

BARKING & DAGENHAM

SUB-COMMITTEE OF THE NORTH EAST LONDON ICB

TERMS OF REFERENCE

Contents

1. Introduction to Barking & Dagenham Place Based Governance and alignment with the and Wellbeing Board.
2. Terms of reference for the Barking & Dagenham Sub-Committee of the ICB (the '**Place ICB Sub-Committee**').
3. **Annex 1:** Functions which the North East London Integrated Care Board has delegated to the Place ICB Sub-Committee

Barking and Dagenham Place Based Governance

1. From 1 July 2022 the Board of the NHS North East London Integrated Care Board ('**ICB**') established the B&D Sub-Committee ('the **Place ICB Sub-committee**'), to work in tandem with the B&D Partnership Board, thereby forming the B&D Place-Based Partnership. Under these arrangements, which were described in the Place-Based Partnership's suite of terms of reference:
 - The **B&D Partnership Board** was the collective governance vehicle established by the ICS partner organisations to collaborate on strategic policy matters and oversee joint programmes of work relevant to Place.
 - Where a formal decision needs to be taken which relates solely to a function of the ICB, then this is to be taken by the **Place ICB Sub-committee**.
 - The B&D Partnership Board and Place ICB Sub-committee's terms of reference aligned and there was significant overlap in their membership, which enabled the two structures to meet together efficiently within the forum of a single meeting.
 - The Place-Based Partnership was expected to collaborate with the B&D Health and Wellbeing Board but the Health and Wellbeing Board was not a formal part of the Place-Based Partnership.
2. Through the arrangements described below, the Health and Wellbeing Board will now become an essential part of the Place-Based Partnership. This document describes interim arrangements for a committees-in-common arrangement between the Health and Wellbeing Board and the Place ICB Sub-committee. The partners at Place will keep these arrangements under active review, and work towards formalising their governance through updated terms of reference in due course.

Arrangements from 26 June 2023

3. From 26 June 2023, the following arrangements will apply:

Governance structures

- (a) The Health and Wellbeing Board and the Place ICB Sub-committee will meet as committees-in-common, in order to promote consistent decisions being taken between organisations at Place. Decisions taken by the London Borough of Barking and Dagenham ('**LBB**D') and the ICB within the forum of the aligned meeting can be taken simultaneously but they will remain separate decisions that each organisation is accountable for.
- (b) The B&D Partnership Board is disestablished. However, the vision, mission and values explained in the former B&D Partnership Board's terms of

reference, and as far as possible its role and responsibilities, will be fulfilled through the aligned meetings of the committees-in-common. Those aligned meetings will be the primary governance mechanism for collaborating on strategic policy matters and overseeing joint programmes of work relating to health and social care at Place.

- (c) Other ICS partners¹ may take decisions relating to statutory functions at meetings of the aligned structures through individuals having delegated authority from their organisation, as reflected in the organisation's own internal governance (e.g. schemes of delegation).

Membership

- (d) To facilitate its broader work, the Health and Wellbeing Board's membership will be expanded to include the following additional non-voting members:

- Chief Operating Officer (Together First CIC, B&D GP Federation)
- Primary Care Network Director (North)
- Primary Care Network Director (North West)
- Primary Care Network Director (New West)
- Primary Care Network Director (East)
- Primary Care Network Director (East One)
- Primary Care Network Director (West One)
- NEL Local Pharmaceutical Committee Representative
- NEL Local Dental Committee Representative
- Director Care Provider Voice

- (e) As non-voting members of the Health and Wellbeing Board, the individuals fulfilling these roles will need to comply with LBBD's requirements for members of its committees (e.g. as to declarations of interests, requirements for training, and adherence to LBBD's code of conduct).

- (f) The Place ICB Sub-committee's membership will remain as set out in its terms of reference, except that the Chair of the Health and Wellbeing Board will also be the sole chair of the Place ICB Sub-committee. A deputy chair will be appointed from the membership.

Participation

- (g) Any member or standing participant of the Health and Wellbeing Board, who is not a member of the Place ICB Sub-committee, will have a standing invitation

¹ (e.g. NHS Trusts and Foundation Trusts)

to attend meetings of the Place ICB Sub-committee when it meets together with the Health and Wellbeing Board.

- (h) Where appropriate, standing invitees will be permitted to contribute to discussions at meetings to help inform decision-making. This is, however, subject to any specific legal restrictions applying to the functions being exercised or to partner organisations, and subject to conflict of interest management.

Administration of meetings

- (i) Under these new arrangements, the Health and Wellbeing Board and Place ICB Sub-committee will normally meet together, as part of an aligned meeting of the Place-Based Partnership. Ordinarily, such meetings will be bi-monthly, with a minimum of five meetings each year.
- (j) Although either governance structure may meet on its own at the discretion of the Chair, it is expected that such circumstances would be rare. Such circumstances might include, for example, where agenda items do not require a statutory decision of the Place ICB Sub-committee.
- (k) It is recognised that the ICB and LBBD operate under different legal frameworks, and work will need to be undertaken to find the most efficient ways to lawfully host and manage meetings. While the updated governance beds in, the arrangements for governance support and agenda planning will be developed by the ICB's Head of Governance and LBBD's Head of Governance & Electoral Services, who will cooperate to devise processes which:
 - Best support closely aligned meetings and integrated decision-making;
 - Comply with the respective legal, constitutional and policy frameworks which apply to the local authority and ICB;
 - Reflect, as far as possible, the Health and Wellbeing Board and Place ICB's Sub-committee's existing terms of reference.

The Chair of the Health and Wellbeing Board, who will also be the Chair of the Place ICB Sub-committee, will be responsible for approving the arrangements for each meeting and for approving agendas.

- (l) Management of conflicts of interest will remain essential to the operation of the Place-Based Partnership and will continue to be managed consistently with partner organisations' respective statutory duties and applicable national guidance.

- (m) All those who are members or participating in a meeting of the Health and Wellbeing Board or Place ICB Sub-committee shall continue to 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.

Development of aligned terms of reference

- (n) The arrangements described above are intended to enable substantive decisions around health and social care to be taken by statutory ICS partners in the forum of a single meeting, in an aligned way – and to do so soon, without any substantive governance amendments being required.
- (o) They will also provide an opportunity for the ICS partner organisations operating at Place to continue to develop and embed their arrangements for integrated working. It is expected that the partner organisations will further formalise their arrangements through an updated suite of aligned terms of reference, that describes how the aligned structures will operate. A working group will be established for this purpose and will report periodically to the Health and Wellbeing Board and Place ICB Sub-committee.

Review

- (p) The Place-Based Partnership arrangements will be kept under active review, to consider how the governance is enabling the partners to discharge their responsibilities, deliver their objectives and work efficiently for the benefit of B&D residents. In any case, the arrangements will be reviewed within six months.
 - (q) Any learning which may support arrangements in NEL's other places will be shared with the ICB's Population Health & Integration Committee.
4. Before it takes effect, this document and the arrangements described therein shall be approved by the Board of the ICB and at the first meeting of the committee in common.

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

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

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

Key duties relating to the exercise of the Delegated Functions

Collaborative working

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

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

Collaboratives

17. In particular, the Place ICB Sub-Committee will, as appropriate, work with the following provider collaborative governance structures within the area of the ICS:

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

18. 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

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

- (a) The Health and Wellbeing Board and shall ensure that plans agreed by the Place ICB Sub-Committee are appropriately aligned with, and have regard to, the joint local health and wellbeing strategy and the assessment of needs, together with the NEL Integrated Care Strategy as applies to Place; and
- (b) The Safeguarding Adults Board for the Place established by the local authority under section 43 of the Care Act 2014; and
- (c) The Safeguarding Children's Partnership established by the local authority, ICB and Chief Officer of Police, under section 16E of the Children Act 2004.

Establishing working groups

20. The Place ICB Sub-Committee does not have the authority to delegate any functions delegated to it by the ICB. However, the Place ICB Sub-Committee

Chairing and executive lead arrangements

may establish working groups or task and finish groups. These do not have any decision-making powers but may inform the work of the Place ICB Sub-Committee and the PBP. Such groups must operate under the ICB's procedures and policies and have due regard to the statutory duties which apply to the ICB.

21. The Place ICB Sub-Committee will be chaired by the Chair of the Health and Wellbeing Board who is appointed on account of their specific knowledge, skills and experience making them suitable to chair the Sub-Committee..
22. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.
23. A deputy Chair will be appointed from the membership.
24. If the Chair or deputy Chair has a conflict of interest then the Sub-Committee will select another member of the Sub-Committee to be responsible for deciding the appropriate course of action.
25. The Acting Chief Executive of LBBD will be the Place Partnership Lead.

Membership

26. The Place ICB Sub-Committee members will be appointed by the Board in accordance with the ICB Constitution and the Chair of the ICB will approve the membership of the Sub-Committee.
27. The Place ICB Sub-Committee has a broad membership, including those from organisations other than the ICB. This is permitted by the ICB's Constitution and amendments made to the 2006 Act by the Health and Care Act 2022.
28. The membership of the Place ICB Sub-Committee includes members drawn from the following partner organisations which operate at Place:
 - (a) The ICB
 - (b) BHRUT
 - (c) NELFT
 - (d) LBBD
 - (e) Barking & Dagenham GP Federation
 - (f) PCNs
 - (g) BD Collective
 - (h) Healthwatch
29. There will be a total of 14 members of the Place ICB Sub-Committee, as follows:

ICB

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

LBBB

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

NHS Trusts/Foundation Trusts

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

Primary Care

- (l) Place Based Partnership Primary Care Development Clinical Lead
- (m) Primary Care Network Director (nominated by the PCN clinical directors)

Others

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

30. 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.

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

Participants

32. Only members of the Sub-Committee have the right to attend Sub-Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Sub-Committee.

Resource and financial management

33. 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.

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

35. 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

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

Scheduling meetings

37. 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.

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

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

Quoracy

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

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

41. 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.

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

Voting

43. Decisions will be taken in accordance with the Standing Orders. The Sub-Committee will ordinarily reach conclusions by consensus. When this is not possible, the Chair may call a vote. Only members of the Sub-Committee may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter. The result of the vote will be recorded in the minutes.
44. Where there is a split vote, with no clear majority, the Chair will have a casting vote.

Papers and notice

45. 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.
46. 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

47. 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

48. Meetings at which public functions of the ICB are exercised will usually be open to the public, unless the Chair determines, at their discretion, that it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for some other good reason.
49. The Chair shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the business shall be conducted without interruption and disruption.
50. 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.
51. 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.

52. There shall be a section on the agenda for public questions to the committee, which shall be in line with the ICB's agreed procedure as set out on our website [here](#).

Recordings of meetings

53. 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

54. 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

55. 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.
56. Where it would promote efficient administration, meeting minutes and/or action logs may be combined with those of the Health and Wellbeing Board.

Legal or professional advice

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

Governance support

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

Conflicts of Interest

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

Behaviours and Conduct

60. 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

Disputes

behaviours that all members of the Board and its committees will uphold whilst undertaking ICB business.

- (b) The NHS Constitution;
- (c) The Nolan Principles.

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

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

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

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

Referral to the PH&I Committee

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

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

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

65. Where a matter is referred to the PH&I Committee under paragraph 63, the PH&I Committee (at an appropriate meeting) shall consider and determine whether to accept the referral and make a decision on the matter. Alternatively, the PH&I Committee may decide to refer the matter to the Board of the ICB or to another of the Board's committees/subcommittees for determination.

66. In addition to the Place ICB Sub-Committee's ability to refer a matter to the PH&I Committee as set out in paragraph 63:

Accountability and Reporting

- (a) The PH&I Committee, or its Chair and Deputy Chair (acting together), may determine that any decision falling with paragraph 63 should be referred to the PH&I Committee for determination; or
- (b) The Board of the ICB, or its Chair and the Chief Executive (acting together), may require a decision related to any of the ICB's delegated functions to be referred to the Board.

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

68. The Place ICB Sub-Committee will report to:

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

And will report matters of relevance to the following:

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

69. In the event that the Chair of the ICB, its Chief Executive, the Board of the ICB or the PH&I Committee requests information from the Place ICB Sub-Committee, the Place ICB Sub-Committee will ensure that it responds promptly to such a request.

Shared learning and raising concerns

70. Where the Place ICB Sub-Committee considers an issue, or its learning from or experience of a matter, to be of importance or value to the North East London health and care system as a whole, or part of it, it may bring that matter to the attention of the Director who is responsible for governance within the ICB for onward referral to the PH&I Committee, the Chair or Chief Executive of the ICB, the Board, the Integrated Care Partnership or to one or more of ICB's committees or subcommittees, as appropriate.

Review

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

72. These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval: 27 September 2023

Version: 3.1

Date of review: 1 September 2024

Annex 1 - ICB Delegated Functions

Commissioning functions

In addition to the specific activities set out in this Annex 1 below, the Place ICB Sub-Committee will have delegated responsibility for exercising the 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 PH&I Committee in relation to, and contributing to, the Joint Forward Plan and other system plans, in so far as relates to the exercise of the ICB's functions at Place.
2. Overseeing, and providing assurance to the PH&I Committee regarding, the implementation and delivery at Place of the Joint Forward Plan, the Integrated Care Strategy and other system plans, in so far as they require the exercise of ICB functions.
3. Overseeing the development of service specification standards needed in connection with the exercise of the Place Commissioning Functions and in line with relevant ICB policy.
4. Working with the Health and Wellbeing Board on behalf of the ICB, to develop the PBP Plan including the Place objectives and priorities and a Place outcomes framework.

The PBP Plan shall be developed by drawing on data and intelligence, and in coproduction with service users and residents of Barking & Dagenham. It is aimed at ensuring delivery of the Joint Forward Plan, the Integrated Care Strategy, the 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 to be set out in the PBP Plan, and summarised [here](#), and an associated outcomes framework developed by the PBP.

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

5. Overseeing, and providing assurance to the PH&I Committee regarding, the implementation and delivery of the PBP Plan, in so far as the plan requires the exercise of ICB functions.

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

Market management, planning and delivery

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

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

Finance

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

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

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

Quality

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

1. Providing assurance that health outcomes, access to healthcare services and continuous quality improvement are being delivered at Place, and escalate specific issues to the Population Health & Integration Committee, the Quality Safety and Improvement Committee and/or other governance structures across the ICS as appropriate.
2. Complying with statutory reporting requirements relating to the exercise of the Place Commissioning Functions, 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 ICB 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 ICS programmes that relate to the place portfolio.

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

Primary Care

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

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

Communication and engagement with stakeholders

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

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

Population health management

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

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

Emergency planning and resilience

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

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