



**North East and
North Cumbria**

Integrated Care Board

Healthier and Fairer Advisory Subcommittee

Table of Contents

1. Establishment	3
2. Terms of reference:	3
3. Purpose	3
4. Roles and responsibilities	4
4.1 Duties	4
4.2 Authority	5
4.3 Accountability and reporting	6
5. Committee meetings	7
5.1 Composition and quoracy	7
5.2 Frequency and formats	9
5.3 Procedures.....	10
6. Secretariat and administration	10
Appendix 1: Approval History	11
Appendix 2: Review History	11

1. Establishment

The Healthier and Fairer Advisory Subcommittee is a Subcommittee established by the Executive, in accordance with the NHS North East and North Cumbria's (hereafter referred to as the ICB) Scheme of Reservation and Delegation (SoRD) and Constitution.

2. Terms of reference:

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

Amendment: The terms of reference may be amended in accordance with the provisions set out in this SOP (Establishing Subcommittees).

Publication: The terms of reference will be 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 Subcommittee is to support the Executive Committee to discharge its duties in relation to providing strategic advice across the Integrated Care System (ICS) to ensure that action on population health, prevention and health inequalities is embedded into planning and decision-making arrangements.

This advice will be focussed on supporting the ICB to deliver its four core statutory obligations:

- 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

Respecting the role of Health and Wellbeing Boards in setting local priorities, the Subcommittee will also provide strategic oversight and direction for shared programmes of work that will benefit from a North East and North Cumbria (NENC) wide approach. These programmes will be based on those with the strongest evidence base, the biggest impact over the shortest time period, and their potential to be delivered at scale across the ICS by:

- Identifying opportunities to explore regional collaboration across the North East and North Cumbria to address health inequalities.
- Ensuring links back to local delivery via Health and Wellbeing Boards, ICP Boards and other local Boards and forums

The primary focus of the Subcommittee is the needs of the population and local communities it serves and members will focus on this rather than any organisational agendas.

For the Subcommittee to realise its potential, it will need to be enabled to deliver change. The Subcommittee will align and co-ordinate with the outputs of local statutory organisations, and not take any authority away from them. For any

decision that is beyond the level of delegated authority, the Subcommittee will provide a recommendation to the Executive Committee.

Members are expected to act as ambassadors for the work and engage others within their organisations in the development

4. Roles and responsibilities

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

4.1 Duties

The Subcommittee's duties are as follows:

- Analyse the latest data, evidence and policy on health inequalities to provide strategic advice and guidance to the ICB and Integrated Care Partnership, building learning capacity and ensuring a health inequalities approach is embedded across the Integrated Care System
- Develop a consistent Population Health Management methodology and data sharing arrangements to ensure access to the best evidence to inform action
- Review policies, strategies and plans to ensure they all contribute to reducing health inequalities.
- Support the development of a consistent, joined up strategic health inequalities narrative across the ICS, including but not exclusively core20PLUS5
- Provide strategic support and guidance for identified health inequalities leaders in organisations across the North East and North Cumbria
- Facilitate conversations across health and care organisations, clinical and non-clinical staff, patients, members of the public, carers and other key stakeholders in the voluntary and private sectors to raise the profile of work on health inequalities
- Provide advice on health inequalities, prevention and population health to other work streams and Subcommittees
- Provide advice and guidance to those engaging our population to ensure that we empower all our communities to identify and lead local action on health improvement
- Identify opportunities for further research and building our evidence base through strong links with our research partners in universities

The Subcommittee will also have strategic oversight of the following priority programmes at a ICB level:

- Population Health Management
- Treating tobacco addiction as part of a whole NHS smoke-free model
- Reducing alcohol related harm across the whole population
- Supporting GP practices working in the most deprived areas of the region ('Deep-End')
- Public Health Prevention in Maternity ('Best Start in Life')
- Healthy Weight and Treating Obesity

- Embedding Community asset-based approach across the ICS
- Our emerging work with partners on addressing the wider determinants of health, and the ICB's contribution to broader social and economic development

The Subcommittee will develop a framework for communications, marketing and engagement to support the delivery of the Subcommittee's priorities.

The ICB has been allocated recurrent revenue to support targeted reductions in health inequalities. The Subcommittee will play a key role in recommending to the Executive Committee how this funding is allocated, based on robust analysis and evaluation of what makes the biggest impact on public health and health inequalities. The Subcommittee will also seek to identify opportunities to shift NHS spend on prevention and inequalities which they will recommend to the ICB Executive Committee for final approval.

The initiatives being funded are grouped under the five key national priorities for health inequalities:

- Strengthening our leadership and accountability
- Restoring our NHS Services Inclusively
- Mitigating against 'digital' exclusion
- Ensuring datasets are complete and timely
- Accelerating preventative programmes

4.2 Authority

The Subcommittee 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 Board.
Investigate	Commission reports required to help fulfil its obligations from NECS. Commission reports required to help fulfil its obligations from Audit One or the ICB's external auditors, in consultation with the Chief Finance Officer. Commission other external reports required to help fulfil its obligations, subject to the financial limits of the most senior member of the Subcommittee.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Subcommittee must follow any procedures put in place by the ICB for obtaining professional advice.

The Subcommittee is authorised to:

Create Groups	Groups may be established by the Subcommittee, but they have no formal status. They do not have any delegated authority from the Board. Their decision making is restricted to decisions and limits of individuals as set out in the ICB's Financial Limits and Financial Delegations. These may not be aggregated and therefore the limits are those of the most senior member present at any meeting of the group. Groups may be permanent or task and finish groups.
----------------------	---

4.3 Accountability and reporting

The Subcommittee is accountable to its parent committee and reports to its parent committee on how it discharges its responsibilities.

Accountabilities	Description
Draft minutes and reports	<p>The secretary formally records the minutes of each meeting.</p> <p>The chair of the Subcommittee reports to its parent committee after each meeting and provides a report on assurances received, escalating any concerns, where necessary.</p> <p>Regular reports will be submitted to the ICS Executive and signed off by the group chair, including a highlight report on the work of the Group which shall be submitted to each meeting of the ICB Executive</p> <p>Recommendations will be made to Health and Wellbeing Boards, the Strategic ICP and Area ICPs, and other local Boards and forums where appropriate.</p> <p>Relevant sub-groups of the advisory group will report to the group on a regular basis e.g., the reducing tobacco dependency task force</p>
Monitor attendance	<p>Attendance is monitored and profiled as part of the agenda at each Subcommittee 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	The Subcommittee produces an annual work plan in consultation with its parent committee.
Conduct annual self-assessment	<p>The Subcommittee 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 to the parent committee for agreement and action as the 'Establishing Subcommittees' SoP.</p>

	<p>The Subcommittee 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 Subcommittee provides its parent committee with an annual report, timed to support finalisation of the accounts and the 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

5. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

5.1 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 board)
Deputy Chair	Subcommittee 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 to Chair the meeting.
Membership	<p>The membership will include representation from the following or their deputies as agreed with the Chair:</p> <ul style="list-style-type: none"> • Chief Medical Officer (Chair), North East and North Cumbria Integrated Care Board

Composition/ quoracy	Description of expectations
	<ul style="list-style-type: none"> • Chief Corporate Services Officer, North East and North Cumbria Integrated Care Board • Chief Finance Officer, North East and North Cumbria Integrated Care Board • Director of Population Health Management, North East and North Cumbria Integrated Care Board • 2 x representatives, Directors of Delivery, North East and North Cumbria Integrated Care Board • 4 x representatives, Clinical Leads / Medical Directors for the Healthier and Fairer Programme • 1 x representative, Healthier and Fairer Programme Leads • 3 x representatives, NHS Foundation Trusts in the North East and North Cumbria • 6 x representatives, The North East Directors of Public Health Network including wider partners • 1 x representative, Directors of Adult Services and Directors of Children's Services, of the Local Authorities across the North East and North Cumbria • Deputy Director for Health, Wellbeing and Workforce, North East Office for Health Improvement and Disparities (OHID) • Deputy Regional Director of Public Health – North East and North Yorkshire • NENC VCSE Health Partnerships Strategic Manager, Integrated Care System (ICS) • Chief Executive, Integrated Care System (ICS) Healthwatch Network • Professor of Public Health Nutrition and NIHR (National Institute for Health and Care Research), ARC (Applied Research Collaborative) Health Inequalities Theme • 1 x representative, North East Quality Observatory Service (NEQOS) • 1 x representative, North East and Yorkshire NHS England / Improvement • Medical Director, Health Innovation Network

Deputies as agreed by the Chair have the same voting rights as those that they are deputising for.

EDI: When determining the membership of the group, consideration will be given to diversity and equality.

Involvement: In determining membership consideration will be given to the need for a patient and public involvement member.

ICS: Membership may be from across the Integrated Care System. However, the balance of membership must sit with the ICB.

Conflicts: Consideration must be given to material conflicts in the appointment of members.

Composition/ quoracy	Description of expectations
Attendees and procedure for absence	<p>Only members have the right to attend meetings.</p> <p>Other attendees: The chair 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 regular attendee of the Subcommittee is unable to attend a meeting, a nominated 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 core members must be present, including the following ICB executives (or their nominated deputies):</p> <ul style="list-style-type: none"> • Chief Medical Officer, NENC ICB • Chief Corporate Services Officer, NENC ICB • Chief Finance Officer, NENC ICB • 1 x representative of the Healthier and Fairer Advisory Group clinical leads / medical director • 1 x representative of the North East Directors of Public Health Network • 1 x representative of the Healthier and Fairer Advisory Group programme leads <p>Absence: Where members are unable to attend, they should agree this with the chair.</p> <p>Disqualification: If any member of the Subcommittee 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 members attending agree, but no decisions may be taken.</p>

5.2 Frequency and formats

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

Frequency/ format	Description
Meeting frequency	<p>The Subcommittee will meet monthly.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Subcommittee chair.</p> <p>The parent committee chair may ask the Subcommittee to convene further meetings to discuss particular issues on which they want the Subcommittee's advice.</p>

Frequency/ format	Description
Public vs closed	Meetings will be held in private. External Audit, Internal Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the Subcommittee.
Virtual meetings and extra-ordinary meetings	In accordance with the Standing Orders, the Subcommittee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

5.3 Procedures

Procedure	Description of rules and expectations:
Agenda	The chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference. 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.
Conflicts of interest	Declarations: All members and those in attendance must declare any actual, potential, or perceived conflicts of interest. This is recorded in the minutes. Exclusions: The Subcommittee will follow and apply the ICB's 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.
Decision-making	Decisions: Decisions are taken in accordance with the Standing Orders and are arrived at by consensus.
Conduct	The Subcommittee conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policy, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations

6. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Subcommittee 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 and delivering reports to the parent committee. Take forward action points between meetings and monitor progress against those actions.
Provide updates	Update the Subcommittee on pertinent issues/ areas of interest/ policy developments.
Governance advice	Provide easy access to governance advice for Subcommittee members

Appendix 1: Approval History

Version	Date	Approved by	Status
V1.0	March 2023	Board	First Issue
V2.0	12/03/24	Executive Committee	Second Issue

Appendix 2: Review History

Version	Date	Reviewed by	Changes Required Y/N?	Summary of changes (once changes are approved Appendix 1 should be updated)
----------------	-------------	--------------------	------------------------------	--

V1.1	February 2024	Governance Lead	Y	Format updated
------	---------------	--------------------	---	----------------

Review date: 5 February 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/>

Any copies of this document held outside of the Governance Handbook, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.