

The Executive Committee of North East London ICB

TERMS OF REFERENCE

Status	<ol style="list-style-type: none">1. The Executive Committee (“the Committee”) is established by the Integrated Care Board (the “ICB”) as a Committee of the Board of the ICB (“the Board”).2. These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board. Additionally, the membership of the Committee must be approved by the Chair of the Board.3. The Committee and all of its members are bound by the ICB’s Constitution, Standing Orders, Standing Financial Instructions, policies and procedures of the ICB.
Authority	<ol style="list-style-type: none">4. Those members who represent partner organisations other than the ICB will have sufficient authority from their organisation in order to be able to seek information which the Committee requires; and to take relevant decisions or, at least, move programmes of work forwards by holding discussions in their own organisation and escalating matters of importance.5. 4. The Committee is authorised by the Board to take all necessary actions to fulfil the remit described within these terms of reference, including obtaining professional (including legal) advice, commissioning reports and creating groups. The Committee will follow the processes described by the Board for commissioning any professional advice. The Committee may establish groups to assist the committee to undertake its functions but it cannot delegate decisions to such groups.6. The Committee has also been authorised by the ICB to establish the Clinical Advisory Group (‘CAG’) as a sub-committee. The key role of the CAG will provide strategic clinical leadership and guidance across the ICB to inform its decisions.
Purpose	<ol style="list-style-type: none">7. The Committee will support the ICB and ICS with the achievement of the ‘four core purposes’ of Integrated Care Systems, namely to:<ol style="list-style-type: none">(a) Improve outcomes in population health and healthcare;(b) Tackle inequalities in outcomes, experience and access;(c) Enhance productivity and value for money;

Responsibilities of the Committee

(d) Help the NHS support broader social and economic development.

8. The Committee will oversee and take any relevant decisions in the following areas, set out below, in line with the principles which have been agreed by the ICS partners, set out [here](#). The Committee will also prioritise delivery against the agreed strategic priorities of the ICS set out [here](#).

9. The duties of the Committee will be driven by the ICB's objectives and the associated risks. An annual programme will be agreed before the start of each financial year; however, this will be flexible to accommodate and respond to new and emerging priorities and risks.

10. In particular, the Committee shall:

Overall focus on addressing inequalities, reducing variation and improving equity for all the people of north east London while ensuring participation and co-production is central to our collective approach.

Strategy

(a) Provide executive oversight of the preparation and delivery of the Integrated Care Partnership (ICP) Integrated Care Strategy, the associated joint forward plan, and the joint capital resource use plan, ensuring delivery of key commitments, objections and milestones.

(b) Develop and recommend to appropriate partner organisations for approval related strategies for discrete areas for implementation across the ICS area, such as estates.

Finance

(c) Provide executive oversight of the ICS system budget and financial delegations to ensure delivery of system control total and financial improvement trajectory.

(d) Provide executive oversight of system finance and associated risks.

(e) Ensure opportunities for bidding for transformational funding are maximised and provide oversight of bids.

(f) Approve matters in line with the scheme of reservation and delegation.

Quality

(g) Oversee system quality and safety, receiving updates and assurances from the NEL System Quality Group.

People

- (h) Oversee delivery of the NEL People Plan and any workforce issues, receiving updates and assurance from the NEL People Board.

Policy

- (i) Recommend to the Board and provide executive oversight of adherence to the following policies:
 - (i) Standard of Business Conduct Policy and conflicts of interest policy and procedures;
 - (ii) Working with People and Communities Strategy.
- (j) Approve and provide executive oversight of adherence to policies for the following:
 - (i) Procurement
 - (ii) Performance management and oversight of system operating plan

Emergency response

- (k) Provide executive coordination of strategy and system response to incidents and emergencies, including in relation to the ICB's duties under section 252A of the 2006 Act and by virtue of being a category 1 responder under part 1 of the Civil Contingencies Act 2004. This will include approving the ICB's arrangements for business continuity and emergency planning, preparedness and resilience.

System transformation

- (l) Drive forward the ICB's commitment to continuous development and improvement.

Programmes

- (m) Oversee delivery against the ICS programmes of work, including urgent and emergency care and specialised commissioning.
- (n) Ensure that the selection prioritisation and resourcing of programmes, projects and other activities is appropriate and effective.

Risk

- (o) Manage risk and mitigation plans, escalating key risks and issues to the Board of the ICB or to the other partner organisations, and seek assurance from relevant committees and groups of the ICB and wider ICS, as appropriate.
- (p) Escalate to the Board via the Board Assurance Framework as appropriate.

Communications

- (q) Approve and oversee the communications strategy for the ICS and ICB
- (r) Oversee public engagement and participation activities in line with the ICB's Working with People and Communities Strategy

Chairing arrangements

11. The Committee will be chaired by the Chief Executive of the ICB and will agree the Committee's agenda and ensure that its work and discussions meet the objectives set out in these terms of reference.
12. The Chair of the Committee will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.
13. Committee members may appoint a Vice Chair from amongst the members. If a Chair has a conflict of interest then the Vice Chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

Membership

14. The Committee members shall be appointed by the Board in accordance with the ICB Constitution and the Chair of the ICB will approve the membership of the Committee.
15. When determining the membership of the Committee, active consideration will be made to diversity and equality.
16. The Committee shall have 16 members as follows:
 - (a) ICB Leadership:
 - (i) Chief Executive
 - (ii) Chief Finance Officer
 - (iii) Chief Nursing Officer
 - (iv) Chief Medical Officer
 - (v) Chief Participation and Place Officer
 - (vi) Chief Strategy and Transformation Officer
 - (vii) Chief People and Culture Officer
 - (b) NHS Trust and Foundation Trust Leadership:
 - (i) Chief Executive, Barking, Havering & Redbridge University Hospitals NHS Trust
 - (ii) Chief Executive, Barts Health NHS Trust

- (iii) Chief Executive, East London Foundation NHS Trust
- (iv) Chief Executive, Homerton Healthcare NHS Foundation Trust.
- (v) Chief Executive, North East London NHS Foundation Trust
- (c) Local authority leadership:
 - (i) Two Chief Executives to be nominated by the eight local authorities in the ICB's area.
- (d) Local authority social care expertise:
 - (i) Director of Adult Social Care nominated by the eight local authorities in the ICB's area.
 - (ii) Director of Children's Social Care nominated by the eight local authorities in the ICB's area.
- (e) Local authority public health expertise:
 - (i) Director of Public Health nominated by the eight local authorities in the ICB's area.
- (f) Primary Care:
 - (i) Executive lead for primary care collaborative

Participants

17. Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee.
18. The following individuals who are not members of the Committee, will also be invited to attend meetings as required:
 - (a) Leads for performance, people and OD, and governance;
 - (b) Chief Executive/Director, London Ambulance Service NHS Trust
19. Meetings of the Committee may also be attended by the following individuals for all or part of a meeting as and when appropriate:
 - (a) Those with expertise in the following areas: workforce, technology, innovation, research and development, research, education, academic health science network; and
 - (b) VCSE representatives.
20. Where an individual who is invited to attend (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

Meetings, Quoracy and Decisions

21. The Chair may ask any or of those who normally attend but who are not members to withdraw to facilitate open and frank discussion on particular matters.
22. For the avoidance of doubt, the paragraph above applies equally to participants as to members.

23. The Committee will operate in accordance with the ICB's governance framework, as set out in its Constitution and Handbook and wider ICB policies and procedures, except as otherwise provided below:

Scheduling meetings

24. The Committee will meet monthly and additional meetings may take place as required.
25. The Board, Chair of the Board or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

Quorum

26. For a meeting to be quorate a minimum of two members from the ICB, two from local authorities and two from NHS trusts shall be present.
27. If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
28. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decision may be taken.

Nominated deputies

29. With the permission of the Chair, the members set out above, may nominate a deputy to attend a meeting that they are unable to attend. The deputy may speak and vote on their behalf. The decision of the Chair regarding authorisation of nominated deputies is final.

Voting

30. Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote. Only members of the 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 Committee will hold the casting vote. The result of the vote will be recorded in the minutes

Papers and notice

31. A minimum of seven clear working days' notice is required of the date and time of a meeting. Notice of all meetings will 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.

32. 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

33. It is for the Chair to decide whether or not the 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.

Recordings of meetings and publication

34. Except with the permission of the Chair, no person admitted to a meeting of the Committee will be permitted to record the proceedings in any manner whatsoever, other than in writing

Confidential information

35. Where confidential information is presented to the 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

36. 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 Committee together with the action log as soon after the meeting as practicable. The minutes will be submitted for agreement at the next meeting where they will be signed by the Chair.

Governance support

37. Governance support to the Committee will be provided by the ICB's governance team.

Conflicts of interest

38. 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

39. Members will be expected to behave and conduct business in accordance with:

	<ul style="list-style-type: none"> (a) The ICB's policies and procedures including its Constitution, Standing Orders and Standards of Business Conduct Policy 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; <p>40. Members must demonstrably consider equality, diversity and inclusion implications of the decisions they make.</p>
<p>Accountability and Reporting</p>	<p>41. The Committee is accountable to the Board and will report to the Board on how it discharges its responsibilities.</p> <ul style="list-style-type: none"> 1. Exception reports will be presented to the ICB Board by the Chair of the committee. The minutes of the committee will be presented to the ICB Board once approved by the committee. 2. The Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.
<p>Review</p>	<ul style="list-style-type: none"> 3. The Committee will review its effectiveness at least annually. 4. 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.

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