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**North East and
North Cumbria**

Integrated Care Board

ICB Place [Sub] Committee Terms of Reference

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1. Establishment

The xxx Place Committee is established as a Subcommittee of the North East and North Cumbria Integrated Care Board (the ICB) Executive Committee in accordance with the ICB's Constitution, Functions and Decisions Map, and Scheme of Reservation and Delegation (SoRD).

2. Terms of Reference:

Definition of terms: The terms of deference are defined by the ICB.

Amendment: The terms of reference may be amended in accordance with the provisions in the ICB's Constitution and SoRD.

Publication: The terms of reference are published in the ICB's Governance Handbook which is accessible here: <https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/>.

3. Purpose

The purpose of the ICB Place Committee (the Committee) is to discharge, on behalf of the ICB Executive Committee, the statutory commissioning responsibilities of the ICB which have been delegated to Place and to carry out responsibility for executive actions and decisions on behalf of the ICB Executive Committee.

4. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

4.1 Duties (on behalf of the ICB - and local authority where agreed)

The Place Committee's duty is to:

- Approve on behalf of the ICB the arrangements for the provision of delegated health services in (xxx place).
- Operate within agreed financial limits
- Agree and implement a place plan on behalf of the place partners
- Working with partners to develop 'Place' capabilities and capacity

4.2 Develop 'Place' capabilities and capacity

- Agree ideal future state in relation to local priorities and integrated working and delivery
- Conduct a self-assessment to determine areas of development
- Co-create a development roadmap
- Support joint development programmes across all key partners at place

4.3 Agree a place plan including:

- Plan: Agree the Place plan to meet the health and healthcare needs of the population within (xxx place), having regard to (and informing) the NENC Integrated Care Strategy, health and wellbeing strategies, joint strategic needs assessment (JSNA) and the joint five year-forward plan

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- Resources: allocate resources to deliver the plan in (xxx place), determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital)
- People: agree implementation in place of people priorities
- Data and digital: Work with partners across the NHS and local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care
- Estates and procurement: agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money in place and support wider goals of development and sustainability (this may be carried out across more than one place, for example the One Public Estate programme).
- Risk: Develop arrangements for risk sharing and /or risk pooling with other organisations (for example pooled budget arrangements under section 75 of the NHS Act 2006), for approval by the ICB executive committee and local authority(s). (Section 75 agreements can be agreed with one or more local authority areas).

4.4 Approve the arrangements for the provision of health, care and wellbeing services in (place) including:

- Contracts: put contracts and agreements in place to secure delivery of its plan by providers (complying with NHS Provider Selection Regime)
- Collaboration: Embed collaboration and service integration as the basis for delivery within the place plan
- Pathway transformation: Convene and support providers (working both at scale and at place) to innovate, learn from best practice and lead major service transformation programmes to achieve agreed outcomes
- Primary care development: Support the development of primary care – including general practice, pharmacy, optometry and dentistry – as the foundation of place-based out-of-hospital care, including investment in primary care networks and their management support, data and digital capabilities, workforce development and estates.

4.5 Propose future governance arrangements including:

- Collective accountability: Arrangements to support collective accountability between partner organisations for place-based health and care system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations
- Operating model: implement an operating structure, which works effectively with the ICB, local authorities and other partners' operating models
- Assurance:
 - Oversee the implementation of the assurance framework for (xxx place), including review of quality and performance against ICB and national priorities and targets, reporting outcomes to the ICB

- Ensure compliance with delegated functions and provide reports to the ICB on the discharge of delegated functions

5. Authority

The committee is authorised to:

Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the ICB.
Commission	Commission reports required to help fulfil its obligations.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any relevant procedures put in place for obtaining professional advice.
Create sub-groups	Create, with agreement of the Committee, task and finish sub-groups for specific programmes of work. Determine the terms of reference of task and finish sub-groups, in accordance with the ICB constitution, Standing Orders and Scheme of Reservation and Delegation – but no decisions may be delegated to these groups.

6. Delegation by Scheme of Reservation and Delegation (SoRD)

Decisions Delegated by the Scheme of Reservation & Delegation

Place committees – decisions and associated budgets aligned to Place include:

- Services commissioned and delivered in the community / out of hospital system
- PCN support/development and primary care (general practice) commissioning (with the exception of nationally negotiated GP contract)
- Influencing pharmacy, optometry and dental service planning and delivery
- Continuing healthcare (includes CHC, FNC, joint packages, children's CHC)
- Better Care Fund arrangements with the Local Authority / authorities or other integrated agreements in place prior to the establishment of the ICB
- Prescribing including local contracts for medicines optimisation activities
- Community based mental health, LD and autism (including section 117 packages of care)
- Local safeguarding arrangements

7. Accountability and reporting

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ICB Place Committees are accountable to the ICB Executive Committee. It may also be required to report to other governance bodies (e.g., the ICB Board), on how it discharges its delegated responsibilities.

Accountabilities	Description
Draft minutes and reports	<p>The Committee receives scheduled assurance reports, as required, in line with its responsibilities.</p> <p>The Secretary formally records the minutes of each meeting.</p> <p>The Chair of the Committee reports to the ICB Executive Committee after each meeting and provides a report on assurances received, escalating any concerns, where necessary.</p>
Monitor attendance	<p>Attendance is monitored and profiled as part of the agenda at each Committee meeting.</p> <p>Members should aim to attend 100% of meetings and must attend at least 75% of meetings and read all papers beforehand.</p>
Draft annual work plans	<p>The Committee produces an annual work plan in consultation with the ICB Executive Committee.</p>
Conduct annual self-assessment	<p>The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference.</p> <p>Any resulting proposed changes to the terms of reference are submitted for approval by the Board.</p> <p>The Committee utilises a continuous improvement approach in its delegation.</p> <p>Members review the effectiveness of the meeting at each sitting.</p>
Annual Report	<p>The Committee provides the Board (via ICB Executive Committee) with an annual report, timed to support finalisation of the ICB accounts and governance statement.</p> <p>The report includes:</p> <ul style="list-style-type: none"> • The governance cycle • A summary of the business conducted • Frequency of meetings, membership attendance, and quoracy • The committee's self-assessment

8. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

8.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

Composition/ quoracy	Description of expectations
Chair	Appointed for their specific knowledge skills and experience and suitability (Note: does not need to be a member of the ICB but must be a full member of the ICB Place Committee).
Deputy Chair	Committee members may appoint a Vice Chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.
Membership	<p>As the Committee is a ICB decision making forum, ICB members will form the majority of the Committee. The Committee may appoint representatives of statutory and non-statutory partners to participate in the Committee or attend meetings to take part in discussions without being members.</p> <p>Members/Attendees: <i>(Example list – for local agreement)</i>.</p> <ul style="list-style-type: none"> • ICB members – (e.g., Executive Area Director, Director of Place, Medical Director, Director of Nursing, Finance Director, Place Clinical Leaders) • NHS Partners – e.g. Foundation Trusts, Primary Care • LA officers – e.g., DASS, DCS, DPH • ICS VCSE alliance representative(s) • Healthwatch • Other (e.g., education, housing, police, fire, private care home representatives) <p>EDI and PPI: When determining the membership of the Committee, consideration will be given to diversity and equality and patient and public involvement.</p> <p>ICS: Membership may be from across the Integrated Care System. However, the balance of decision making must sit with the ICB.</p> <p>Conflicts: Consideration must be given to material conflicts in the appointment of members.</p>

Composition/ quoracy	Description of expectations
Attendees and procedure for absence	<p>Only members have the right to attend meetings.</p> <p>Other attendees: Members may elect to co-opt additional attendees, where it is in the interests of the activities to do so.</p> <p>Procedure for absence:</p> <p>Where a member or any attendee of the Committee is unable to attend a meeting, a suitable alternative may be agreed with the Chair.</p> <p>The Chair may ask any or all of those who normally attend to withdraw to facilitate open and frank discussion of particular matters.</p>
Quoracy and Procedure for Inquoracy	<p>Threshold: A minimum of half the membership and where the ICB members present exceeds the other members present.</p> <p>Must include:</p> <ul style="list-style-type: none"> • Executive Area Director or ICB Director of Place (or nominated deputy) • ICB Medical Director or Director of Nursing (or nominated deputies) • ICB Director of Finance (or nominated deputy) • An ICB Clinical Lead <p>Absence: Where members are unable to attend, they should agree this with the Chair.</p> <p>Disqualification: If any member of the Committee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.</p> <p>Inquoracy: If the quorum is not reached, the meeting may proceed if those attending agree, but no decisions may be taken.</p>

8.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Frequency/ format	Description
Meeting frequency	<p>The Committee will meet monthly.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.</p> <p>The ICB Executive may ask the Place Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.</p>
Public vs closed	<p>Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.</p> <p>External Audit, Internal Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the Committee.</p>
Virtual meetings and extra-ordinary meetings	<p>In accordance with the ICB Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.</p>

8.3 Procedures

Procedure	Description of rules and expectations:
Agenda	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p> <p>Committee members are expected to identify agenda items for consideration to the Chair and any meeting papers using the prescribed format at least 5 working days before the meeting.</p>
Conflicts of interest	<p>Declarations: All committee members, and those in attendance, must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p>Exclusions: The Committee will follow and apply the ICB Standards of Business Conduct with regards to the management of conflicts of interest. This means that the Chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.</p>

Decision-making	Decisions: Decisions are taken in accordance with the ICB's Standing Orders and are arrived at by consensus. Where decisions cannot be made by consensus the Committee will follow voting procedures as described in the ICB Standing Orders.
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Conduct	The Committee's conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the relevant Standards of Business Conduct Policies, and other relevant policies / guidance on good and proper meeting conduct.
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9. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee in the following ways:

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the Chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary.
Minute Taking	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	Support the Chair in preparing reports for the ICB Executive Committee and Board when required. Take forward action points between meetings and monitor progress against those actions.
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.
Governance advice	Provide easy access to governance advice for committee members

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Appendix 1: Approval History

Version	Date	Approved by	Status
V1.0	28/3/2023	Board (TBC)	First Issue

Appendix 2: Revision History

Version	Date	Reviewed by	Changes Required Y/N?	Summary of changes (include in Appendix 1 above)
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Review date: March 2024

Contact: ICB Corporate Governance Team

Document control

The controlled copy of this document is maintained by the governance team in the Governance Handbook, here

<https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/>

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