NHS
North East London
Integrated Care Board

Population Health and Integration Committee of North East London ICB

TERMS OF REFERENCE

Status	1. The Population Health and Integration Committee (“the Committee”) is established by the Integrated Care Board (the “ICB”) as a Committee of the Board of the ICB (“the Board”). 2. These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board. Additionally, the membership of the Committee must be approved by the Chair of the Board. 3. The Committee and all of its members are bound by the ICB’s Constitution, Standing Orders, Standing Financial Instructions, policies and procedures of the ICB.
Authority	4. The Committee is authorised by the Board to take all necessary actions to fulfil the remit described within these terms of reference, including obtaining professional (including legal) advice, commissioning reports and creating groups. The Committee will follow the processes described by the Board for commissioning any professional advice. 5. As at 1 July 2022, the Committee has established seven Place-based Sub-Committees, the Acute Collaborative Sub-Committee, the Mental Health Learning Disability and Autism Collaborative Sub-Committee and the Primary Care Collaborative Sub-Committee.
Purpose	6. The purpose of the Committee is to contribute to the overall delivery of the ICB’s objectives by providing oversight and assurance to the Board on how improved population health and integrated health and care, resulting in improved access, experience and outcomes for local people are being delivered including by the seven place-based partnerships and provider collaboratives and their ICB sub-committees. 7. The duties of the Committee will be driven by the ICS and organisation’s objectives and the associated risks. An annual programme will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks. 8. The Committee has no executive powers; other than those delegated in the SoRD and specified in these ToR.

Responsibilities of the Committee	9. The Committee’s duties can be categorised as follows: (i) To understand the population’s needs and assets and have a broad overview of the populations and communities of north east London (ii) To shape and have oversight of the Improving the Health of All Populations Strategy, or equivalent, as a framework for the development and implementation of effective population health improvement across north east London (iii) To shape and have oversight of the Working with People and Communities Strategy as a framework for the development and implementation of effective resident participation across north east London (iv) To review the matrix system of integration and integrated working through the ICB’s seven place partnerships and provider collaboratives to ensure that the arrangements are delivering improved access, experience and outcomes in line with the ICB’s objectives, priorities and legal duties. (v) To seek reports and assurance from place and collaborative leaders as appropriate, with a consistent focus on population health and integration, together with indicators of their effectiveness. (vi) To identify opportunities to support and improve effective population health management and integration of health and care services at place and within collaboratives. (vii) To approve, on behalf of the ICB: (A) The Place Based Partnership Plans (‘PBP Plans’) developed by each of the seven ICB Sub-Committees and place based partnerships (including objectives and priorities described in those plans) where these relate to delegated ICB functions (B) The plan/strategy developed by each of the provider collaboratives where these relate to delegated ICB functions (viii) To consider decisions which have been referred to the Committee by the Place or Provider Sub-Committees, in accordance with their terms of reference (e.g. where a decision is ‘novel, contentious or repercussive’). In such circumstances, the Committee may determine the matter, or refer the matter to the Board or to another of the Board’s committees/sub-committees as appropriate. (ix) To ensure that issues and learning from a matter highlighted through the Place or Provider Collaborative Sub-Committees and brought to the attention of the

Committee, are shared appropriately across places and/or with other parts of the system as appropriate.

(x) To receive assurance from the Place ICB Sub-Committees regarding the implementation and delivery at place of:

(A) The Joint Forward Plan, the Integrated Care Strategy and other system plans, in so far as they require the exercise of ICB functions;

(B) The objectives and priorities, contained within the PBP Plans, in so far as they require the exercise of ICB functions.

(xi) To receive recommendations from the Place or Provider ICB Sub-Committee in relation to health service change decisions (whether these involve commissioning or de-commissioning), and take decisions or refer matters to the Board accordingly.

(xii) Where requested by the Board, or as otherwise appropriate, to coordinate the Place ICB Sub-Committees' preparation or contribution to emergency response plans for delivery at Place.

(xiii) To monitor the exercise and delivery of ICB functions that have been delegated to the Place and Provider ICB Sub-Committees and make recommendations to the Board as the Committee deems appropriate. This may include, for example, recommendations about changes to the delegation, the distribution of functions, membership, reporting arrangements, or to terms of reference.

To receive regular reports on new and emerging risks and monitor the risks on the committee's risk register.

10. In exercising its function under paragraph 9(x) above, the Committee will have particular regard to:

(i) The ICB's duties under the National Health Service Act 2006, in particular:

- Section 14Z33 – Duty to exercise functions effectively, efficiently and economically
- Section 14Z41 – Duty to promote integration
- Section 14Z36 – Duty to promote involvement of each patient
- Section 14Z35 – Duty as to reducing inequalities

- Section 14Z34 – Duty as to improvement in quality of services (in relation to which the Committee may seek the view of the ICB's QSI Committee and/or the SQG).

(ii) System plans including the Joint Forward Plan, Integrated Care Strategy and the Joint Capital Resource Use Plan.

(iii) The ICS's Operating Principles and its Strategic Priorities.

(iv) The 'four core purposes' of Integrated Care Systems and the 'triple aim.'

(v) Emergent secondary legislation, national policy, guidance and good practice.

(vi) The annual reports on their effectiveness provided to the Committee by the Place ICB Sub-Committees or provider collaboratives, in accordance with their terms of reference.

(b) Additionally, the PH&I Committee (or its Chair and Deputy Chair acting together), may determine that any decision to be considered by a Place ICB Sub-Committee or provider collaborative which is 'novel, contentious or repercussive' should be referred to the PH&I Committee for determination.

Chairing arrangements

11. The Committee will be chaired by a Non-Executive Member of the Board, appointed on account of their specific knowledge, skills and experience making them suitable to chair the Committee and will agree the Committee's agenda and ensure that its work and discussions meet the objectives set out in these terms of reference.

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

13. Committee members may appoint a Vice Chair from amongst the members. If a Chair has a conflict of interest then the Vice Chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

Membership

14. The Committee members will be appointed by the Board in accordance with the ICB Constitution and the Chair of the ICB will approve the membership of the Committee.

15. The Board will appoint no fewer than four members of the Committee including two who are Non-Executive Members of the Board. As set out in the Constitution, the Committee may include persons who are not ICB members or employees.

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

17. Accordingly, the Committee shall have 9 members as follows

	(a) Non-Executive Member (Chair) (b) ICB Chief Executive (c) Non-Executive Member (d) Non-Executive Member (e) ICB Board Local Authority Partner Member (f) ICB Board Primary Care Partner Member (g) Chief Medical Officer (h) Chief Place and Participation Officer (i) NHS Trust Partner Member
Participants	18. Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee. 19. The following individuals who are not members of the Committee will also be expected to attend meetings: (a) Chief Strategy and Transformation Officer (b) Executive representation from: • 7 Place Based Partnerships • Mental Health, Learning Disability & Autism Collaborative • Acute Provider Collaborative • Community Collaborative • Primary Care Provider Collaborative 20. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter. 21. 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 of particular matters. 22. For the avoidance of doubt, paragraph 16 above applies equally to participants as to members. 23. Where an individual who is invited to attend (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

Meetings, Quoracy and Decisions	24. The Committee will operate in accordance with the ICB's governance framework, as set out in its Constitution and Handbook and wider ICB policies and procedures, except as otherwise provided below: *Scheduling meetings* 25. The Committee will meet on a bi-monthly basis, with a minimum of 6 meetings each financial year. Additional meetings may be convened on an exceptional basis at the discretion of the Chair of the Committee. 26. The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice. *Quoracy* 27. For a meeting to be quorate, a minimum 4 members must be in present, which must include one Non-Executive Member, one ICB Board partner member and one ICB Chief Officer. 28. If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum. 29. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken. *Voting* 30. Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible, the Chair may call a vote. Only members of the Committee may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes. *Papers and notice* 31. A minimum of seven clear working days' notice is required of the date and time of a meeting. Notice of all meetings will comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting. 32. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair. *Virtual attendance* 33. It is for the Chair to decide whether or not the Committee will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Chair may nevertheless agree that

individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. How a person has attended a meeting shall be specified in the meeting minutes.

Recordings of meetings and publication

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

Confidential information

35. Where confidential information is presented to the Committee, all those who are present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles.

Meeting minutes

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

Governance support

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

Conflicts of interest

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

Behaviours and Conduct

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

    (a) The ICB's policies and procedures including its Constitution, Standing Orders and Standards of Business Conduct Policy which includes the Code of Conduct which sets out the expected behaviours that all members of the Board and its committees will uphold whilst undertaking ICB business;

    (b) The NHS Constitution;

    (c) The Nolan Principles.

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

Accountability and Reporting	41. The Committee is accountable to the Board and will report to the Board on how it discharges its responsibilities. 42. Exception reports will be presented to the ICB Board by the Chair of the committee. The minutes of the committee will be presented to the ICB Board once approved by the committee. 43. The Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.
Review	44. The Committee will review its effectiveness at least annually. 45. These ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the ToR will be submitted to the Board for approval.

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