bring them together more formally in an aligned way.
- 1.11 This report asks the ICB sub-committee to consider and discuss the option to establish "Committees in Common" of the ICB Sub-Committee and HWB and the next steps.

## **2. Committees in Common**

- 2.1 Committees in Common are a mechanism for collaboration between statutory organisations. They create a framework for aligned decision-making. In essence, under such an approach, each statutory organisation will have delegated relevant functions to its internal committee (i.e. the HWB and ICB Sub-Committee) and those

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<sup>4</sup> (e.g. NHS Trusts and Foundation Trusts)

committees can come together, for all intents and purposes within a single meeting, to take decisions about those functions. The approach promotes consistent decisions between organisations.

- 2.2 Decisions taken by the local authority and ICB within the forum would be aligned decisions. Decisions can be taken simultaneously, but they remain separate decisions that each organisation is accountable for.<sup>5</sup>
- 2.3 The governance arrangements can be structured in different ways, but they work best when there is common (or significant overlap in) membership between the committees and where terms of reference, supporting policies and agendas are aligned.
- 2.4 Establishing the arrangements requires careful governance of the decision-making process to ensure that the decision of each organisation's committee is in line with its internal governance processes (e.g. constitutional arrangements and schemes of delegation). Such arrangements would also need to take into account the respective legal frameworks which apply to local authorities and ICBs.

### **3.0 Next steps**

- 3.1 This report proposes that steps are now taken to explore in detail the option of creating a Committees in Common model aligning the HWB and ICB Sub-committee at Place in Barking & Dagenham, and to operate those arrangements in shadow form before April 2024.
- 3.2 It is proposed that a working group is established to develop the terms of reference for bringing together the HWB and ICB Sub-committee in an aligned way, with a view to the arrangements being considered by the HWB and ICB Sub-Committee in June 2023, and thereafter by the Board of the ICB and the Local Authority as appropriate.
- 3.3 It is recommended that a review of the Partnership Board and the Committees in Common sub-structure is also undertaken to ensure that the partnership governance arrangements brought forward are agile and support the delivery of the Barking and Dagenham Delivery plan, the ICS's priorities and objectives, the HWB's joint local strategy and the North East London Joint Forward plan and integrated care strategy.
- 3.4 This further exploration by the working group will allow detailed options to be considered with full implications examined and outlined for the decision-making bodies within LBBDD Council and by the Board of the ICB.
- 3.5 The approach will need to be endorsed by the Barking and Dagenham ICB Sub-Committee as well as the Health and Wellbeing Board before any actions can be taken. This is scheduled for the meeting on 30<sup>th</sup> March 2023.

### **Governance implications provided by Alan Dawson, Head of Governance & Electoral Services LBBDD with input from ICB Officers.**

The proposals in this report represent the most appropriate way forward for the HWB and the ICB Sub-committee given the existing arrangements. The shadow

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<sup>5</sup> The approach is not the same as a 'joint committee' approach where one binding decision is made on behalf of both organisations involved. This is an alternative approach.

arrangements will provide the opportunity to fine tune the final arrangements prior to their implementation before April 2024.

### **3 Consultation**

Discussions in summer 2022 determined that this was a potential option that could be developed, however further guidance on the role of HWBs and ICB was expected which it was hoped would clarify the situation for HWBs and ICBs to work together. In November 2022 this guidance did not rule out the option for a Committees in Common approach.

The Executive Group of the Place based Partnership have been appraised of the proposals and endorsed the move to progress this.

### **4 Mandatory Implications**

Subject to Members' support of the proposed arrangements, the terms of reference of both the HWB and the Council's Health Scrutiny Committee, which appear as Chapters 7 and 8a respectively in Part 2 of the Council Constitution, will need to be updated to reflect the new arrangements and these shall be presented to the Assembly for approval.

Any changes to the ICB Sub-Committee Terms of Reference will need to be approved by the Board of the ICB and changes to membership of the ICB Sub-Committee will need to be approved by the Chair of the ICB.

#### **4.1 Joint Strategic Needs Assessment**

The ICB must consider the JSNA, as it develops the Integrated Care Strategy (ICS) at NEL level.

#### **4.2 Health and Wellbeing Strategy**

The Local Delivery Plan under the NEL Joint Forward Plan and ICS will align to the JLHWS.

Supports the Better Care Fund programme  
[http://www.local.gov.uk/web/guest/health-wellbeing-and-adult-social-care/-/journal\\_content/56/10180/4096799/ARTICLE](http://www.local.gov.uk/web/guest/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE)

#### **4.4 Financial Implications**

The impact on finance, performance and quality will be worked through alongside its governance and will be shared at a later stage.

#### **4.5 Legal Implications**

##### ***Local Authority legal comments:***

This report recommends the establishment of a streamlined decision-making process by establishing parallel membership of the London Borough of Barking and



Dagenham Council Health and Wellbeing Board and the Integrated Care Board Sub-Committee.

The Health and Social Care Act 2012 under Section 194 established Health and Wellbeing Boards (HWB). This is a Council Committee and carries out the Executive function. It is not subject to political balance. The primary duty of the HWB is to encourage those who arrange for the provision of health or social care services to work in an integrated manner.

On 1 July 2022, the Health and Care Act 2022 established Integrated Care Partnerships and Integrated Care Boards (ICB). The latter replaced CCGs. The ICB has its own sub-committees. The ICB Sub-Committee is a Place based Sub-Committee established by NEL ICB's Population Health & Integration Committee, which is a committee of the Board of the ICB.

Reviewing the respective terms of reference of the HWB and the Place Sub-Committee, it is clear that the four core objectives of the ICB and wider ICS i.e. (a) Improve outcomes in population health and healthcare; (b) Tackle inequalities in outcomes, experience and access; (c) Enhance productivity and value for money; (d) Help the NHS support broader social and economic development, are consistent with the objectives and terms of reference of the HWB, so it is not envisaged the principal of the proposals has any inherent structural inconsistency.

The governance of the meeting(s) is dependent on the mode. While operating as the HWB it is a committee for the purposes of section 102 of the Local Government Act 1972 and the rules for such meetings set out in Schedule 12 of the same Act apply. It will be bound by the Council's Constitution. When sitting as the ICB-Sub-committee the NEL ICB governance will apply. There are differences but not insurmountable.

In terms of Quorum the ICB-Sub requires six Members in attendance and must include the following of which one must be a care or clinical professional:

- (a) Two of the members from the ICB;
- (b) Two of the members from the local authority;
- (c) One of the members from an NHS Trust or Foundation Trust;
- (d) One primary care member.

The HWB requires as Quorum that five Members are present one of which must be a Barking & Dagenham Councillor. That being so if those present are quorate for the ICB-Sub then it will be so for the HWB.

As the HWB is a Council Committee the implication is that the Members will be subject to the Localism Act 2011 declaration of interests and the Council's Members Code of Conduct. Clearly there will need to be training on being a member of such a body and guidance in identifying any conflicts of interest. Finally, unlike the ICB-Sub as it is a Council Committee it can only make decisions at a defined place with due compliance with the law relating to Council meetings which do not permit virtual meetings.

(Implications completed by: Paul Feild, Senior Lawyer Standards and Corporate Governance)

**ICB legal comments:**

We agree that it is a sensible step for such new arrangements to be explored further. The proposed arrangements are consistent with national guidance which emphasises the importance of HWBs within Place Based governance (e.g. as key drivers for integration).

The proposal to establish a working group to develop the proposals further is prudent. We are aware that a similar approach to developing terms of reference has worked well in the past in Barking and Dagenham.

In particular, we recommend that the working group should:

- a. review the current Partnership Board's terms of reference, to consider any continuing role for that structure (or otherwise how/where its strategic role and responsibilities will be undertaken);
- b. consider how decisions by individuals representing other statutory organisations within the ICS might be taken within the committees in common arrangements (e.g. NHS Trusts and Foundation Trusts);
- c. give careful consideration to the membership of each committee and consider how participation of others from across the ICS can best be facilitated (e.g. primary care);
- d. consider how respective legislation governing how NHS bodies meet and Local Authorities meet can permissibly mesh together to enable aligned working;
- e. consider how conflicts of interest can best be managed under respective organisations' legal and policy frameworks.

The working group would be assisted in its work by looking to models of good practice as they emerge across the country<sup>6</sup> and from monitoring legal and policy developments around health and social care integration.

*(Browne Jacobson LLP, lawyers to the North East London Integrated Care Board)*

**Public Background Papers Used in the Preparation of the Report:**

[Health and wellbeing boards: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards)

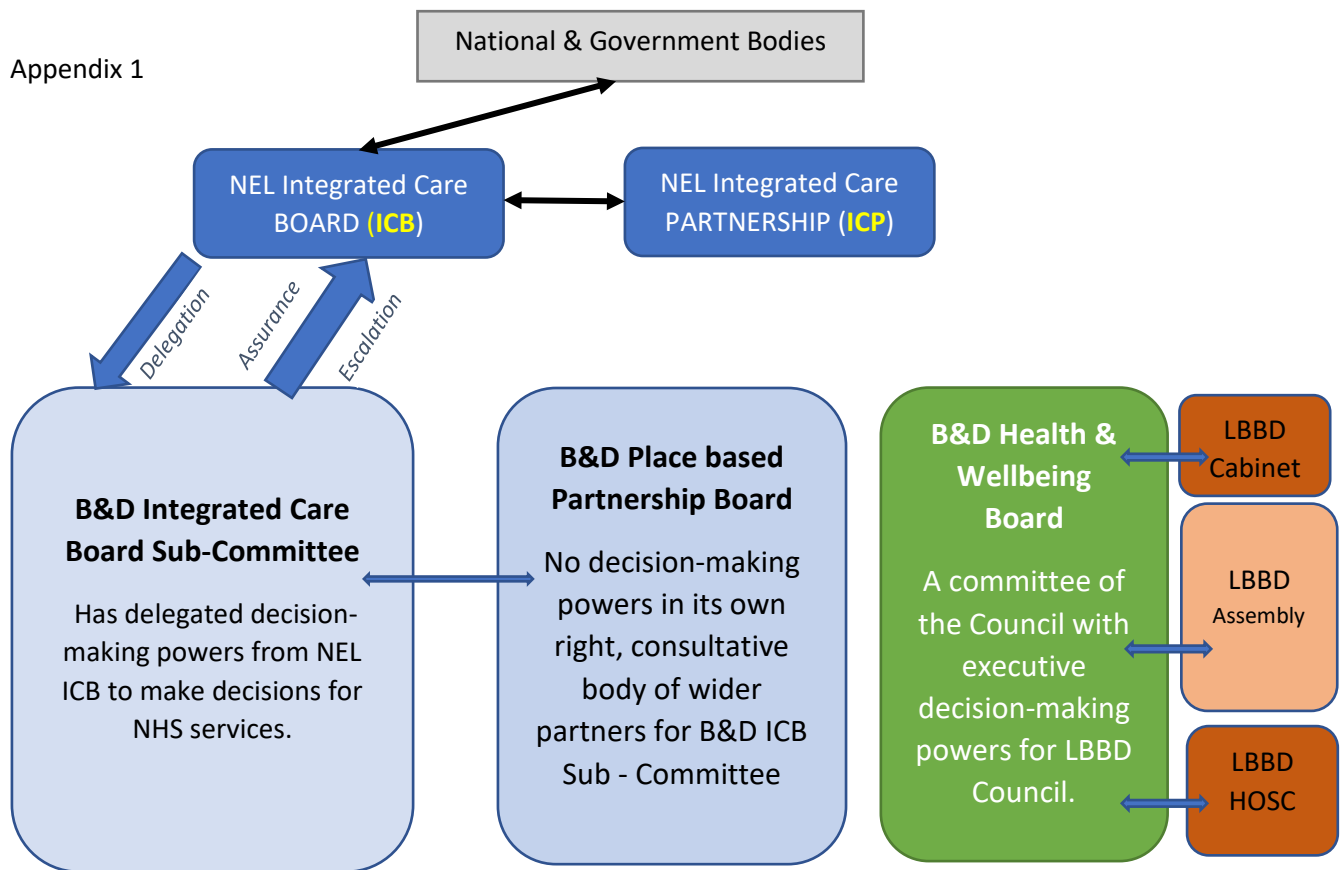
**List of Appendices:**

**Appendix A - Schematic of the current governance framework**

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<sup>6</sup> (e.g. other aligned approaches or joint committee models)

Appendix 1



**Members of B&D PbPB**

LBBB Cabinet member – Cllr Maureen Worby (Joint Chair)  
 GP Provider/ PCN representative- Dr Shanika Sharma (Joint Chair)  
 Director of Place, Impact and Delivery – Sharon Morrow  
 Clinical Director Dr Ramneek Hara  
 Finance NEL – Sunil Thakker  
 Director of Nursing Mark Gilbey Cross  
 LBBB Interim CEO – Fiona Taylor (Place Lead)  
 Strategic Director Children and Adults LBBB - Elaine Allegretti  
 Director of Public Health Matthew Cole  
 Integrated Care Director- Melody Williams  
 Selina Douglas- Executive Director of Partnership (NELFT)  
 Director of Strategy & Partnerships- Ann Hepworth (BHRUT)  
 BD Collective- Elspeth Paisley  
 Healthwatch- Manisha Modhvia  
 Primary Care Development Lead –Dr Kanika Rai  
 Director of Community Participation and Prevention – Rhodri Rowlands  
 Interim Operational Director Adults Care and Support – Susanne Knoerr  
 Chief Operating Officer- Craig Nikolic (Together First CIC, B&D GP Federation)  
 Primary Care Network Director (North)- Dr Narendra Teotia  
 Primary Care Network Director (North West)- Dr Ravi Goriparthi  
 Primary Care Network Director (New West)- Dr Jason John  
 Primary Care Network Director (East)- Dr Afzal Ahmed  
 Primary Care Network Director (East One)- Dr Natalya Bila  
 NEL Pharmaceutical Committee Dental rep'- Dr Liladhare-Shilpa Shah

**Members of ICB Sub committee**

LBBB Cabinet member – Cllr Maureen Worby (Joint Chair)  
 GP Provider/ PCN representative- Dr Shanika Sharma (Joint Chair)  
 Director of Place, Impact and Delivery – Sharon Morrow  
 Clinical Director Dr Ramneek Hara  
 Head of Finance Julia Summers  
 Director of Nursing Mark Gilbey Cross  
 LBBB Interim CEO – Fiona Taylor (Place Lead)  
 Strategic Director Children and Adults LBBB - Elaine Allegretti  
 Director of Public Health Matthew Cole  
 Integrated Care Director- Melody Williams  
 Selina Douglas- Executive Director of Partnership (NELFT)  
 Director of Strategy & Partnerships- Ann Hepworth (BHRUT)  
 BD Collective- Elspeth Paisley  
 Healthwatch- Manisha Modhvia  
 Primary Care Development Lead –Dr Kanika Rai

**Health & Wellbeing Board members**

Cabinet member – Cllr Maureen Worby (Chair)  
 Cabinet member – Cllr Jane Jones  
 Cabinet member – Cllr Elizabeth Kangethe  
 Cabinet member – Cllr Syed Ghani  
 LBBB Interim CEO – Fiona Taylor (Place Lead)  
 Strategic Director Children & Adults – Elaine Allegretti  
 Director of Place, Impact and Delivery – Sharon Morrow  
 Clinical Director Dr Ramneek Hara  
 Director of Public Health Matthew Cole  
 Integrated Care Director- Melody Williams  
 Selina Douglas- Executive Director of Partnership (NELFT)  
 Kathryn Halford – Chief Nurse (BHRUT)  
 BD Collective- Elspeth Paisley  
 Healthwatch- Nathan Singleton

Red text denotes member of both ICB subcommittee and member of HWB.

NOTE: assurance and escalation by the ICB Sub-Committee is done via the ICB’s PH&I Committee