



**North East and  
North Cumbria**

## **Integrated Care Board**

**County Durham ICB Place Subcommittee  
(County Durham Care Partnership Executive)**

**Terms of Reference  
V3**

**February 2024**

## Table of Contents

<b>1. Introduction and Establishment</b>	<b>3</b>
<b>2. Terms of Reference:</b>	<b>3</b>
<b>3. Purpose</b>	<b>3</b>
<b>4. Roles and responsibilities</b>	<b>3</b>
4.1 Duties (on behalf of the ICB - and local authority where agreed)	4
4.2 Develop 'Place' capabilities and capacity	4
4.3 Agree a Place Plan including:	4
4.4 Approve the arrangements for the provision of health, care, and wellbeing services in (place) including:	4
4.5 Propose future governance arrangements including:	5
4.6 Integration including:	5
4.7 Public Health including:	5
<b>5. Authority</b>	<b>6</b>
<b>6. Delegation by Scheme of Reservation and Delegation (SoRD)</b>	<b>6</b>
<b>7. Accountability and reporting</b>	<b>7</b>
<b>8. Committee meetings</b>	<b>8</b>
8.1 Composition and quoracy	8
8.2 Frequency and formats	10
8.3 Procedures	11
<b>9. Secretariat and administration</b>	<b>11</b>
<b>Appendix 1: Approval History</b>	<b>13</b>
<b>Appendix 2: Revision History</b>	<b>13</b>

## 1. Introduction and Establishment

- 1.1. The County Durham Care Partnership Executive (CDCPE) has been established to support organisations to deliver the Partnership's shared vision which is *'To bring together Health and Social Care and Voluntary Organisations to achieve improved health and wellbeing for the people of County Durham.'* The ethos of the County Durham Care Partnership is set out in a Memorandum of Understanding.

The CDCPE is also a Place (Sub) Committee of the North East and North Cumbria (NENC) 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).

- 1.2. CDCPE includes organisations working in health and social care. The membership of CDCPE is:

- North East and North Cumbria Integrated Care Board (ICB)
- Durham County Council (DCC)
- County Durham and Darlington NHS Foundation Trust (CDDFT)
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)
- Harrogate and District NHS Foundation Trust (HDFT)
- Primary Care Networks (PCNs) in County Durham
- Durham Community Action
- HealthWatch
- Durham University

## 2. Terms of Reference:

- 2.1. **Definition of terms:** The terms of reference are based on the ICB's standard document and agreed by the partners.
- 2.2. **Amendment:** The terms of reference may be amended in accordance with the provisions in the ICB's Constitution and SoRD and the agreement of the partners.
- 2.3. **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

- 3.1. When acting as the ICB Place (Sub) Committee the CDCPE 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 Place (Sub) Committee's duties, authority, accountability, and reporting discharged by the CDCPE on behalf of the ICB.

#### **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 County Durham,
- operate within agreed financial limits,
- agree and implement a Place Plan on behalf of the place partners,
- work 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 County Durham, 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.
- Resources: Allocate resources to deliver the plan in County Durham, 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). The Partnership will identify, manage, mitigate and learn from risks collectively across the health and care system.

#### **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 the 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 (PCNs) 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 County Durham, 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.
  - Adopt a collective leadership approach across the health and care system to inspection activity including sharing success, supporting partners during inspections, working together to improve services and learning from feedback.

#### **4.6 Integration including:**

- Integrated Commissioning of health and social care across adults as well as children and young people's services and public health.
- Integration programmes to bring together organisations.
- Supporting and monitoring the 'Life course' Partnerships covering
  - Starting Well,
  - Living Well,
  - Ageing Well.
- Engagement and co-production with people who use health and care services.

#### **4.7 Public Health including:**

- Public Health evidence and data to support decision making.
- Supporting the County Durham Together model.
- Supporting Public Health campaigns.

## 5. Authority

- 5.1. In its wider partnership working, the CDCPE will be accountable to the Health and Wellbeing Board (HWBB) of Durham County Council, the ICB and other partner members. For the HWBB an update will be provided at each meeting under the heading of the Integration Update. Individual members will be responsible for keeping their own organisations informed.

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### The County Durham Care Partnership Executive is authorised to:

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<b>Investigate</b>	Investigate any activity within its terms of reference.
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<b>Seek information</b>	Seek any information it requires within its remit, from any employee or member of the ICB.
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<b>Commission</b>	Commission reports required to help fulfil its obligations.
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<b>Obtain advice</b>	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.
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<b>Create sub-groups</b>	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.
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## 6. Delegation by Scheme of Reservation and Delegation (SoRD)

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### Decisions Delegated by the Scheme of Reservation and Delegation to Place Committees

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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 (CHC) (includes CHC, Funded Nursing Care (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, learning disabilities and autism (including Section 117 packages of care)
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- Local safeguarding arrangements
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## 7. Accountability and reporting

- 7.1. The County Durham Care Partnership will report to the Health and Wellbeing Board of Durham County Council in its wider partnership working.
- 7.2. As an ICB Place Committee, the CDCPE is 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
<b>Draft minutes and reports</b>	<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>
<b>Monitor attendance</b>	<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>
<b>Draft annual work plans</b>	<p>The Committee produces an annual work plan in consultation with the ICB Executive Committee.</p>
<b>Conduct annual self-assessment</b>	<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>
<b>Annual Report</b>	<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"> <li>• the governance cycle,</li> <li>• a summary of the business conducted,</li> <li>• frequency of meetings, membership attendance, and quoracy,</li> <li>• the committee's self-assessment.</li> </ul>

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## 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.

<b>Composition/ quoracy</b>	<b>Description of expectations</b>
<b>Chair</b>	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).
<b>Deputy Chair</b>	Committee members may appoint a Vice Chair from amongst the members.
<b>Absence of Chair or Vice Chair</b>	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.
<b>Membership</b>	<p>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><b>Members:</b></p> <ul style="list-style-type: none"><li>• ICB Chief Delivery Officer (or nominated deputy)</li><li>• ICB Medical Director (or nominated deputy)</li><li>• ICB Director of Finance – Central &amp; South and Primary &amp; Community (or nominated deputy)</li><li>• Director of Nursing – South (or nominated deputy)</li><li>• Chief Executive, County Durham and Darlington NHS Foundation Trust</li><li>• Chief Executive, Tees, Esk and Wear Valleys NHS Foundation Trust</li><li>• Chief Executive, Harrogate and District NHS Foundation Trust</li><li>• Corporate Director of Adults and Health Services, Durham County Council</li><li>• Corporate Director of Children's Services, Durham County Council</li></ul>



Composition/ quoracy	Description of expectations
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- Director of Public Health
- PCN Clinical Director representation x 2
- Director of Integrated Community Services
- Director of Delivery – County Durham, ICB/Durham County Council
- Executive Director, Durham Community Action
- Durham University representative

**Attendees:**

- Chair, HealthWatch

**EDI and PPI:** When determining the membership of the Committee, consideration will be given to diversity and equality and patient and public involvement.

**ICS:** Membership may be from across the Integrated Care System. The delegation from the ICB Executive Committee is enacted through the ICB members on the Committee. ICB members must be in attendance to enable decisions to be taken/enacted.

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

**Attendees and procedure for absence**

Only members have the right to attend meetings.  
Other attendees: Members may elect to co-opt additional attendees, where it is in the interests of the activities to do so.

**Procedure for absence:**

Where a member or any attendee of the Committee is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

The Chair may ask any or all of those who normally attend to withdraw to facilitate open and frank discussion of particular matters.

**Quoracy and Procedure for Inquoracy (when acting as the ICB Place Sub-committee for County**

**Threshold:** A minimum of half the membership and must include:

- Chief Delivery Officer or ICB Director of Delivery – County Durham (or nominated deputy)
- ICB Medical Director or Director of Nursing - South (or nominated deputies)

Composition/ quoracy	Description of expectations
<p><b>Durham - for any ICB delegated items for decision)</b></p>	<ul style="list-style-type: none"> <li>• ICB Director of Finance – Central &amp; South and Primary &amp; Community (or nominated deputy)</li> </ul> <p><b>Absence:</b> Where members are unable to attend, they should agree this with the Chair.</p> <p><b>Disqualification:</b> 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><b>Inquoracy:</b> 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
<p><b>Meeting frequency</b></p>	<p>The Committee will aim to 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>
<p><b>Public vs closed</b></p>	<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>
<p><b>Virtual meetings and extra-ordinary meetings</b></p>	<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:
<b>Agenda</b>	<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>
<b>Conflicts of interest</b>	<p><b>Declarations:</b> All committee members, and those in attendance, must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p><b>Exclusions:</b> 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>
<b>Decision-making</b>	<p><b>Decisions:</b> 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 senior/lead ICB member(s) present (through which the ICB Executive Committee delegations are enacted) will agree the course of action (which may include escalation to the ICB Executive Committee for decision).</p>
<b>Conduct</b>	<p>The Committee 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.</p>

### 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
<b>Distribute papers</b>	<p>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.</p>

<b>Functions</b>	<b>Description</b>
<b>Monitor attendance</b>	Monitor the attendance of those invited to each meeting and highlight to the Chair those who are not meeting the minimum attendance requirements.
<b>Maintain records</b>	Record conflicts of interest, members' appointments, and renewal dates. Provide prompts to renew membership and to identify new members where necessary.
<b>Minute Taking</b>	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
<b>Support for Chair and Committee</b>	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.
<b>Provide updates</b>	Update the Committee on pertinent issues / areas of interest / policy developments.
<b>Governance advice</b>	Provide easy access to governance advice for committee members.

## Appendix 1: Approval History

Version	Date	Approved by	Status
CDCPE ToR V1.0	14/08/2023	County Durham Care Partnership Executive on 22/08/23	First Issue
CDCPE ToR V2.0	27/02/2024	County Durham Care Partnership Executive on 27/02/24	
CDCPE ToR V3.0	12/03/2024	ICB Executive Committee	

## Appendix 2: Revision History

Version	Date	Reviewed by	Changes Required Y/N?	Summary of changes (Include in Appendix 1 above)
2.0	February 2024	Head of Corporate Services	Y	Section 8.2 amended to reflect that the Committee will 'aim to' meet monthly.
2.1	February 2024	Partnership Executive	Y	Chair of County Durham Healthwatch changed from 'Member' to 'Attendee'.

**Review date:** March 2025

**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.