# HAVERING

# PLACE-BASED PARTNERSHIP

# TERMS OF REFERENCE

**Contents**

# INTRODUCTION

1. The following health and care partner organisations, which are part of the North East London Integrated Care System have come together as a Place-Based Partnership to enable the improvement of health, wellbeing and equity in the Havering area:

   (a) Barking, Havering and Redbridge University Hospitals Health NHS Trust

   (b) The North East London NHS Foundation Trust

   (c) London Borough of Havering

   (d) The NHS North East London Integrated Care Board

   (e) Havering Health

   (f) Havering Compact

   (g) Havering's Primary Care Networks

   (h) Healthwatch Havering

   (i) Havering Care Association

   (j) Partnership of East London Cooperatives

2. 'Place' for the purpose of these terms of reference means the geographical area which is coterminous with the administrative boundaries of the London Borough of Havering.

3. These terms of reference for the Place-Based Partnership incorporate:

   (a) As Section 1, terms of reference for the Havering Place-Based Partnership Board (the '**Partnership Board**'), which is the collective governance vehicle established by the partner organisations to collaborate on strategic policy matters and oversee joint programmes of work relevant to Place.

   (b) As Section 2, terms of reference for any committees/sub-committees or other governance structures established by the partner organisations at Place for the purposes of enabling statutory decision-making. Section 2 currently includes terms of reference for:

   - The Havering Sub-Committee of the North East London Integrated Care Board (the '**Place ICB Sub-Committee'**), which is a sub-committee of the Integrated Care Board's Population Health & Integration Committee.

4. As far as possible, the partner organisations will aim to exercise their relevant statutory functions within the Place-Based Partnership governance structure, including as part of meetings of the Partnership Board. This will be enabled (i) through delegations by the partner organisations to specific individuals; or (ii) through specific committees/sub-committees established by the partner organisations meeting as part of, or in parallel with, the Partnership Board.

5. Section 2 contains arrangements that apply where a formal decision needs to be taken solely by a partner organisation acting in its statutory capacity. Where a committee/sub-

committee has been established by a partner organisation to take such statutory decisions at Place, the terms of reference for that statutory structure will be contained in Section 2 below. Any such structure will have been granted delegated authority by the partner organisation which established it, in order to make binding decisions at Place on the partner organisation's behalf. The Place ICB Sub-Committee is one such structure and, as described in Section 2, it has delegated authority to exercise certain functions of the Integrated Care Board at Place.

6. There is overlap in the membership of the Partnership Board and the governance structures described in Section 2. In the case of the Partnership Board and the Place ICB Sub-Committee, the overlap is significant because each structure is striving to operate in an integrated way and hold meetings in tandem.

7. Where a member of the Partnership Board is not also a member of a structure described in Section 2, it is expected that the Partnership Board member will receive a standing invitation to meetings of those structures (which may be held in tandem with Partnership Board meetings) and, where appropriate, will be permitted to contribute to discussions at such meetings to help inform decision-making. This is, however, subject to any specific legal restrictions applying to the functions or partner organisations and subject to conflict of interest management.

8. All members of the Partnership Board or a structure whose terms of reference are contained at Section 2 shall follow the Seven Principles of Public Life (also commonly referred to as the Nolan Principles), which are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

North East London Health & Care Partnership

# Section 1
# Terms of reference for the Havering Place-Based Partnership Board

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| **Status of the Partnership Board** | 1. The Partnership Board is a non-statutory partnership forum, which commenced its operation on 1 July 2022. It brings together representatives from across Place, who have the necessary authority from the partner organisation they represent to consider strategic policy matters and oversee joint programmes of work relevant to Place.<br><br>2. Where applicable, the Partnership Board may also make recommendations on matters a partner organisation asks the Partnership Board to consider on its behalf. |
| **Geographical coverage** | 3. The geographical area covered will be Place, which for the purpose of these terms of reference is the area which is coterminous with the administrative boundaries of the London Borough of Havering. |
| **Vision and ways of working** | 4. The vision of the Partnership Board is to create person-centred, seamless care and support that is designed around the needs of local people throughout their life course, with a strong focus on prevention, addressing inequalities and the wider determinants of health by:<br><br>(a) Developing joined up support and services that prevent people becoming ill;<br><br>(b) Ensuring that when people do need advice it is easy to access and seamless between different agencies;<br><br>(c) Ensuring that services for people who are ill are high quality and can be accessed without delay.<br><br>5. The Partnership Board will work in a way which:<br><br>(a) Promotes positive cross-system conversations and collaboration at Place;<br><br>(b) Communicates key messaging across organisations at Place, encouraging broader involvement when required;<br><br>(c) Listens to the voice of patients, service users and residents at Place, and advocates for the issues they experience within the system.<br><br>6. The Partnership Board has agreed the following principles to guide its work, and the participation of its members:<br><br>(a) Start from purpose, with a shared local vision; |

(b) Build a new relationship with communities;

(c) Invest in building multi-agency partnerships;

(d) Build up from what already exists locally;

(e) Focus on relationships between systems, places and neighbourhoods;

(f) Nurture joined-up resource management;

(g) Strengthen the role of providers at Place;

(h) Embed effective place-based leadership.

**Role of the Partnership Board**

7. The overall purpose of the Partnership Board is to bring together partners across Place with the aims of:

(a) Improving how our residents experience support and services, in accordance with our vision set out above;

(b) Working together to continually improve the partnership in the interest of Havering residents/patients;

(c) Resolving issues that may be preventing the successful delivery of integrated services and collaborative partnership working.

8. This will be done by:

(a) Identifying problems experienced within the system at Place, and resolving those problems or escalating them to the appropriate part of the North East London Integrated Care System, as appropriate;

(b) Identifying and testing solutions to problems experienced within the system at Place;

(c) Monitoring the impact of solutions delivered at Place, and realising the associated benefits;

(d) Preparing for the potential for further delegation to Place as national policy around health and social care integration develops, whilst maintaining a focus on tailoring service provision to meet the needs of the people of Havering;

(e) Building effective relationships across the system at Place and furthering the strategic development of health and social care integration.

9. The Partnership Board has the following core responsibilities:

(a) To set a local system vision and strategy, reflecting the priorities determined by local residents and communities at

Place, the contribution of Place to the North East London Integrated Care System, and relevant system plans including:

- the Integrated Care Strategy produced by the North East London Integrated Care Partnership;
- the 'Joint Forward Plan' prepared by the Integrated Care Board and its NHS Trust and Foundation Trust partners;
- the joint local health and wellbeing strategy produced by the Havering Health and Wellbeing Board, together with the needs assessment for the area;
- the Place Mutual Accountability Framework[1]

(b) To develop the Place-Based Partnership Plan for Havering, 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 Integrated Care Board and the partner organisations;
- developed by drawing on population health management tools and in co-production with service users and residents of Havering.

(c) As part of the development of the Place-Based Partnership 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.

(d) To oversee delivery and performance at Place against:

- national targets;
- targets and priorities set by the Integrated Care Board or the Integrated Care Partnership, or other commitments set at North East London level, including commitments to the NHS Long Term Plan;

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

- the Place-Based Partnership Plan, the Place objectives and priorities and the associated outcomes framework.

(e) To oversee and monitor design or task and finish groups who will be responsible for the delivery of projects set out in the Place-Based Partnership Plan.

(f) To support innovation and engagement through task and finish or design groups.

(g) To ensure systems intelligence data is available to inform discussions on delivery of projects and identify new projects which may need to be delivered.

(h) To co-ordinate jointly funded programme allocation including project management office matters.

(i) To stay abreast of local and national developments relating to integration.

(j) 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 North East London Integrated Care System's System Quality Group as appropriate. Meetings of the Partnership Board will give Place and local leaders an opportunity to gain:

- understanding of quality issues at Place level, and the objectives and priorities needed to improve the quality of care for local people;
- timely insight into quality concerns/issues that need to be addressed, responded to and escalated within each partner organisation through appropriate governance structures or individuals, or to the System Quality Group;
- 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.

(k) To oversee the use of resources and promote financial sustainability.

(l) To make recommendations about the exercise of any functions that a partner organisation asks the Partnership Board to consider on its behalf.

(m) To support the North East London Integrated Care System 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.

(n) 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**

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

11. 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 Integrated Care Board) will be with Partnership Board members in attendance and, where appropriate, contributing to the discussion to inform the statutory decision-making process. This is, however, subject to any specific legal restrictions applying to the functions of a partner organisation and subject to conflict of interest management.

**Making recommendations**

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

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

14. 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**

15. The Partnership Board and any governance structure set out in Section 2 shall work together collaboratively. It may also work with other governance structures established by the partner organisations or wider partners within the North East London Integrated Care System. This may include, where appropriate, aligning meetings or establishing joint working groups.

16. The Partnership Board may establish working groups or task and finish groups, to inform its work. Any working group established by the Partnership Board will report directly to it and shall operate in accordance with terms of reference which have been approved by the Partnership Board.

*Collaboration with the Health and Wellbeing Board*

17. The Partnership Board will work in close partnership with the Health and Wellbeing Board and shall ensure that the Place-Based Partnership Plan is appropriately aligned with the joint local health and wellbeing strategy produced by the Health and Wellbeing Board and the associated needs assessment, as well as the overarching Integrated Care Strategy produced by the Integrated Care Partnership.

18. The Health and Wellbeing Board will assist the Partnership Board, where required, by addressing issues and obstacles that prevent implementation of the Health and Wellbeing Board's joint local health and wellbeing strategy.

*Collaboration with Safeguarding Adults/Children's Boards*

19. The Partnership Board will also work in close partnership with the Havering Safeguarding Children Partnership and the Safeguarding Adults Board for Havering.

**Chairing and executive lead arrangements**

20. The Partnership Board will be chaired jointly by the following, who shall be known as the Co-Chairs:

    (a) The London Borough of Havering's Lead Member for Adult Social Care and Health;

    (b) A member of the Partnership Board who is from the primary care sector and who is appointed in accordance with paragraph 21 below.

21. At the beginning of each financial year, the Partnership Board will appoint one of the members who is from Havering Health or who is a Primary Care Network Director (as set out in paragraphs 25 (r) to (w) below) to co-chair the Partnership Board. By virtue of the

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| | appointment, the individual shall also be a member of the Place ICB Sub-Committee and one of its joint Deputy Chairs.[2]<br><br>22. It is expected that the Co-Chairs will chair meetings jointly and resolve issues between them but, where only one Co-Chair is present, that person will assume the joint responsibilities of the Co-Chairs.<br><br>23. The Chief Executive of the London Borough of Havering will be the Place Partnership Lead, and shall also be the Deputy Chair of the Partnership Board.<br><br>24. If for any reason the Co-Chairs and Deputy Chair are absent for some or all of a meeting, the members shall together select a person to chair the meeting. |
| **Membership** | 25. There will be a total of 28 members of the Partnership Board, as follows:<br><br>*Integrated Care Board*<br><br>(a) Delivery Director for Havering;<br><br>(b) Clinical Care Director for Havering;<br><br>(c) Director of Finance or their nominated representative;<br><br>(d) Director of Nursing/Quality or their nominated representative;<br><br>*The London Borough of Havering*<br><br>(e) Lead Member for Adult Social Care and Health;<br><br>(f) Chief Executive (Place Partnership Lead);<br><br>(g) Director of Adult Social Care & Health;<br><br>(h) Director of Children's Social Care;<br><br>(i) Director of Public Health;<br><br>(j) Director of Housing;<br><br>(k) Head of Commissioning;<br><br>(l) Commissioning Programme Manager;<br><br>(m) Head of Communities, Policy & Performance; |

[2] Appointment to the Place ICB Sub-Committee, as a sub-committee of the ICB, will always be subject to the approval of the Chair of the Integrated Care Board, as required by the Integrated Care Board's Constitution.

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| | *NHS Trusts/Foundation Trusts*<br><br>(n) Director, North East London NHS Foundation Trust;<br><br>(o) Director, Barking, Havering and Redbridge University Hospitals Health NHS Trust;<br><br>(p) Assistant Director, North East London NHS Foundation Trust;<br><br>*Primary Care*<br><br>(q) Place-Based Partnership Primary Care Development Clinical Lead;<br><br>(r) Chair, Havering Health;<br><br>(s) Chief Executive, Havering Health;<br><br>(t) North Primary Care Network Clinical Director;<br><br>(u) South Primary Care Network Clinical Director;<br><br>(v) Marshall Primary Care Network Clinical Director;<br><br>(w) Crest Primary Care Network Clinical Director;<br><br>*Voluntary sector*<br><br>(x) Chair of Havering Compact;<br><br>*Healthwatch*<br><br>(y) Chairman, Healthwatch Havering;<br><br>*Others*<br><br>(z) **Two** representatives, Havering Care Association;<br><br>(aa) Representative, Partnership of East London Cooperatives.<br><br>26. Members, set out above, will attend meetings as many times as possible. However, with the permission of the Co-Chairs of the Partnership Board, the members may nominate a deputy to attend a meeting of the Partnership Board that they are unable to attend. Each member should have one named nominee to ensure consistency in group attendance. Where possible, members should notify the Co-Chairs of any apologies before papers are circulated. |
| **Participants** | 27. The Partnership Board may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties. This shall include other colleagues from the partner organisations or across the North East London Integrated Care System, professional advisors or others as appropriate at the discretion of the Co-Chairs. In particular, consideration will be given to inviting presenters and |

implementers as and when required in line with the delivery of the Place-Based Partnership Plan.

**Meetings**

28. The Partnership Board will operate in accordance with the evolving governance framework of the North East London Integrated Care System, including any policies, procedures and joint-working protocols that have been agreed by the partner organisations, except as otherwise provided below:

*Quoracy*

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

    (a) Two of the members from the Integrated Care Board;

    (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.

30. If any member of the Partnership 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.

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

*Scheduling meetings*

32. The Partnership Board will normally meet monthly.

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

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

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

36. Where a meeting is held in tandem with the Place ICB Sub-Committee, the Co-Chairs of the Partnership Board and the Chair of the Sub-Committee, shall agree which of them shall lead and facilitate the discussion at the meeting.

*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 occasions 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.

39. Where a meeting is to be held in tandem with the Place ICB Sub-Committee, the Co-Chairs of the Partnership Board will liaise with the Chair of the Sub-Committee, in order to agree the meeting agenda in advance of the meeting. The Co-Chairs will also need to reach agreement with the Chair of the Sub-Committee about other matters falling within paragraphs 40 (virtual attendance) and 42 (recordings of meetings).

*Virtual attendance*

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

*Admission of the public*

41. Where the Partnership Board meets jointly with the Place ICB Sub-Committee in accordance with paragraph 33, its meetings shall be held in accordance with the Place ICB Sub-Committee's terms of reference in Section 2. Otherwise, whether a meeting of the Partnership Board is to be held in public or private is a matter for the Co-Chairs.

*Recordings of meetings*

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

*Minutes*

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

44. Where it would promote efficient administration, meeting minutes, action logs and any work plan may be combined with those of the Place ICB Sub-Committee and/or other place governance structures in Section 2.

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| | *Governance support*<br><br>45. Governance support to the Partnership Board will be provided by the Integrated Care Board's governance team.<br><br>*Confidential information*<br><br>46. Where confidential information is presented to the Partnership Board, those present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles. |
| **Decision-making** | 47. The Partnership Board is the primary forum within the Havering Place-Based Partnership 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.<br><br>48. The Partnership Board does not hold delegated functions from the partner organisations, but each member shall have appropriate delegated responsibility from the partner organisation they represent to make decisions for their organisation on matters within the Partnership Board's remit or, at least, will have sufficient responsibility and be ready to move programmes of work forwards by holding discussions in their own organisation and escalating matters of importance.<br><br>49. Members should come to each meeting ready and prepared to discuss the items on the agenda, particularly those that are most relevant to their role/work stream/service.<br><br>50. 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.<br><br>51. In the event that the Partnership 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. |
| **Conflicts of Interest** | 52. Conflicts of interests will be managed in accordance with relevant policies, procedures and joint protocols developed by the North East London Integrated Care System, which shall be consistent with partner organisations' respective statutory duties and applicable national guidance. |

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| **Accountability and Reporting** | 53. The Partnership Board shall comply with any reporting requirements that are specifically required by a partner organisation for the purposes of its constitutional or other internal governance arrangements. The Partnership Board will also report to the Integrated Care Partnership.<br><br>54. Members of the Partnership Board shall disseminate information back to their respective areas of work as appropriate, and feed back to the group as needed.<br><br>55. The Partnership Board and the Health and Wellbeing Board will provide reports to each other, as appropriate, so as to inform their respective work. The reports the Partnership Board receives from the Health and Wellbeing Board will include the Health and Wellbeing Board's recommendations to the Partnership Board on matters concerning delivery of the Place objectives and priorities (see here) and delivery of the associated outcomes framework. The Health and Wellbeing Board will continue to have statutory responsibility for the joint strategic needs assessment and joint local health and wellbeing strategy.<br><br>56. Given its purposes at paragraph 9(j) above, the Partnership Board will regularly report upon, and comply with any request of the North East London Integrated Care System's System Quality Group for information or updates on matters relating to quality which effect the Integrated Care System and bears on the group's remit. |
| **Monitoring Effectiveness and Compliance with Terms of Reference** | 57. The Partnership Board will carry out an annual review of its effectiveness and provide an annual report to the Integrated Care Partnership and to the partner organisations. This report will outline and evaluate the Partnership Board's work in discharging its responsibilities, delivering its objectives and complying with its terms of reference. As part of this, the Partnership Board will review its terms of reference and agree any changes it considers necessary. |

## Section 2
## Terms of reference for the Havering Sub-Committee of the North East London Integrated Care Board

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| **Status of the Sub-Committee** | 1. The Havering Sub-Committee of the North East London Integrated Care Board ('**the Place ICB Sub-Committee**') is established by the Population Health & Integration Committee as one of its sub-committees.<br><br>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 Integrated Care Board. Additionally, the membership of the Sub-Committee must be approved by the Chair of the Board of the Integrated Care Board.<br><br>3. The Sub-Committee and all of its members are bound by the Integrated Care Board's Constitution, Standing Orders, Standing Financial Instructions, policies and procedures of the Integrated Care Board.<br><br>4. These terms of reference should be read as part of the suite of terms of reference for the Havering Place-Based Partnership, including the terms of reference for the Havering Place-Based Partnership Board ('**the Partnership Board**') in Section 1, which define a number of the terms used in these Place ICB Sub-Committee terms of reference. |
| **Geographical coverage** | 5. The geographical area covered will be Place, as defined in the Partnership Board's terms of reference in Section 1. |
| **Purpose** | 6. The Place ICB Sub-Committee has been established in order to:<br><br>(a) Enable the Integrated Care Board to exercise the Delegated Functions at Place in a lawful, simple and efficient way, to the extent permitted by the Integrated Care Board's Constitution and as part of |

the wider collaborative arrangements which form the Place-Based Partnership;

(b) Support the development of collaborative arrangements at Place, in particular the development of the Place-Based Partnership.

7. The Delegated Functions which the Place ICB Sub-Committee will exercise are set out at **Annex 1** and described in further detail in the Place Mutual Accountability Framework which the annex refers to.

8. The Place ICB Sub-Committee, through its members, is authorised by the Integrated Care Board 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 may be updated with the approval of the Board of the Integrated Care Board, on the recommendation of the Population Health & Integration Committee. The remit of the Place ICB Sub-Committee is also described in the Place Mutual Accountability Framework, which may be updated by the Board taking into account the views of the Population Health & Integration Committee.

10. The Delegated Functions shall be exercised with particular regard to the Place objectives and priorities, described in the plan for Place-Based Partnership Plan, which has been agreed with the Population Health & Integration Committee and the partner organisations represented on the Partnership Board. A summary of the Place-Based Partnership's priorities and objectives can be found here.

11. In addition, the Place ICB Sub-Committee will support the wider Integrated Care Board 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 North East London Integrated Care Partnership;

(d) The Health and Wellbeing Board's joint local health and wellbeing strategy with its needs assessment for the area;

(e) The Place Mutual Accountability Framework and the NHS North East London Financial Strategy and developing ICS Financial Framework;

(f) The Place-Based Partnership 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 Integrated Care Board to discharge its statutory functions and deliver the strategic priorities of the North East London Integrated Care System at Place, the Place ICB Sub-Committee will, in turn, be supporting the Integrated Care System 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 North East London Integrated Care System, enabling it to meet the 'triple aim' of better health for everyone, better care for all and efficient use of NHS resources.

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| **Key duties relating to the exercise of the Delegated Functions** | 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 Integrated Care Board or which apply to the Integrated Care Board.<br><br>16. The Sub-Committee must have particular regard to the statutory obligations that the Integrated Care Board is subject to, including, but not limited to, the statutory duties set out in the National Health Service Act 2006 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. |
| **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 Integrated Care Board or wider partners of the North East London Integrated Care System. This may include, where appropriate, aligning meetings or establishing joint working groups.<br><br>*Collaboratives*<br><br>18. In particular, in addition to an expectation that the Place ICB Sub-Committee and the Partnership Board shall collaborate with each other as part of the Place-Based Partnership, the Place ICB Sub-Committee will, as appropriate, work with the following provider collaborative governance structures within the area of the North East London Integrated Care System:<br><br>(a) The North East London Mental Health, Learning Disability & Autism Collaborative;<br><br>(b) The Combined Primary Care Provider Collaborative;<br><br>(c) The North East London Acute Provider Collaborative; |

(d) The North East London Community Collaborative.

(e) The evolving Voluntary, Community and Social Enterprise Sector Alliance/Collaborative.

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

*Health & Wellbeing Board and Safeguarding*

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

(a) The Health and Wellbeing Board and shall ensure that plans agreed by the Place ICB Sub-Committee are appropriately aligned with, and have regard to, the joint local health and wellbeing strategy and the assessment of needs, together with the Integrated Care Strategy as applies to Place; and

(b) The Safeguarding Adults Board for the Place established by the local authority under section 43 of the Care Act 2014; and

(c) The Safeguarding Children's Partnership established by the local authority, Integrated Care Board and Chief Officer of Police, under section 16E of the Children Act 2004.

*Establishing working groups*

21. The Place ICB Sub-Committee does not have the authority to delegate any functions delegated to it by the Integrated Care Board. However, the Place ICB Sub-Committee may establish working groups or task and finish groups. These do not have any decision-making powers but may inform the work of the Place ICB Sub-Committee and the Place-Based Partnership. Such groups must operate under the Integrated Care Board's procedures and

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| | policies and have due regard to the statutory duties which apply to the Integrated Care Board. |
| **Chairing and executive lead arrangements** | 22. The Place ICB Sub-Committee will be chaired by the Chief Executive of the London Borough of Havering, who is appointed on account of their specific knowledge, skills and experiences making them suitable to chair the Sub-Committee.<br><br>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.<br><br>24. The Co-Chairs of the Partnership Board will be the joint Deputy Chairs of the Place ICB Sub-Committee.<br><br>25. If the Chair has a conflict of interest then the joint Deputy Chairs or, if necessary, another member of the Sub-Committee will be responsible for deciding the appropriate course of action.<br><br>26. The Chief Executive of the London Borough of Havering is also the Place Partnership Lead. |
| **Membership** | 27. The Place ICB Sub-Committee members will be appointed by the Board of the Integrated Care Board in accordance with the Integrated Care Board's Constitution and the Chair of the Integrated Care Board will approve the membership of the Sub-Committee.<br><br>28. The Place ICB Sub-Committee has a broad membership, including those from organisations other than the Integrated Care Board. This is permitted by the Integrated Care Board's Constitution and amendments made to the National Health Service Act 2006 by the Health and Care Act 2022.<br><br>29. The membership of the Place ICB Sub-Committee includes members drawn from the following partner organisations which operate at Place: |

(a) The Integrated Care Board;

(b) Barking, Havering and Redbridge University Hospitals Health NHS Trust;

(c) North East London NHS Foundation Trust;

(d) The London Borough of Havering;

(e) Havering Health;

(f) Primary Care Networks.

30. There will be a total of 13 members of the Place ICB Sub-Committee, as follows:

*Integrated Care Board*

(a) Delivery Director for Havering;

(b) Clinical Care Director for Havering;

(c) Director of Finance or their nominated representative;

(d) Director of Nursing/Quality or their nominated representative;

*The London Borough of Havering*

(e) Chief Executive (**Place Partnership Lead and Chair**);

(f) Lead Member for Adult Social Care and Health;

(g) Director Adult Social Care & Health;

(h) Director Children's Social Care;

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| | (i) Director of Public Health;<br><br>*NHS Trusts/Foundation Trusts*<br><br>(j) Director, North East London NHS Foundation Trust;<br><br>(k) Director, Barking, Havering and Redbridge University Hospitals Health NHS Trust;<br><br>*Primary Care*<br><br>(l) Place-Based Partnership Primary Care Development Clinical Lead;<br><br>(m) The member of the Partnership Board from the primary care sector who is appointed to be its Co-Chair.<br><br>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.<br><br>32. When determining the membership of the Sub-Committee, active consideration will be made to diversity and equality. |
| **Participants** | 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.<br><br>34. Meetings of the Sub-Committee may also be attended by the following for all or part of a meeting as and when appropriate:<br><br>(a) Any members of the Partnership Board (i.e. in Section 1). |

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| | 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 Integrated Care Board 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 Integrated Care Board is contained in the Integrated Care Board's Standing Financial Instructions and associated policies and procedures, which includes the NHS North East London Financial Strategy and developing ICS Financial Framework.<br><br>37. The Chair will be invited to attend the Finance Performance and Investment Committee where the Committee is considering any issue relating to the resources allocated in relation to the Delegated Functions. |
| **Meetings, Quoracy and Decisions** | 38. The Place ICB Sub-Committee will operate in accordance with the Integrated Care Board's governance framework, as set out in its Constitution and Governance Handbook and its wider policies and procedures, except as otherwise provided below:<br><br>*Scheduling meetings*<br><br>39. 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. Additional meetings may be convened on an exceptional basis at the discretion of the Chair.<br><br>40. The Place ICB Sub-Committee will usually hold its meetings together with the Partnership Board, as part of an aligned meeting of the Place-Based Partnership. 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. |

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

42. The Board, Chair of the Integrated Care Board or its Chief Executive may ask the Sub-Committee to convene further meetings to discuss particular issues on which they want the Sub-Committee's advice.

43. Where a meeting is held in tandem with the Partnership Board, the Co-Chairs of the Partnership Board and the Chair of the Sub-Committee shall agree which of them shall lead and facilitate the discussion at the meeting.

*Quoracy*

44. 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 Integrated Care Board;

    (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.

45. 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.

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

*Voting*

47. 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*

48. 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.

49. On occasions 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.

50. Where a meeting is to be held in tandem with the Partnership Board, the Chair of the Sub-Committee will liaise with the Co-Chairs of the Partnership Board, in order to agree the meeting agenda in advance of the meeting. The Chair will also need to reach agreement with the Co-Chairs about other matters falling within paragraphs 50 (virtual attendance) and 56 (recordings of meetings).

*Virtual attendance*

51. 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*

52. Meetings at which public functions of the Integrated Care Board 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.

53. 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.

54. 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.

55. 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.

56. There shall be a section on the agenda for public questions to the Sub-Committee, which shall be in line with the Integrated Care Board's agreed procedure as set out on our website here.

*Recordings of meetings*

57. 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*

58. 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*

59. 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.

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

*Legal or professional advice*

61. 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 Integrated Care Board.

*Governance support*

62. Governance support to the Place ICB Sub-Committee will be provided by the Integrated Care Board's governance team.

*Conflicts of Interest*

63. Conflicts of interest will be managed in accordance with the policies and procedures of the Integrated Care Board 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.

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| **Behaviours and Conduct** | 64. Members will be expected to behave and conduct business in accordance with:<br><br>(a) The Integrated Care Board'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 of the Integrated Care Board and its committees will uphold whilst undertaking the Integrated Care Board's business;<br><br>(b) The NHS Constitution;<br><br>(c) The Nolan Principles.<br><br>65. Members must demonstrably consider equality, diversity and inclusion implications of the decisions they make. |
| **Disputes** | 66. 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 Integrated Care Board's governance structure, including uncertainty about whether the matter relates to:<br><br>(a) a matter for wider determination within the North East London Integrated Care System; or<br><br>(b) determination by another place-based committee of the Integrated Care Board or other forum, such as a provider collaborative,<br><br>then the matter will be referred to the Director who is responsible for governance within the Integrated Care Board for consideration about where the matter should be determined. |

**Referral to the Population Health & Integration Committee**

67. Where any decision before the Place ICB Sub-Committee is 'novel, contentious or repercussive' across the Integrated Care Board's area and/or is a decision which would have an impact across the area, then the Place ICB Sub-Committee shall give due consideration to whether the decision should be referred to the Population Health & Integration Committee.

68. With regard to determining whether a decision falling within the paragraph above shall be referred to the Population Health & Integration Committee for consideration then the following apply:

    (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 Population Health & Integration Committee.

69. Where a matter is referred to the Population Health & Integration Committee under paragraph 67, the Population Health & Integration Committee (at an appropriate meeting) shall consider and determine whether to accept the referral and make a decision on the matter. Alternatively, the Population Health & Integration Committee may decide to refer the matter to the Board of the Integrated Care Board or to another of the Integrated Care Board's committees/subcommittees for determination.

70. In addition to the Place ICB Sub-Committee's ability to refer a matter to the Population Health & Integration Committee as set out in paragraph 67:

    (a) The Population Health & Integration Committee, or its Chair and Deputy Chair (acting together), may determine that any decision falling with paragraph 67 should be referred to the Population Health & Integration Committee for determination; or

    (b) The Board of the Integrated Care Board, or its Chair and the Chief Executive (acting together), may require a decision related to any of

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| | the Integrated Care Board's delegated functions to be referred to the Board of the Integrated Care Board. |
| **Accountability and Reporting** | 71. The Place ICB Sub-Committee shall be directly accountable to the Population Health & Integration Committee, and ultimately the Board of the Integrated Care Board.<br><br>72. The Place ICB Sub-Committee will report to:<br><br>(a) **Population Health & Integration Committee.** The Population Health & Integration 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.<br><br>And will report matters of relevance to the following:<br><br>(b) **Finance, Performance and Investment Committee.** Such formal reporting into the Integrated Care Board's Finance, Performance and Investment Committee will be on an exception basis. Other reporting will take place via Finance and via North East London wide financial management reports.<br><br>(c) **Quality, Safety and Improvement Committee.** Reports will be made to the Quality, Safety and Improvement Committee in respect of matters which are relevant to that Committee and in relation to the exercise of the quality functions set out here.<br><br>73. In the event that the Chair of the Integrated Care Board, its Chief Executive, the Board of the Integrated Care Board or the Population Health & Integration Committee requests information from the Place ICB Sub- |

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| | Committee, the Place ICB Sub-Committee will ensure that it responds promptly to such a request.<br><br>*Shared learning and raising concerns*<br><br>74. 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 Integrated Care Board for onward referral to the Population Health & Integration Committee, the Chair or Chief Executive of the Integrated Care Board, the Board of the Integrated Care Board, the Integrated Care Partnership or to one or more of Integrated Care Board's committees or subcommittees, as appropriate. |
| **Review** | 75. The Place ICB Sub-Committee will review its effectiveness at least annually.<br><br>76. 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 of the Integrated Care Board for approval. |

**Date of approval:** 31 May 2023

**Version:** 3.0

**Date of review:** 1 April 2024

## Annex 1 – Functions delegated to the Place ICB Committee by the North East London Integrated Care Board

### Commissioning functions

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

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

Where Place Commissioning Functions relate to a particular service they must be exercised in line with the ICB's relevant commissioning policy for that service.

### 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 Population Health & Integration 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 Integrated Care Board's functions at Place.

2. Overseeing, and providing assurance to the Population Health & Integration 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 the Integrated Care Board's functions.

3. Overseeing the development of service specification standards needed in connection with the exercise of the Place Commissioning Functions and, in line with relevant Integrated Care Board policy.

4. Working with the Partnership Board on behalf of the Integrated Care Board, to develop the Place-Based Partnership Plan including the Place objectives and priorities and a Place outcomes framework.

   *The Place-Based Partnership Plan shall be developed by drawing on data and intelligence, and in co-production with service users and residents of Havering. It is aimed at ensuring delivery of the Joint Forward Plan, the Integrated Care Strategy, the Health and Wellbeing Board'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 Place-Based Partnership Plan, and summarised here, and an associated outcomes framework developed by the Place-Based Partnership.*

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

5. Overseeing, and providing assurance to the Population Health & Integration Committee regarding, the implementation and delivery of the Place-Based Partnership Plan, in so far as the plan requires the exercise of Integrated Care Board functions.

6. Overseeing, and providing assurance to the Population Health & Integration Committee regarding, the implementation and delivery of the Place objectives and priorities, contained within the Place-Based Partnership Plan and summarised here, in so far as they require the exercise of Integrated Care Board functions.

7. Overseeing the implementation and delivery of the Health and Wellbeing Board's joint local health and wellbeing strategy, in so far as the strategy requires the exercise of Integrated Care Board 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 Integrated Care Board / Population Health & Integration Committee in relation] to health service change decisions (whether these involve commissioning or de-commissioning).

2. Approving commissioning policies connected with the exercise of the Place Commissioning Functions, in line with Integrated Care Board policy.

3. Approving demographic, service use and workforce modelling and planning, where these relate to the Place Commissioning Functions.

## Finance

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

1. Plan and monitor the budgets delegated to the Place ICB Sub-Committee and take action to ensure they are delivered within the financial envelope.

2. The Sub-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 Integrated Care Board's Finance, Performance and Investment Committee and to the [North East London Integrated Care System Executive], as appropriate.

7. Review performance of the contracts within Place to ensure services and activity are being delivered in line with contractual arrangements.

8. Review and understand the financial implications of new investments and transformation schemes, and ensure there is sufficient funding across the life of the investment.

9. Oversee implementation of investments/transformation schemes, ensuring financial activity, Key Performance Indicators and required outcomes are delivered.

10. Review and agree any procurement decisions in relation to services connected with the Place Commissioning Functions, as appropriate, in line with the Integrated Care Board's Standing Financial Instructions and Procurement Policy.

11. Ensure financial decisions are taken in line with the Integrated Care Board's Standing Financial Instructions and NHS North East London Financial Strategy and developing ICS Financial Framework.

12. In relation to financial risk share arrangements (including but not limited to section 75, 76 and section 256 agreements), the Place ICB Sub-Committee shall:

    - Review any current in-year arrangements applicable to Place, ensuring that funding is spent appropriately in line with contractual agreements;

    - Review the risks and benefits of the allocation of funding and approve spend on pooled budgets based on recommendations from those leading the work and where all parties are in agreement;

    - Receive reports on the schemes funded through this mechanism to ensure it is delivering the expected outcomes and benefits;

- Review the funding and arrangements for the subsequent financial year and ensure there are adequate governance and arrangements in Place that are consistent with other places across the Integrated Care Board's area;

- Review and make recommendations in relation to proposals for the Integrated Care Board to enter into new agreements under section 75 of the National Health Service Act 2006 with the local authority at Place. In accordance with the Constitution, any such arrangements must be authorised by the Board of the Integrated Care Board.

## 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 North East London Integrated Care System as appropriate.

2. Complying with statutory reporting requirements relating to the exercise of the Place Commissioning Functions, in particular as relates to quality and improvement.

3. In addition, the Place ICB Sub-Committee will have the following responsibilities on behalf of the Integrated Care Board at Place, in relation to quality:

    - Gain timely evidence of provider and place-based quality performance, in relation to the exercise of the Place Commissioning Functions at Place.

    - Ensure the delivery of quality objectives by providers and partners within Place, including North East London Integrated Care System programmes that relate to the place portfolio;

    - Identify, manage and escalate where necessary, risks that materially threaten the delivery of the Integrated Care Board's objectives at Place and any local objectives and priorities for Place;

- Identify themes in local triangulated intelligence that require local improvement plans for immediate or future delivery;
- Gain evidence that staff have the right skills and capacity to effectively deliver their role, creating succession plans for any key roles within the services being delivered at Place;
- Hold system partners to account for performance and the creation and delivery of remedial action/improvement plans where necessary;
- Share good practice and learning with providers and across neighbourhoods.

4. Ensure key objectives and updates are shared consistently within the Integrated Care Board, and more widely with North East London Integrated Care System and senior leaders via the North East London Integrated Care System's System Quality Group 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 Integrated Care Board's statutory duties in this context and the Integrated Care Board'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 Integrated Care Board 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 Population Health & Integration Committee or the Board of the Integrated Care 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.