



TOWER HAMLETS PLACE-BASED PARTNERSHIP

TERMS OF REFERENCE

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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 Tower Hamlets area ('**Place**'):
 - (a) Barts Health NHS Trust ('**Barts**')
 - (b) East London NHS Foundation Trust ('**ELFT**')
 - (c) London Borough of Tower Hamlets ('**LBTH**')
 - (d) Tower Hamlets GP Care Group ('**GPCG**')
 - (e) The NHS North East London Integrated Care Board (the '**ICB**')
 - (f) Tower Hamlets Council of Voluntary Services
 - (g) Primary Care Networks
 - (h) Healthwatch
2. 'Place' for the purpose of these terms of reference means the geographical area which is coterminous with the administrative boundaries of LBTH.
3. These terms of reference for the PBP incorporate:
 - (a) As Section 1, terms of reference for the Tower Hamlets Together Board (the '**THT 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 Tower Hamlets Place ICB 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 THT 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 THT 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 THT Board and the governance structures described in Section 2. In the case of the THT 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 THT Board is not also a member of a structure described in Section 2, it is expected that the THT Board member will receive a standing invitation to meetings of those structures (which may be held in tandem with THT 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 THT 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 THT Board

Status of the THT Board	<ol style="list-style-type: none">1. Tower Hamlets Together (THT) is a partnership of health and care organisations who are working together to deliver integrated health and care services for the population of Tower Hamlets. Building on our understanding of the local community and our experience of delivering local services and initiatives, THT partners are committed to improving the health of the local population, improving the quality of services and effectively managing the Tower Hamlets health and care pound.2. The THT Board does not have any formally delegated responsibilities from any of the respective partner organisations. The Board is, however, constituted by representatives of each of the respective partner organisations, who will represent the views of their organisation on matters relevant to Place, and who intend to work together in accordance with the THT values, vision, mission and purpose outlined below.3. Where applicable, the THT Board may also make recommendations on matters a partner organisation asks the THT Board to consider on its behalf.
Geographical coverage	<ol style="list-style-type: none">4. 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 the LBTH.
Vision, mission and values	<ol style="list-style-type: none">5. Our vision:<ol style="list-style-type: none">(a) Tower Hamlets residents, whatever their backgrounds and needs, are supported to thrive and achieve their health and life goals, reducing inequalities and isolation.(b) Health and social care services in Tower Hamlets are high quality, good value and designed around people's needs, across physical and mental health and throughout primary, secondary and social care.(c) Service users, carers and residents are active and equal partners in health and care, equipped to work collaboratively with THT partners to plan, deliver and strengthen local services.6. Our mission is to transform people's health and lives in Tower Hamlets, reducing inequalities and reorganising services to match people's needs.7. Our values:<ol style="list-style-type: none">(a) We are collaborative(b) We are compassionate

Role of the THT Board

- (c) **We are inclusive**
- (d) **We are accountable**

8. The THT Board is responsible for furthering the strategic development of health and social care with key partners, including the voluntary and community services sector, education, communities and with the scope to involve other key system partners at Place. It is responsible for building effective relationships across the system at Place.
9. The Board will have a leading role in promoting the health of the population of the borough and the oversight of health and social care integration, including service redesign, transformation and innovation. Integration is a key local priority. Board members will identify opportunities to improve outcomes and reduce costs, duplication and implement joint working to address this. The ethos of partnership working will underpin the programme of work, recognising that, on occasions, difficult decisions may be required by partners in order to deliver improvements for the Tower Hamlets population.
10. The THT Board has the following core responsibilities:
 - (a) In the domain of leadership at Place, to provide:
 - visible and engaged collective leadership at Place, articulating to staff and citizens the benefits of the partnership and of integrated working beyond our respective partner organisations.
 - leadership and direction in promoting the health of the Tower Hamlets population.
 - leadership and direction in the integration of health and social care services in the borough.
 - (b) To prioritise and shape the overall approach to health and social care integration in the borough to best address local needs, which shall include setting a local system vision and strategy, reflecting the priorities determined by local 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 Tower Hamlets Health and Wellbeing Board

(‘HWB’), together with the needs assessment for the area;

- as appropriate, the Tower Hamlets Community Plan, developed by the Tower Hamlets Strategic Partnership, and the Healthy London Partnership and London Mayor’s Health Inequalities Strategy.

(c) To develop the Place Based Partnership Plan for Tower Hamlets (‘**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.
- developed by drawing on population health management tools and in co-production with service users and residents of Tower Hamlets.
- prepared with an emphasis on the monitoring of health and social care and related outcomes for the people of Tower Hamlets.
- prepared with a view to supporting the transformation of community services.

(d) As part of the development of the PBP Plan, to develop the Place objectives and priorities and an associated outcomes framework for Place. A summary of these priorities and objectives can be found [here](#).

(e) To work in partnership with other statutory and non-statutory organisations to improve health and wellbeing and reduce inequalities.

(f) To ensure effective governance within the management of the partnership.

(g) To develop new models of care that better serve the Tower Hamlets population, ensuring that such models take into account the above mentioned plans, while having a strong emphasis on the primacy of the Tower Hamlets locally owned delivery.

- (h) 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.
- (i) To develop and agree a shared communications function at place.
- (j) To identify and agree plans to submit for new opportunities or funding.
- (k) To develop models for payment reform and the collective sharing of risk.
- (l) To provide direction to the life course workstreams and receive regular reports on progress of priorities, transformation and delivery.
- (m) To oversee delivery and performance at Place against:
 - national targets.
 - 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.
- (n) 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 THT 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 as a whole across Place.

- (o) To oversee the use of resources and promote financial sustainability and transparency. In particular this shall include overseeing the development and delivery of saving schemes at Place (such as relating to the plans above and the LBTH's commissioning strategies) and provider saving schemes. This will also include receiving recovery plans for programmes that are significantly off track (rated red).
- (p) To review and assess the development of business cases in an approved format and make recommendations on the commissioning strategy including associated areas for investment, savings and QIPP as a result of service transformation, innovation, research and development.
- (q) To make recommendations about the exercise of any functions that a partner organisation asks the THT Board to consider on its behalf.
- (r) 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;
 - tackle inequalities in outcomes, experience and access;
 - enhance productivity and value for money;
 - help the NHS support broader social and economic development.
- (s) To support the North East London Integrated Care System to deliver against its strategic priorities and its operating principles, as set out [here](#).

**Statutory
decision-making**

11. 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 THT Board.
12. 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 THT Board members in attendance and, where appropriate, contributing to the discussion to inform the statutory decision-making process. This is, however,

Making recommendations

subject to any specific legal restrictions applying to the functions of a partner organisation and subject to conflict of interest management.

13. Where appropriate in light of the expertise of the THT Board, the THT 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.
14. Note that where the THT 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 THT Board does shall restrict or undermine that responsibility. However, when considering and making recommendations in relation to such functions, the THT Board will ensure that it has regard to the statutory duties which apply to the partner organisation.
15. 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

16. The THT 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. This may include, where appropriate, aligning meetings or establishing joint working groups.
17. The THT Board may establish working groups or task and finish groups, to inform its work. Any working group established by the THT Board will report directly to it and shall operate in accordance with terms of reference which have been approved by the THT Board.

Collaboration with the HWB

18. The THT 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.
19. In particular, the HWB has identified integration of health and care services as one of its five priorities. The THT Board will support the HWB with delivering against this priority, including the discharge of the HWB's duty under s 195 of the Health & Social Care Act 2012 to encourage health and social care services to work in an integrated manner. The Board will submit, from time to time, and at the request of the HWB, a report detailing progress in integrating health and social care services in the borough.

Safeguarding collaboration

Chairing and executive lead arrangements

20. The THT Board will also work in close partnership with the Tower Hamlets Safeguarding Children Partnership and the Safeguarding Adults Board for Tower Hamlets.

21. The Chair of the THT Board will be the Independent Chair, referred below.

22. The Deputy Chair of the THT Board will be the Clinical / Care Director.

23. If for any reason the Chair and Deputy Chair are absent for some of all of a meeting, the members shall together select a person to chair the meeting.

24. The Chief Executive of LBTH will be the Place Executive Lead.

Membership

25. There will be a total of [15] members of the THT Board, as follows:

Joint ICB & LBTH role

- (a) Director of Integrated Commissioning (ICB & LBTH)

ICB

- (b) Clinical Care Director for Tower Hamlets
- (c) Director of Finance or their nominated representative
- (d) Director of Nursing/Quality or their nominated representative

LBTH

- (e) Corporate Director Health, Adults & Community
- (f) Corporate Director of Children and Culture
- (g) Director of Public Health

NHS Trusts/Foundation Trusts

- (h) Chief Executive Officer, Royal London and Mile End Hospitals, Barts
- (i) Director of Integrated Care, ELFT

Primary Care

- (j) Joint Chief Executive, GPCG
- (k) Place Based Partnership Primary Care Development Clinical Lead

	<p><i>Voluntary sector</i></p> <p>(l) Chief Executive Officer, Tower Hamlets CVS</p> <p><i>Healthwatch</i></p> <p>(m) Representative, Healthwatch</p> <p><i>Others</i></p> <p>(n) Independent Chair</p> <p>(o) Resident and community representative¹</p> <p>26. The members, set out above, will be expected to nominate a deputy to attend a meeting of the THT Board that they are unable to attend.</p>
<p>Participants</p>	<p>27. The following, or with the permission of the Chair their nominated deputy, shall be in attendance:</p> <p>(a) THT Programme Manager, Partnership Development team, ICB & LBTH</p> <p>(b) Deputy Director of Partnership Development, ICB & LBTH</p> <p>28. The THT 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 Chair of the THT Board.</p>
<p>Meetings</p>	<p>29. The THT 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:</p> <p><i>Scheduling meetings</i></p> <p>30. THT Board will normally meet monthly with dates to be circulated three months in advance.</p> <p>31. On a bi-monthly basis, subject to a minimum of four occasions each year, the THT Board will hold its meetings in tandem with the Place ICB Sub-Committee.²</p>

¹ Role title is TBC

² In the first financial year of operation the Place ICB Sub-Committee is only expected to meet on three occasions.

32. The expectation for such meetings to be held in tandem will not preclude the THT Board from holding its own more regular or additional meetings.
33. Changes to meeting dates or calling of additional meetings will be convened as required in negotiation with the Chair.

Quoracy

34. For a meeting of the THT Board to be quorate, at least six members will be present and must include:
- (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.
35. If any member of the THT Board 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.
36. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Papers and notice

37. 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.
38. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair.

Virtual attendance

39. It is for the Chair to decide whether or not the THT Board will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Chair 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

40. Where the Partnership Board meets jointly with the Place ICB Sub-Committee in accordance with paragraph 30, 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 Chair.

Recordings of meetings and publication

41. Except with the permission of the Chair, no person admitted to a meeting of the THT Board shall be permitted to record the proceedings in any manner whatsoever, other than in writing.

Meeting minutes & work plan

42. 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 THT Board together with the action log, as soon as practicable after the meeting having taken place. The minutes shall be submitted for agreement at the next meeting where they shall be signed by the Chair. In addition, the THT Board will maintain and oversee the implementation of a work plan.
43. Where it would promote efficient administration, meeting minutes, action logs and the work plan, may be combined with those of the Place ICB Sub-Committee and/or other place governance structures in Section 2.

Governance support

44. Governance support will be provided to the Partnership Board by the ICB's governance team.

Confidential information

45. Where confidential information is presented to the THT Board, all those present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles.

Decision-making

46. The THT 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>47. The THT Board is formally a sub-group of the Tower Hamlets Health and Wellbeing Board.</p> <p>48. The THT 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>49. 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>50. In the event that the THT Board is unable to agree a consensus position on a matter it is considering, this will not prevent any or all of 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>Conflicts of Interest</p>	<p>51. 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. Notwithstanding such requirements:</p> <p>(a) There must be transparency and clear accountability of the THT Board. Members of the Board must declare any interest and/or conflicts of interest at the start of the meeting (as well as at the start of the financial year). Where matters of conflicts of interest arise, the Chair has the power to request that members withdraw from discussion/voting until the matter is concluded if this is deemed appropriate.</p> <p>(b) Where the Chair of the THT Board has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, he or she must make a declaration and the Deputy chair will act as chair for the relevant part of the meeting.</p>
<p>Accountability and Reporting</p>	<p>52. Meeting minutes will be circulated to the partner organisations, as appropriate, and the THT Board will also report to the ICP.</p> <p>53. In addition, the THT work plan will be shared with relevant partner organisations and other interdependent bodies, committees or sub-committees as appropriate.</p>

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

54. Members of the THT Board shall disseminate information back to their respective organisations as appropriate, and feedback to the group as needed.
55. Given its purposes at paragraph 10(n) above, the THT 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.
56. The THT Board will carry out an annual review of its effectiveness and provide an annual report to the ICP and to the partner organisations. This report will outline and evaluate the THT Board's work in discharging its responsibilities, delivering its objectives and complying with its terms of reference. As part of this, the THT Board will review its terms of reference and agree any changes it considers necessary.



Section 2

Terms of reference for the Tower Hamlets Sub-Committee of the North East London Integrated Care Board

Status of the Sub-Committee	<ol style="list-style-type: none"> 1. The Tower Hamlets Sub-Committee of the North East London Integrated Care Board ('the Place ICB Sub-Committee') is established by the Population Health & Integration Committee (the 'PH&I Committee') as a Sub-Committee of the PH&I Committee. 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 ('the Board'). Additionally, the membership of the Sub-Committee must be approved by the Chair of the Board. 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. 4. These terms of reference should be read as part of the suite of terms of reference for the Tower Hamlets Place-Based partnership ('PBP'), including the terms of reference for the THT Board ('the THT Board') in Section 1, which define a number of the terms used in these Place ICB Sub-Committee terms of reference.
Geographical coverage	<ol style="list-style-type: none"> 5. The geographical area covered will be Place, as defined in the THT Board's terms of reference in Section 1.
Purpose	<ol style="list-style-type: none"> 6. The Place ICB Sub-Committee has been established in order to: <ol style="list-style-type: none"> (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; (b) Support the development of collaborative arrangements at Place, in particular the development of the PBP. 7. The Delegated Functions which the Place ICB Sub-Committee will exercise are set out at Annex 1. 8. The Place ICB Sub-Committee, through its members, is authorised by the ICB to take decisions in relation to the Delegated Functions. 9. Further functions may be delegated to the Place ICB Sub-Committee over time, in which case Annex 1 will be updated with the approval of the Board, on the recommendation 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 THT 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) The HWB's joint local health and wellbeing strategy for Tower Hamlets, together with the HWB's needs assessment for the area;
 - (e) 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.
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.

Key duties relating to the exercise of the Delegated Functions

Collaborative working

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 THT 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.

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 Tower Hamlets Health and Wellbeing Board (which the THT Board is a sub-group of) 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 LBTH under section 43 of the Care Act 2014; and
- (c) the Safeguarding Children's Partnership established by LBTH, ICB and Chief Officer of Police, under section 16E of the Children Act 2014.

Establishing working groups

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

Chairing and executive lead arrangements

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 by the Independent Chair who is appointed on account of their specific knowledge, skills and experiences making them suitable to chair the Sub-Committee.
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. The Deputy Chair of the Place ICB Sub-Committee will be Clinical / Care Director.
25. If a Chair has a conflict of interest then the Deputy Chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.
26. The Chief Executive of LBTH will be the Place Executive Lead.

Membership

27. 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.
28. 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.
29. The membership of the Place ICB Sub-Committee includes members drawn from the following partner organisations which operate at Place:
 - (a) The ICB
 - (b) Barts
 - (c) ELFT
 - (d) LBTH
 - (e) GPCG
 - (f) Tower Hamlets Council of Voluntary Services
 - (g) Healthwatch
30. There will be a total of 15 members of the Place ICB Sub-Committee, as follows:

Joint ICB & LBTH role

- (a) Director of Integrated Commissioning

ICB

- (b) Clinical Care Director for Tower Hamlets
- (c) Director of Finance or their nominated representative
- (d) Director of Nursing/Quality or their nominated representative

LBTH

- (e) Corporate Director Health, Adults & Community
- (f) Corporate Director of Children and Culture
- (g) Director of Public Health

NHS Trusts/Foundation Trusts

- (h) Chief Executive Officer, Royal London and Mile End Hospitals, Barts
- (i) Director of Integrated Care, ELFT

Primary Care

- (j) Place Based Partnership Primary Care Development Clinical Lead
- (k) Joint Chief Executive, GPCG

Others

- (l) Independent Chair
- (m) Resident and community representative³
- (n) Representative, Healthwatch
- (o) Chief Executive Officer, Tower Hamlets CVS

31. With the permission of the Chair 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 Chair regarding authorisation of nominated deputies is final.

³ Role/detail to be confirmed/agreed.

Participants

32. When determining the membership of the Sub-Committee, active consideration will be made to diversity and equality.
33. Only members of the Sub-Committee have the right to attend Sub-Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Sub-Committee.
34. Meetings of the Sub-Committee may also be attended by any members of the THT Board (i.e. in Section 1) who are not also members of the Sub-Committee, which includes:
- (a) THT Programme Manager, Partnership Development Team, ICB & LBTH
 - (b) Deputy Director of Partnership Development, ICB & LBTH
35. The Chair 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

36. 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.

Meetings, Quoracy and Decisions

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 the wider ICB policies and procedures, except as otherwise provided below:

Scheduling meetings

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.⁴ Additional meetings may be convened on an exceptional basis at the discretion of the Chair.
39. The Place ICB Sub-Committee will usually hold its meetings together with the THT 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 Chair, it is expected that such circumstances would be rare.

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

40. The Place ICB Sub-Committee acknowledges that the THT 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.
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

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

Voting

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. Where there is a split vote, with no clear majority, the Chair of the Sub-Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

Papers and notice

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

Virtual attendance

48. It is for the Chair 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 Chair 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. Meetings at which public functions of the ICB are exercised will usually be open to the public, unless the Chair determines, at his or her 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. The Chair shall give such directions as he/she thinks 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. A person may be invited by the Chair 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. 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. There shall be a section on the agenda for public questions to the committee, which shall be in line with the ICB's agreed procedure as set out on our website [here](#).

Recordings of meetings and publication

54. Except with the permission of the Chair, 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. 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. 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 Chair.

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

Legal or professional advice

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

Conflicts of Interest

60. 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.

Conduct

61. 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. Members must demonstrably consider equality diversity and inclusion implications of the decisions they make.

Disputes

63. 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,

Referral to the PH&I Committee

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.

64. 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.
65. With regard to determining whether a decision falling within paragraph 64 shall be referred to the PH&I Committee for consideration then the following applies:
- (a) The Chair of the Place ICB Sub-Committee, at his or her 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. Where a matter is referred to the PH&I Committee under paragraph 64, 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. In addition to the Place ICB Sub-Committee's ability to refer a matter to the PH&I Committee as set out in paragraph 64:
- (a) The PH&I Committee, or its Chair and Deputy Chair (acting together), may determine that any decision falling with paragraph 64 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.

Accountability and Reporting

68. 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. 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](#).

70. In the event that the Chair of the ICB, its Chief Executive, the Board of the ICB or the PH&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.

Shared learning and raising concerns

71. 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&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.

Review

72. The Place ICB Sub-Committee will review its effectiveness at least annually.

73. 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.

Date of approval: 1 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

The Place ICB Sub-Committee will have delegated responsibility for exercising the ICB's commissioning functions at Place in relation to the following 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 at Place for the Specified Services, in line with ICB policy.
4. Working with the THT 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 data and intelligence in coproduction with service users and residents of Tower Hamlets. 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 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.

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, 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.

Finance

The Place ICB Sub-Committee will undertake the following specific activities in relation to financial control and contracting:

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.
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, 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.
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 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;
 - 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.
 - 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.