NHS
North East London
Integrated Care Board

North East London Mental Health, Learning Disability & Autism Collaborative

TERMS OF REFERENCE

Introduction

1. The NHS North East London Integrated Care Board (‘**ICB**’) and the following NHS providers of mental health, learning disability and autism (‘**MHLDA**’) services, who are all partners of the North East London Integrated Care System (‘**ICS**’), have come together to form the North East London MHLDA Collaborative Sub-Committee (‘the **Sub-Committee’**). The NHS providers of MHLDA services are:

   (a) East London NHS Foundation Trust (‘**ELFT**’)

   (b) North East London NHS Foundation Trust (‘**NELFT**’)

2. For the purpose of these terms of reference, the providers and the ICB shall be known as the ‘**NHS Partner Organisations**.’

3. The Sub-Committee has been established with a view to enabling the NHS Partner Organisations to work collaboratively, with a shared purpose, and at scale across multiple places in North East London, to improve outcomes, quality, value and equity for residents of north east London with, or at risk of, MHLDA.

Status

4. The Sub-Committee is established by the Population Health and Integration Committee (‘**the PH&I Committee**’) as a sub-committee of the PH&I Committee.

5. 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 PH&I Committee. Additionally, the membership of the Sub-Committee must be approved by the Chair of the Board of the ICB.

6. 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.

Authority

7. The Sub-Committee is authorised by the ICB 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 Sub-Committee will follow the processes described by the Board for commissioning any professional advice. The Sub-Committee may establish groups to assist the

committee to undertake its functions but it cannot delegate decisions to such groups.

Purpose and core responsibilities

8. The Sub-Committee has been established in order to:

(a) Provide the NHS Partner Organisations with the ability to collaboratively direct and oversee the delivery of high-quality patient care relating to in-scope MHLDA services in North East London;

(b) Support the development of further collaboration between the NHS Partner Organisations (including working together towards the Sub-Committee receiving a formal delegation for the functions associated with the Mental Health Investment Standard and other investment into mental health, and exploring opportunities for formal joint working).

(c) Enable collaboration with an emphasis on minimising health inequalities, striving to: embed joint accountability, improve equity of access to appropriate and timely health services, and to ensure the needs and experiences of communities can be considered over whole pathways of care;

(d) Ensure and encourage the engagement of all the partner organisations of the ICS, with a view to shaping the future of MHLDA services across North East London;

(e) Coordinate work to reduce inequalities in health outcomes, access and experience where it is the case that action across the NHS Partner Organisations and/or the ICS is required;

(f) Coordinate improved resilience of services (e.g. by mutual aid) where it is the case that action across the NHS Partner Organisations and/or the ICS is required and ensure that specialisation and consolidation can occur where this will provide better outcomes and value;

(g) Ensure that people participation is at the heart of all the activities of the Sub-Committee, and of the collaborative's wider work;

(h) Leading the development of the ICS strategy for MHLDA, and put in place arrangements to ensure its delivery with ICS partners including the seven place-based partnerships;

(i) Provide assurance to the ICB on the delivery of the ICS strategy for MHLDA, including service user and carer led priorities, and the NHS Long Term Plan; and agree mitigations where there are significant delivery risks;

(j) Lead annual planning to meet the needs of people for MHLDA services in North East London across the ICS;

(k) Enable the exercise of the Delegated Functions in a simple and efficient way (as outlined in **Annex 1**).

9. **Annex 1** lists the Delegated Functions, which have been delegated to the Sub-Committee by the ICB. Matters delegated to the Sub-Committee are also set out in an operational scheme of delegation, which has been developed by the ICB. The Sub-Committee, through its members set out

at paragraph 22 below is authorised by the Board to take decisions in relation to those matters on behalf of the ICB.

10. The Sub-Committee does not hold delegated functions from ELFT or NELFT. However, members of the Sub-Committee from those organisations may have appropriate delegated responsibility from their partner organisation to make decisions on behalf of their organisation in connection with MHLDA or, at least, will have sufficient responsibility to discuss matters on behalf of their organisation and be ready to move programmes of work forwards by holding discussions in their own organisation and escalating matters of importance.

11. The NHS Partner Organisations acknowledge that 2022/2023 is a transitional year and, accordingly, the focus of the Sub-Committee will be on determining the vision and arrangements for future collaboration. Consequently, it is expected that the arrangements described in these terms of reference will evolve, including to bring further functions within scope overtime.

12. As the list of Delegated Functions develops, they shall be exercised with particular regard to the Sub-Committee's priorities and objectives, as described in the MHLDA Services Plan, which the Sub-Committee shall develop and which will be approved by the PH&I Committee on behalf of the ICB, and by the other NHS Partner Organisations in accordance with their own governance requirements. A summary of the Sub-Committee's priorities and objectives shall be contained at **Annex 2**.

13. In addition, the Sub-Committee will support the ICB, and where relevant the other NHS Partner Organisations, 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 joint local health and wellbeing strategies and associated needs assessments prepared by the eight health and wellbeing boards; and

    (e) The plans prepared by the seven place-based partnerships, within the ICS's area.

14. The Sub-Committee will prioritise its work against the strategic priorities of the ICS and the ICS operating principles set out here.

15. In supporting the NHS Partner Organisations to discharge their statutory functions and deliver the strategic priorities of the ICS, the 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.

16. The Sub-Committee is also 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.

Chairing Arrangements

17. The Sub-Committee will be chaired by one of the Non-Executive Members of the Board of the ICB, appointed on account of their specific knowledge, and skills and experience making them suitable to chair the Sub-Committee.

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

19. The joint Deputy Chairs of the Sub-Committee will be the two Acting Chairs of ELFT and NELFT.

20. The term of office for the Chair and joint Deputy Chairs for the Sub-Committee will align to their tenure of appointment or following a significant change in the scope and function of the Sub-Committee following an annual review, whichever is sooner.

Membership

21. The 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 APC.

22. The Sub-Committee shall have 14 members[1], as follows:

ICB:

(a) Non-Executive Member (**Chair**)
(b) Chief Executive Officer
(c) Chief Finance and Performance Officer

ELFT:

(d) Acting Chair (**Joint Deputy Chair**)
(e) Non-Executive Director
(f) Chief Executive Officer
(g) Executive Director of Integrated Care

NELFT:

(h) Acting Chair (**Joint Deputy Chair**)
(i) Non-Executive Director

[1] It is intended that the Joint Chair of ELFT and NELFT will chair this committee once appointed. This will change the membership, which currently includes the Acting Chairs of both NHS Trusts.

(j) Chief Executive Officer

(k) Executive Director of Partnerships

Local Authority:

(l) CEO / Executive Director London Borough of [x]

Primary Care:

(m) A representative of the NEL Primary Care Collaborative

Child and Adolescent Mental Health:

(n) A representative of the New Models of Care/ Mental Health Specialist Commissioning Collaborative

Participant observers:

Patient/Service User representative from:

- 2 from ELFT
- 2 from NELFT
- Healthwatch
- Voluntary Sector

23. It is expected that members from the NHS Partnership Organisations shall have appropriate delegated responsibility from their respective foundation trust in order to make decisions for their organisation on matters connected with the Sub-Committee'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.

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

25. With the permission of the Chair of the Sub-Committee, members of the Sub-Committee, set out above, may nominate a deputy to attend a meeting of the Committee that they are unable to attend. Participant observers of the Sub-Committee who are Service Users/Carers will not be permitted to nominate a deputy. The deputy may speak and vote on their behalf. The decision of the Chair regarding authorisation of nominated deputies is final.

Participants

26. Only members of the Sub-Committee or agreed participant observers 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.

27. The Sub-Committee 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 within the ICS, professional advisors or others as appropriate, at the discretion of the Chair of the Sub-Committee.

Collaborative working

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

29. In particular, the Sub-Committee will, as appropriate, work with:

    (a) The place-based governance structures within the area of the ICS;

    (b) The North East London Acute Provider Collaborative, the North East London Community Services Collaborative, the North East London VCSE Collaborative and the North East London Primary Care Collaborative.

30. The Sub-Committee does not have the authority to delegate any functions delegated to it by the ICB Board. However, the Sub-Committee may establish transformation boards, working groups or task and finish groups, which do not have any decision-making powers but may inform the work of the Sub-Committee. Such groups must operate under terms of reference approved by the Sub-Committee and have due regard to the applicable statutory duties which apply to the ICB.

Resource and financial management

31. The NHS Partner Organisations have made arrangements to support the Sub-Committee in its exercise of the Delegated Functions.

32. Further information about resource allocation and financial management is contained in the ICB's standing financial instructions and associated policies and procedures.

Meetings, Quoracy and Decisions

33. The 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

34. The Sub-Committee will aim to meet on a bi-monthly basis and, as a minimum, shall meet on five occasions each year.[2] Additional meetings may be convened on an exceptional basis at the discretion of the Chair.

35. The PH&I Committee, Board, Chair 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

36. The quoracy for the Sub-Committee will be six members, and must include at least, the Chair or a Joint Deputy Chair of the Sub-Committee; and at least one member from each of the three NHS partner organisations.

37. If any member of the Sub-Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of

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

conflicts of interest, then that individual shall no longer count towards the quorum.

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

Voting

39. 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

40. A minimum of seven clear working days' notice is required of the date and time of a meeting. 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.

41. 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

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

Recordings of meetings

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

Confidential information

44. Where confidential information is presented to the 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.

Minutes

45. 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 Sub-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

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

Conflicts of interest

47. 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.

Disputes

48. Where there is any uncertainty about whether a matter relating to a Delegated Function is within the remit of the Sub-Committee in its capacity as a decision-making body, including uncertainty about whether the matter relates to:

    (a) a matter for determination by a board or other governance structure of an NHS Partner Organisations; or

    (b) determination by a placed-based sub- committee of the ICB or another provider collaborative, or wider-ICS governance structure,

    then the matter will be referred to the ICB Director who is responsible for governance within the ICB for consideration about where the matter should be determined, taking professional advice as appropriate.

Referral to the PH&I Committee

49. Where any decision before the Sub-Committee is novel or contentious or repercussive across services which fall outside its remit, then the Sub-Committee shall give due consideration to whether the decision should be referred to the PH&I Committee of the ICB.

50. With regard to determining whether a decision falling within paragraph 49 shall be referred to the PH&I Committee for consideration then the following applies:

    (a) The Chair of the Sub-Committee, at his or her discretion, may determine that such a referral should be made.

    (b) Three or more members of the Sub-Committee, acting together, may request that a matter for determination should be considered by the PH&I Committee.

51. Where a matter is referred to the PH&I Committee under paragraph 49, the 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 another of its committees or subcommittees for determination.

52. In addition to the Sub-Committee's ability to refer a matter to the PH&I Committee as set out in paragraph 49, the PH&I Committee, or its Chair and Deputy Chair (acting together), may determine that any decision falling with paragraph 49 should be referred to the PH&I Committee for determination. The Board of the ICB, or its Chair and the Chief Executive (acting together), may also require a referral of any decision falling with paragraph 49 to the Board of the ICB.

Behaviours and Conduct

53. 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;

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

Accountability and Reporting

55. The Sub-Committee is accountable to the PH&I Committee and will report to the Committee on how it discharges its responsibilities.

56. The Sub-Committee will submit copies of its minutes and a report to the PH&I Committee following each of its meetings.

57. The Sub-Committee will provide the PH&I Committee with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

58. Where the Sub-Committee considers that 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 Board of the ICB, the Chair or Chief Executive of the ICB, the Integrated Care Partnership or to one or more of ICB's committees or sub-committees as appropriate.

59. In the event that the PH&I Committee or its Chair, or the Chair or Chief Executive of one or more of the NHS Partner Organisations requests information from the Sub-Committee, then the Sub-Committee will ensure that it responds promptly to such a request.

Review

60. The Sub-Committee will review its effectiveness at least annually.

61. 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 PH&I Committee for approval.

Date of approval: 23 November 2022 (Initial version by ICB Board on 1 July 2022)

Date of review: 1 April 2023

Version: 2.0

Annex 1 – Delegated Functions

<table>
<tr><td colspan="2">Planning[3]</td></tr>
<tr><td colspan="2">The Sub-Committee will undertake the following specific activities in the domain of Planning on behalf of the ICB:</td></tr>
<tr><td>1</td><td>Making recommendations to the PH&I Committee in relation to, and contributing to, the Joint Forward Plan and Joint Capital Resource Use Plan and other system plans, in so far as it relates to the provision of, and the need for, MHLDA services in the ICB's area and the exercise of the ICB's functions.

Broadly, MHLDA services for these purposes will include the following:

• Perinatal mental health
• Common mental health problems (including IAPT)
• Physical health of people with serious mental illness
• Adults with serious mental illness – community
• Older adults with serious mental illness – community
• Adults with serious mental illness – rehabilitation
• Early intervention in psychosis
• Adults with serious mental illness - crisis
• Mental health in acute hospitals
• People with dementia
• Suicide prevention
• Whole population – primary prevention
• Population health management
• Other specific programmes and sub-programmes included within the Mental Health Investment Standard.</td></tr>
<tr><td>2</td><td>Developing and approving the North East London MHLDA Services Plan [and overseeing implementation and delivery of the plan], in so far as that requires the exercise of ICB functions.</td></tr>
<tr><td>3</td><td>Responsibility on behalf of the ICB for engagement with partner organisations within the ICS (including primary care) on matters relating to the provision of, and the need</td></tr>
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[3] Other sections can be added over time, e.g. finance, quality, leadership, emergency planning, transformation, engagement.

	for, MHLDA services with a view to ensuring that such needs are considered within wider system planning.
Leadership	
The Sub-Committee will undertake the following specific activities in the domain of Leadership on behalf of the ICB:	
1	Provide leadership on MHLDA related matters across the ICB's area. This shall include responsibility, on behalf of the ICB, for developing the vision and culture of the collaborative, and engaging staff in that regard.

Annex 2- MHLDA objectives and priorities

The following priorities and objectives are summarised from the North East London MHLDA Services Plan for 2022/2023:

1	*[To be populated once plan developed]*
2	
3	
4	