

**CITY & HACKNEY**

**PLACE-BASED PARTNERSHIP**

**TERMS OF REFERENCE**

**Contents**

**Introduction**

**Section 1:** Terms of reference for the City & Hackney Health and Care Board ('the Health and Care Board')

**Section 2:**

**Part A:** Terms of Reference for the City & Hackney Section 75 Board

**Part B:** Terms of reference for the City & Hackney Sub-Committee of the North East London Integrated Care Board (the '**Place ICB Sub-Committee**').

**Annex 1:** Functions which the North East London Integrated Care Board has delegated to the Place ICB Sub-Committee.

## INTRODUCTION

1. The following health and care partner organisations, which are part of the North East London Integrated Care System ('**ICS**') have come together as a Place-Based Partnership ('**PBP**') to enable the improvement of health, wellbeing and equity in the City & Hackney area ('**Place**'):
  - (a) The NHS North East London Integrated Care Board (the '**ICB**')
  - (b) London Borough of Hackney ('**LBH**')
  - (c) City of London Corporation ('**COLC**')
  - (d) East London NHS Foundation Trust ('**ELFT**')
  - (e) Homerton Healthcare NHS Foundation Trust ('**Homerton FT**')
  - (f) Hackney Council for Voluntary Service
  - (g) City of London Healthwatch
  - (h) Healthwatch Hackney
  - (i) City & Hackney GP Confederation
  - (j) City & Hackney's Primary Care Networks ('**PCNs**')
2. 'Place' for the purpose of these terms of reference means the geographical area which is coterminous with the administrative boundaries of LBH and COLC.
3. These terms of reference for the PBP incorporate:
  - (a) As **Section 1**, terms of reference for the City & Hackney Health and Care Board (the '**Health and Care Board**'), which is the collective governance vehicle established by the partner organisations to collaborate on strategic policy matters relevant to Place, and oversee joint programmes of work relevant to Place.
  - (b) As **Section 2**, terms of reference for any committees/sub-committees or other governance structures established by the partner organisations at Place for the purposes of enabling statutory decision-making. Section 2 currently includes terms of reference for:
    - The City & Hackney Section 75 Board, which brings together the Place ICB Sub-Committee referred below and a sub-committee of each of the local authorities in order to enable aligned commissioning decisions at Place in relation to partnership arrangements made under section 75 of the National Health Service Act 2006.
    - The City & Hackney Sub-Committee of the North East London Integrated Care Board (the '**Place ICB Sub-Committee**'), which is a sub-Committee of the ICB's Population Health & Integration Committee ('**PH&I Committee**').

4. As far as possible, the partner organisations will aim to exercise their relevant statutory functions within the PBP governance structure, including as part of meetings of the Health and Care Board. This will be enabled (i) through delegations by the partner organisations to specific individuals or (ii) through specific committees/sub-committees established by the partner organisations meeting as part of, or in parallel with, the Health and Care Board.
5. Section 2 contains arrangements that apply where a formal decision needs to be taken solely by a partner organisation acting in its statutory capacity. Where a committee/sub-committee has been established by a partner organisation to take such statutory decisions at Place, the terms of reference for that statutory structure will be contained in Section 2 below. Any such structure will have been granted delegated authority by the partner organisation which established it, in order to make binding decisions at Place on the partner organisation's behalf. The Place ICB Sub-Committee is one such structure and, as described in Section 2, it has delegated authority to exercise certain ICB functions at Place.
6. There is overlap in the membership of the Health and Care Board and the governance structures described in Section 2. In the case of the Health and Care Board and the Place ICB Sub-Committee, the overlap is significant because each structure is striving to operate in an integrated way and hold meetings in tandem.
7. Where a member<sup>1</sup> of the Health and Care Board is not also a member of a structure described in Section 2, it is expected that the Health and Care Board member will receive a standing invitation to meetings of those structures (which may be held in tandem with Health and Care Board meetings) and, where appropriate, will be permitted to contribute to discussions at such meetings to help inform decision-making. This is, however, subject to any specific legal restrictions applying to the functions or partner organisations and subject to conflict of interest management.
8. All members of the Health and Care Board or a structure whose terms of reference are contained at Section 2 shall 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.

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<sup>1</sup> Generally where the term 'member' is used in this document, it means a member of a governance structure within these terms of reference (i.e. the Health and Care Board, Section 75 Board, or Place ICB Sub-Committee), rather than being a reference to a 'local authority member' (i.e. a councillor).

## Section 1

### Terms of reference for the City & Hackney Health and Care Board

<p><b>Status of the Health and Care Board</b></p>	<ol style="list-style-type: none"> <li>1. The City &amp; Hackney Health and Care Board ('the Health and Care Board') is a non-statutory partnership forum, which commenced its operation on 1 July 2022. It brings together representatives from across Place, who have the necessary authority from the partner organisation they represent to consider strategic policy matters and oversee joint programmes of work relevant to Place.</li> <li>2. Where applicable, the Health and Care Board may also make recommendations on matters a partner organisation asks the Health and Care Board to consider on its behalf.</li> </ol>
<p><b>Geographical coverage</b></p>	<ol style="list-style-type: none"> <li>3. The geographical area covered will be Place, which for the purpose of these terms of reference is the area which is coterminous with the administrative boundaries of the London Borough of Hackney and the City of London Corporation.</li> </ol>
<p><b>Vision</b></p>	<ol style="list-style-type: none"> <li>4. The Board's vision is:  Working together with our residents to improve health and care, address health inequalities and make City and Hackney thrive.  The Board currently has three population health priority areas: <ul style="list-style-type: none"> <li>• Giving children the best start in life</li> <li>• Improving mental health and preventing mental ill health</li> <li>• Improving outcomes for people with long term health and care needs</li> </ul> The following cross cutting approaches will support the Board in its work: <ul style="list-style-type: none"> <li>• Increasing social connection</li> <li>• Ensuring healthy local places</li> <li>• Supporting greater financial wellbeing</li> <li>• Joining up local health and care services around residents' and families' needs</li> <li>• Taking effective action to address racism and other forms of discrimination</li> <li>• Supporting the health and care workforce</li> </ul> </li> </ol>

## Role of the Health and Care Board

5. The purpose of the Health and Care Board is to consider the best interests of service users and residents in City & Hackney, when taken as a health and care system as a whole, rather than representing the individual interests of any of the partner organisations over those of another. Health and Care Board members participate in the Health and Care Board to - as far as possible - promote the greater collective endeavour.
6. The Health and Care Board has the following core responsibilities:
  - (a) To set a local system vision and strategy, reflecting the priorities determined by local residents and communities at Place, the contribution of Place to the ICS, and relevant system plans including:
    - the Integrated Care Strategy produced by the NEL Integrated Care Partnership ('ICP');
    - the 'Joint Forward Plan' prepared by the ICB and its NHS Trust and Foundation Trust partners;
    - the joint local health and wellbeing strategies produced by the City of London and Hackney Health and Wellbeing Boards ('HWBs'), together with the needs assessments for the area.
    - the Place Mutual Accountability Framework.<sup>2</sup>
  - (b) To develop a Place-based Partnership Plan ('PBP Plan'), which shall be:
    - aimed at ensuring delivery of relevant system plans, especially those listed above.
    - developed in conjunction with the governance structures in Section 2 (e.g. the Place ICB Sub-Committee and wider Section 75 Board).
    - agreed with the Board of the ICB and the partner organisations.
    - developed by drawing on population health management tools and in co-production with service users and residents of City & Hackney.
  - (c) As part of the development of the Place-Based Partnership Plan, to develop the Place objectives and priorities and an associated outcomes framework for Place. A summary of

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<sup>2</sup> The Place Mutual Accountability Framework describes what NHS North East London ICB asks the seven Place ICB Subcommittees and wider Place Based Partnerships to have responsibility for and, in turn, what the Place Based Partnerships can expect the ICB to achieve for them. The framework needs to be read alongside the equivalent document that focuses on the role of the provider collaboratives which operate across the ICS area. The current versions of these frameworks are published in the ICB's Governance Handbook.

these priorities and objectives can be found [here](#).

- (d) To oversee delivery and performance at Place against:
- national targets.
  - targets and priorities set by the ICB or the ICP, or other commitments set at North East London level, including commitments to the NHS Long Term Plan.
  - the PBP Plan, the Place objectives and priorities and the associated outcomes framework.
- (e) To provide a forum at which the partner organisations operating across Place can routinely share insight and intelligence into local quality matters, identify opportunities for improvement and identify concerns and risk to quality, escalating such matters to the NEL ICS System Quality Group as appropriate. Meetings of the Health and Care Board will give Place and local leaders an opportunity to gain:
- understanding of quality issues at Place level, and the objectives and priorities needed to improve the quality of care for local people.
  - timely insight into quality concerns/issues that need to be addressed, responded to and escalated within each partner organisation through appropriate governance structures or individuals, or to the System Quality Group.
  - positive assurance that risks and issues have been effectively addressed.
  - confidence about maintaining and continually improving both the equity, delivery and quality of their respective services, and the health and care system as a whole across Place.
- (f) To oversee the use of resources and promote financial transparency;
- (g) To make recommendations about the exercise of any functions that a partner organisation asks the Health and Care Board to consider on its behalf;
- (h) To ensure that co-production is embedded across all areas of operation, consistent with the City & Hackney co-production charter;
- (i) To support the ICS with the achievement of the 'four core purposes' of Integrated Care Systems, namely to:
- improve outcomes in population health and healthcare;

	<ul style="list-style-type: none"> <li>• tackle inequalities in outcomes, experience and access;</li> <li>• enhance productivity and value for money;</li> <li>• help the NHS support broader social and economic development.</li> </ul> <p>(j) To support the North East London Integrated Care System to deliver against its strategic priorities and its operating principles, as set out <a href="#">here</a>.</p>
<p><b>Statutory decision-making</b></p>	<p>7. In situations where any decision(s) needs to be taken which requires the exercise of statutory functions which have been delegated by a partner organisation to a governance structure in Section 2, then these shall be made by that governance structure in accordance with its terms of reference, and are not matters to be decided upon by the Health and Care Board.</p> <p>8. However, ordinarily, in accordance with their specific governance arrangements set out in Section 2, a decision made by a committee or other structure (for example a decision taken by the Place ICB Sub-Committee on behalf of the ICB) will be with Health and Care Board members in attendance and, where appropriate, contributing to the discussion to inform the statutory decision-making process. This is, however, subject to any specific legal restrictions applying to the functions of a partner organisation and subject to conflict of interest management.</p>
<p><b>Making recommendations</b></p>	<p>9. Where appropriate in light of the expertise of the Health and Care Board, it may also be asked to consider matters and make recommendations to a partner organisation or a governance structure set out in Section 2, in order to inform their decision-making.</p> <p>10. Note that where the Health and Care Board is asked to consider matters on behalf of a partner organisation, that organisation will remain responsible for the exercise of its statutory functions and nothing that the Health and Care Board does shall restrict or undermine that responsibility. However, when considering and making recommendations in relation to such functions, the Health and Care Board will ensure that it has regard to the statutory duties which apply to the partner organisation.</p> <p>11. Where a partner organisation needs to take a decision related to a statutory function, it shall do so in accordance with its terms of reference set out in Section 2, or the other applicable governance arrangements which the partner organisation has established in relation to that function.</p>
<p><b>Collaborative working</b></p>	<p>12. The Health and Care Board and any governance structure set out in Section 2 shall work together collaboratively. It may also work with other governance structures established by the partner organisations or wider partners within the ICS. This may include,</p>

**Principles of collaboration and good governance**

where appropriate, aligning meetings or establishing joint working groups.

13. The Health and Care Board may establish working groups or task and finish groups, to inform its work. Any working group established by the Health and Care Board will report directly to it and shall operate in accordance with terms of reference which have been approved by the Health and Care Board.

*Collaboration with the City & Hackney HWBs*

14. The Health and Care Board will work in close partnership with the HWBs and shall ensure that the PBP Plan is appropriately aligned with the joint local health and wellbeing strategies produced by the HWBs and the associated needs assessments, as well as the overarching Integrated Care Strategy produced by the ICP.

*Collaboration with Safeguarding Adults/Children's Board*

15. The Health and Care Board will also work in close partnership with the City & Hackney Safeguarding Children Partnership and the City & Hackney Safeguarding Adults Board.

16. The members of the Health and Care Board set out below at paragraph 23 and the partner organisations they represent agree to:

- Encourage cooperative behaviour between constituent members of the ICS, including the partner organisations, and engender a culture of "Best for Service" including no fault, no blame and no disputes where practically possible.
- Ensure that sufficient resources are available, including appropriately qualified staff who are authorised to fulfil the responsibilities as allocated.
- Assume joint responsibility for the achievement of outcomes within their control.
- Commit to the principle of collective responsibility for the functioning of the Health and Care Board and to share the risks and rewards associated with the performance of the objectives and priorities for Place, and the associated outcomes framework, set out in the PBP Plan.
- Adhere to statutory requirements and best practice by complying with applicable laws and standards including procurement and competition rules, data protection and freedom of information legislation.
- Work together on a transparent basis (for example, open book accounting where possible) subject to compliance with all applicable laws, particularly competition law, and agreed information sharing protocols and ethical walls.



## Chairing and partnership lead arrangements

- Commit to evolving these partnership arrangements as national policy and legislation aimed at health and social care integration develops.

17. In addition to the Seven Principles of Public Life, members of the Health and Care Board will endeavour to make good two-way connections between the Health and Care Board and the partner organisation they represent, modelling a partnership approach to working as well as listening to the voices of patients and the general public.

18. The Health and Care Board will adopt a rotating arrangement in relation to its Chair, with responsibility being shared between the chairs of the two local authority sub-committees which form part of the City & Hackney Section 75 Board, namely:

- (a) The Deputy Chairman of the Community and Children's Services Committee (Chair of the COLC Sub-Committee);
- (b) Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (Chair of the LBH Sub-Committee).

19. For the first twelve months following the Health and Care Board's formal approval of these terms of reference, the Chair of the COLC Sub-Committee shall be the Chair; following which the Chair of the LBH Sub-Committee shall chair for a period of twelve months. Thereafter the role of Chair shall swap every twelve months.

20. The member mentioned at paragraph 18 above who is not the Chair for the time-being will be the Deputy Chair of the Health and Care Board.

21. If for any reason the Chair and Deputy Chair are absent for some or all of a meeting, the members shall together select a person to chair the meeting.

22. The Chief Executive of the Homerton will be the Place Partnership Lead.

## Membership

23. There will be a total of **26** members of the Health and Care Board, as follows:

### *ICB:*

- (a) Delivery Director for City & Hackney
- (b) Clinical Care Director for City & Hackney
- (c) Director of Finance or their nominated representative
- (d) Director of Nursing/Quality or their nominated representative

### *Local authority officers:*

(e) Director of Community and Children's Services (COLC)

(f) Group Director for Adults, Health and Integration (LBH)

(g) Group Director for Children and Education (LBH)

(h) Director of Public Health for City & Hackney

*Local authority elected members:*

(i) The Chairman of the Community and Children's Services Committee (COLC)

(j) The Deputy Chairman of the Community and Children's Services Committee (COLC) (**Chair, rotating**)

(k) The Chairman of the Health and Wellbeing Board (COLC)

(l) Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (LBH) (**Chair, rotating**)

(m) Cabinet Member for Education, Young People and Children's Social Care (LBH)

(n) Cabinet Member for Finance, Insourcing and Customer Service (LBH)

*NHS Trusts/Foundation Trusts:*

(o) Chief Executive (Homerton) (**Place Partnership lead**)

(p) Non-Executive Director of Homerton

(q) Director of ELFT

(r) Non-Executive Director ELFT

*Primary Care:*

(s) Place-Based Partnership Primary Care Development Clinical Lead

(t) Chief Executive, City & Hackney GP Confederation

(u) Chair, City & Hackney GP Confederation

(v) PCN clinical director

(w) PCN clinical director

*Voluntary sector*

(x) Chief Executive Officer, Hackney Council for Voluntary Service

*Healthwatch*

	<p>(y) Chief Executive, City of London Healthwatch</p> <p>(z) Chief Executive, Healthwatch Hackney</p> <p>24. With the permission of the Chair of the Health and Care Board, the members, set out above, may nominate a deputy to attend a meeting of the Health and Care Board 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. Each member should have one named nominee to ensure consistency in group attendance. Where possible, members should notify the Chair of any apologies before papers are circulated.</p>
<b>Participants</b>	<p>25. The Health and Care Board may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties. This shall include other colleagues from the partner organisations or across the ICS, professional advisors or others as appropriate at the discretion of the Chair of the Health and Care Board.</p>
<b>Meetings</b>	<p>26. The Health and Care Board will operate in accordance with the evolving ICS governance framework, including any policies, procedures and joint-working protocols that have been agreed by the partner organisations, except as otherwise provided below:</p> <p><i>Scheduling meetings</i></p> <p>27. It is expected that the Health and Care Board will meet on a bi-monthly basis (subject to a minimum of four occasions each year) and that such meetings will be held in tandem with the Place ICB Sub-Committee and the broader Section 75 Board.</p> <p>28. However, the expectation for such bi-monthly meetings to be held in tandem will not preclude the Health and Care Board from holding its own more regular or additional meetings.</p> <p>29. Changes to meeting dates or calling of additional meetings will be convened as required in negotiation with the Chair.</p> <p><i>Quoracy</i></p> <p>30. For a meeting of the Health and Care Board to be quorate, six members will be present and must include:</p> <ul style="list-style-type: none"> <li>(a) Two of the members from the ICB;</li> <li>(b) At least one member from each local authority;</li> <li>(c) One of the members from an NHS Trust or Foundation Trust;</li> <li>(d) One primary care member.</li> </ul> <p>31. If any member of the Health and Care Board has been disqualified</p>

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.

32. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no recommendations may be made.

#### *Papers and notice*

33. 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.

34. 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*

35. It is for the Chair to decide whether or not the Health and Care Board 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*

36. Meetings will usually be open to the public, unless the Chair determines, at his or her 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.

37. The Chair shall give such directions as he/she thinks 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. This shall include the Chair asking any person who is not a member to withdraw from all or part of a meeting in order to facilitate open and frank discussion on particular matters.

38. 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.

#### *Recordings of meetings*

39. Except with the permission of the Chair, no person admitted to a meeting of the Health and Care Board shall be permitted to record

the proceedings in any manner whatsoever, other than in writing.

#### *Meeting minutes*

40. The minutes of a meeting will be formally taken and a draft copy circulated to the members of the Health and Care Board 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. Verbatim minutes of the meeting will not be held, instead key points of debate, actions and decisions will be captured.
41. Where it would promote efficient administration meeting minutes and action logs may be combined with those of the Place ICB Sub-Committee and/or the Section 75 Board.

#### *Governance support*

42. Governance support will be provided to the Health and Care Board by the ICB's governance team.

#### *Confidential information*

43. Where confidential information is presented to the Health and Care Board, all those present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles.

### **Decision-making**

44. The Health and Care Board is the primary forum within the PBP for bringing a wide range of partners across Place together for the purposes of determining and taking forward matters relating to the improvement of health, wellbeing and equity across Place. It brings together representatives from across Place, who have the necessary authority from the partner organisation they represent to consider strategic policy matters and oversee joint programmes of work relevant to Place.
45. The Health and Care Board does not hold delegated functions from the partner organisations. However, each member shall have appropriate delegated responsibility from the partner organisation they represent to make decisions on behalf of their organisation as relevant to the Health and Care Board's remit or, at least, will have sufficient responsibility to discuss matters on behalf of their organisation and be ready to move programmes of work forwards by holding discussions in their own organisation and escalating matters of importance.
46. Members of the Health and Care Board have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view and reach agreement by consensus. Externally, members will be expected to represent the Health and Care Board's views and act as ambassadors for its work.

## Conflicts of Interest

47. In the event that the Health and Care Board is unable to agree a consensus position on a matter it is considering, this will not prevent any or all of the statutory committees/sub-committees in Section 2 taking any applicable decisions they are required to take. To the extent permitted by their individual terms of reference, statutory committees/sub-committees may utilise voting on matters they are required to take decisions on.

48. Conflicts of interests will be managed in accordance with relevant policies, procedures and joint protocols developed by the ICS, and consistently with the partner organisations' respective statutory duties, their own policies on conflict management<sup>3</sup> and applicable national guidance. As a minimum, this shall include ensuring that:

- (a) a register of the members interests is maintained;
- (b) any actual or potential conflicts are declared at the earliest possible opportunity;
- (c) all declarations and discussions relating to them are minuted.

## Accountability and Reporting

49. The Health and Care Board shall comply with any reporting requirements that are specifically required by a partner organisation for the purposes of its constitutional or other internal governance arrangements. The Health and Care Board will also report to the ICP.

50. Members of the Health and Care Board shall disseminate information back to their respective organisations as appropriate, and feed back to the group as needed.

51. The Health and Care Board and the HWBs will provide reports to each other, as appropriate, so as to inform their respective work. The reports the Health and Care Board receives from the HWBs will include the HWBs' recommendations to the Health and Care Board on matters concerning delivery of the Place objectives and priorities (see [here](#)) and delivery of the associated outcomes framework. The HWBs will continue to have statutory responsibility for the joint strategic needs assessments and joint local health and wellbeing strategies.

52. Given its purposes at paragraph 6(e) above, the Health and Care Board will regularly report upon, and comply with any request of the System Quality Group for information or updates on, matters relating to quality which effect the ICS and bear on the System Quality Group's remit.

## Monitoring Effectiveness and Compliance with Terms of

53. The Health and Care Board will carry out an annual review of its effectiveness and provide an annual report to the ICP and to the partner organisations. This report will outline and evaluate the Health and Care Board's work in discharging its responsibilities, delivering its objectives and complying with its terms of reference.

<sup>3</sup> For the City of London Corporation the key guidance includes [ ].

**Reference**

As part of this, the Health and Care Board will review its terms of reference and agree any changes it considers necessary.





## Section 2 (Part A)

### The City & Hackney Section 75 Board

#### Introduction

1. The arrangements for the City & Hackney Section 75 Board set out in these terms of reference enable aligned decision-making between the following statutory partners who have established integrated commissioning arrangements under powers conferred by section 75 of the National Health Service Act 2006 (**'Section 75'**) and associated secondary legislation:
  - (a) The City of London Corporation (**'COLC'**)
  - (b) The London Borough of Hackney (**'LBH'**)
  - (c) The North East London Integrated Care Board (**'ICB'**)
2. The expectation is that many of the discussions that will inform the statutory partners decisions under these arrangements will take place within overall City & Hackney Place-Based Partnership (**'PBP'**). This will happen through aligned meetings between the sub-committees which comprise the Section 75 Board, and also the City & Hackney Health and Care Board, with decisions being taken as appropriate by each statutory sub-committee on matters within the sub-committee's authority.

#### Composition and authority

3. The Section 75 Board brings together the following sub-committees of the statutory partner organisations:
  - (a) COLC's Integrated Commissioning Sub-Committee, which is established as a sub-committee under the COLC's Community and Children's Services Committee (**'the COLC Sub-Committee'**);
  - (b) LBH's Integrated Commissioning Sub-Committee, which is established as a sub-committee reporting to the LBH Cabinet (**'the LBH Sub-Committee'**); and
  - (c) the City & Hackney Sub-Committee of the ICB, which is established as a sub-committee reporting to the ICB's Population Health and Integration Committee (**'the Place ICB Sub-Committee'**).
4. The COLC Sub-Committee has authority to make decisions on behalf of COLC, which shall be binding on COLC, in accordance with the terms of reference set out here and the scheme of delegation and reservation for the integrated commissioning arrangements.
5. The LBH Sub-Committee has authority to make decisions on behalf of LBH, which shall be binding on LBH, in accordance with these terms of reference and the scheme of delegation and reservation for the integrated commissioning arrangements.
6. The Place ICB Sub-Committee has authority to exercise the functions

## Section 75 pooled fund arrangements

delegated to it by the ICB and to make decisions on matters relating to these delegated functions, in accordance with its terms of reference and the associated ICB governance framework.

7. Where section 75 pooled fund arrangements have been established, the following arrangements will apply:
  - (a) Members of the COLC Sub-Committee and the Place ICB Sub-Committee will manage the pooled funds for which they have been assigned authority in accordance with a section 75 agreement in place between COLC and the ICB ("**City Pooled Funds**");
  - (b) Members of the LBH Sub-Committee and the Place ICB Sub-Committee will manage the pooled funds for which they have been assigned authority in accordance with a section 75 agreement in place between LBH and the ICB ("**Hackney Pooled Funds**").
8. The LBH Sub-Committee shall have no authority in respect of City Pooled Funds and vice versa.
9. For services where no pooled fund arrangement is in place, the Section 75 Board arrangements may be used to make recommendations to the Place ICB Sub-Committee, COLC Community and Children's Services Committee or LBH Cabinet as appropriate and in accordance with the relevant section 75 agreement. Recommendations about services may also be made through the City & Hackney Health and Care Board.

## Objectives

10. The Section 75 Board will support the development of the City & Hackney Place-Based Partnership, through:
  - (a) taking commissioning decisions in relation to the services which fall within the scope of the section 75 arrangements referred above (including in relation to, for example, service re-design, contracting and performance, planning and oversight);
  - (b) supporting the City & Hackney Health and Care Board to develop the plans for the Place, achieve its priorities and objectives, and to fulfil its responsibilities as set out in its terms of reference;
  - (c) developing and scrutinising commissioning intentions, including the monitoring, review, commissioning and decommissioning of activities;
  - (d) approving clinical and social care guidelines, pathways, service specifications, and new models of care;
  - (e) ensuring its decisions are made in a timely manner, with full consideration to:
    - statutory duties of the relevant organisation(s);
    - relevant in term and longer term Place, system and national

**Accountability and reporting**

plans, policy, priorities and guidance (as appropriate);

- the City & Hackney Co-Production Charter;
- best practice and benchmarked performance;
- relevant financial considerations.

11. The Section 75 Board will report to the relevant forum as determined by the ICB, LBH and COLC. The matters on which, and the arrangements through which, the Section 75 Board is required to report shall be determined by the ICB, LBH and COLC (and shall include requirements in respect of Better Care Fund budgets).
12. The Section 75 Board will present for approval by the ICB, LBH and COLC as appropriate proposals on matters in respect of which authority is reserved to the ICB and/or COLC and/or LBH (including in respect of aligned fund services).
13. The Section 75 Board will receive reports from the statutory partners on decisions made by those bodies where authority for those decisions is retained by them, but the matters are relevant to the work of the Section 75 Board. Discussions about such matters will be facilitated through the aligned meetings with the City & Hackney Health and Care Board.
14. The Section 75 Board will provide reports to the Health and Wellbeing Boards, the ICB Board or the NEL Integrated Care Partnership and other committees as required. The City & Hackney Health and Care Board may provide such reports on behalf of the Section 75 Board as part of its wider reporting arrangements.
15. The Section 75 Board functions through the scheme of delegation and financial framework agreed by the ICB, COLC and LBH respectively, who remain responsible for their statutory functions and for ensuring that these are met and that the Section 75 Board is operating within all relevant requirements.

**Chairing Arrangements**

16. The chairing arrangements set out in the City & Hackney Health and Care Board's terms of reference shall apply equally to the Section 75 Board, meaning that the Chair of the City & Hackney Health and Care Board shall also be the Chair of the Section 75 Board.

**Membership**

17. The membership of the sub-committees which the Section 75 Board brings together is as follows:
18. COLC Sub-Committee:
  - (a) The Deputy Chairman of the Community and Children's Services Committee (**Chair of the COLC Sub-Committee**);
  - (b) The Chairman of the Community and Children's Services Committee;

(c) The Chairman of the Health and Wellbeing Board.

19. LBH Committee:

(a) Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (**Chair of the LBH Sub-Committee**);

(b) Cabinet Member for Education, Young People and Children's Social Care;

(c) Cabinet Member for finance, Insourcing and customer Service.

20. The membership of the Place ICB Sub-Committee is set out in its terms of reference.

*Nominated deputies*

21. Any member of the LBH Sub-Committee may appoint a deputy who is a Cabinet Member.

22. The COLC Community and Children's Services Committee may appoint up to three of its members who are members of the Court of Common Council to deputise for any member of the COLC Sub-Committee.

23. The Place ICB Sub-Committee's terms of reference set out its provision for nominating deputies.

24. Notwithstanding the above, any member appointing a deputy for a particular meeting of the Section 75 Board must give prior notification of this to the Chair.

**Participants**

25. As the three sub-committees shall meet in common, the members of each sub-committee shall be in attendance at the meetings of the other two sub-committees. It is also expected that meetings of the Section 75 Board will largely take place within the PBP structure and, therefore, subject to conflict of interest management and ensuring compliance with each component part of the Section 75 Board's governance requirements, members of the City & Hackney Health and Care Board and its participants (as specified in the City & Hackney Health and Care Board's terms of reference) may be in attendance at meetings of the Section 75 Board.

26. The following will be expected to attend the meetings of the Section 75 Board, contribute to all discussion and debate, but will not participate in decision-making:

(a) The Director of Community and Children's services (Authorised Officer for COLC);

(b) The City of London Corporation Chamberlain;

(c) LBH Group Director – Finance and Corporate Resources;

(d) LBH Group Director for Adults, Health and Integration;

	<p>(e) LBH Group Director for Children and Education</p> <p>27. Others may be invited to attend the Section 75 Board's meetings in a non-decision-making capacity. This shall include other colleagues from the partner organisations or across the ICS, professional advisors or others as appropriate at the discretion of the Chair.</p>
<p><b>Quorum</b></p>	<p>28. Quoracy requirements are as follows:</p> <p>(a) For the COLC Sub-Committee the quorum will be all three members (or deputies duly authorised in accordance with these terms of reference).</p> <p>(b) For the LBH Sub-Committee the quorum will be two of the three Council Members (or deputies duly authorised in accordance with these terms of reference).</p> <p>(c) For the Place ICB Sub-Committee the quorum will be as set out in its Terms of Reference.</p>
<p><b>Voting</b></p>	<p>29. Each of the COLC, LBH and ICB sub-committees must reach its own decision on any matter under consideration and will do so by consensus of its members where possible. If consensus within a sub-committee is impossible, that sub-committee may take its decision by simple majority, and the Chair's casting vote if necessary. The COLC Sub-Committee, the LBH Sub-Committee and Place ICB Sub-Committee will each aim to reach compatible decisions.</p> <p>30. Matters for consideration by the three sub-committees meeting in common as the Section 75 Board may be identified in meeting papers as requiring positive approval from all three sub-committees in order to proceed. Any matter identified as such may not proceed without positive approval from all of the COLC Sub-Committee, the LBH Sub-Committee and the Place ICB Sub-Committee.</p>
<p><b>Meetings and administration</b></p>	<p>31. The Section 75 Board's members will be given no less than seven clear working days' notice of its meetings. 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. In urgent circumstances these timescales may be truncated.</p> <p>32. The Section 75 Board shall meet whenever COLC, LBH and the ICB consider it appropriate that it should do so but the three sub-committees meeting as the Section 75 Board would usually meet bi-monthly and at least four times a year, noting that the City &amp; Hackney Health and Care Board may meet more frequently (i.e. monthly).</p> <p>33. Meetings of the Section 75 Board shall be held in accordance with Access to Information procedures for COLC, LBH and the ICB, rules and other relevant constitutional requirements. The dates of the meetings will be published by the ICB, LBH and COLC. The meetings of the Section 75 Board will be held in public, subject to any exemption provided by law or any matters that are confidential or commercially</p>

sensitive. This should only occur in exceptional circumstances and is in accordance with the open and accountable local government guidance (August 2014).

34. Governance support will be provided to the Section 75 Board and minutes shall be taken of all of its meetings. These may be incorporated into the minutes of the City & Hackney Health and Care Board. The ICB, COLC and LBH shall agree between them the format of the joint minutes of the Section 75 Board which will separately record the membership and the decisions taken by the Place ICB Sub-Committee, the COLC Sub-Committee and the LBH Sub-Committee. Agenda, decisions and minutes shall be published in accordance with partners' Access to Information procedures rules.

35. Decisions made by the COLC Sub-Committee may be subject to referral to the Court of Common Council in accordance with COLC's constitution. Cabinet decisions made by the LBH Sub-Committee may be subject to call-in by members of the Council in accordance with LBH's constitution. Decisions made by the Place ICB Sub-Committee may be subject to review by the ICB's board or its Population Health & Integration Committee, or as further set out in the Place ICB Sub-Committee's terms of reference or the wider governance arrangements. However, the ICB, LBH and COLC will manage the business of the Section 75 Board, including consultation with relevant forum and/or officers within those organisations, such that the incidence of decisions being reviewed or referred is minimised.

#### Conflicts of interest

36. The partner organisations represented in the Section 75 Board are committed to conducting business and delivering services in a fair, transparent, accountable and impartial manner. Section 75 Board members will comply with the arrangements established by the organisations that they represent or the ICS as a whole, and any national statutory guidance applicable to the organisation. As a minimum, this shall include ensuring that:

- (a) a register of the members interests is maintained;
- (b) any actual or potential conflicts are declared at the earliest possible opportunity;
- (c) all declarations and discussions relating to them are minuted.

37. In respect of the COLC Sub-Committee and the LBH Sub-Committee, it is for the members to declare any conflicts of interests which exist (taking into account any guidance from the Chair) and, if so, to adopt any arrangements which they consider to be appropriate. Members of the Place ICB Sub-Committee shall act in accordance with the sub-committee's terms of reference and the ICB's conflicts of interest policy and procedures.

#### Review

38. The terms of reference will be reviewed at least annually, to coincide with reviews of the section 75 agreements.

## Section 2 (Part B)

### Terms of reference for the City & Hackney Sub-Committee of the North East London Integrated Care Board

<p><b>Status of the Sub-Committee</b></p>	<ol style="list-style-type: none"> <li>1. The City &amp; Hackney Sub-Committee of the North East London Integrated Care Board (<b>'the Place ICB Sub-Committee'</b>) is established by the Population Health &amp; Integration Committee (the <b>'PH&amp;I Committee'</b>) as a Sub-Committee of the PH&amp;I Committee.</li> <li>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 (<b>'the Board'</b>). Additionally, the membership of the Sub-Committee must be approved by the Chair of the Board.</li> <li>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.</li> <li>4. These terms of reference should be read as part of the suite of terms of reference for the City &amp; Hackney Place-Based Partnership (<b>'PBP'</b>), including the terms of reference for the City &amp; Hackney Health and Care Board (<b>'the Health and Care Board'</b>) in Section 1, which define a number of the terms used in these Place ICB Sub-Committee terms of reference.</li> </ol>
<p><b>Geographical coverage</b></p>	<ol style="list-style-type: none"> <li>5. The geographical area covered will be Place, as defined in the Health and Care Board's terms of reference in Section 1.</li> </ol>
<p><b>Purpose</b></p>	<ol style="list-style-type: none"> <li>6. The Place ICB Sub-Committee has been established in order to:             <ol style="list-style-type: none"> <li>(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 PBP.</li> <li>(b) Support the development of collaborative arrangements at Place, in particular the development of the PBP.</li> </ol> </li> <li>7. The Delegated Functions which the Place ICB Sub-Committee will exercise are set out at <b>Annex 1</b> and described in further detail in the Place Mutual Accountability Framework which the annex refers to.</li> <li>8. The Place ICB Sub-Committee, through its members, is authorised by the ICB to take decisions in relation to the Delegated Functions.</li> <li>9. Further functions may be delegated to the Place ICB Sub-Committee over time, in which case Annex 1 may be updated with the approval of the Board, on the recommendation of the PH&amp;I Committee. The remit</li> </ol>

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.

10. 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 and the partner organisations represented on the Health and Care Board. A summary of the PBP’s priorities and objectives can be found [here](#).
11. 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 HWBs’ joint local health and wellbeing strategies with the HWBs’ needs assessments 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.
12. 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](#).
13. 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.
14. 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.
15. 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

**Key duties relating to the exercise of the Delegated**



## Functions

ICB or which apply to the ICB.

16. 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 National Health Service Act 2006 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.

## Collaborative working

17. 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*

18. In particular, in addition to an expectation that the Place ICB Sub-Committee and Health and Care Board shall collaborate with each other as part of the PBP, 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.

19. 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 Boards and Safeguarding*

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

- (a) The HWBs 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 strategies and the assessments 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 2014.

*Establishing working groups*

21. 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 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.

**Chairing and partnership lead arrangements**

22. The Place ICB Sub-Committee will be chaired by the Chair of the City & Hackney Health and Care Board who is appointed on account of their specific knowledge, skills and experiences making them suitable to chair the Sub-Committee.

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

24. The Deputy Chair of the Place ICB Sub-Committee is the Deputy Chair of the Health and Care Board.

25. If the Chair has a conflict of interest then the Deputy Chair or, if necessary, another member will be responsible for deciding the appropriate course of action.

26. The Chief Executive of the Homerton will be the Place Partnership Lead.

**Membership**

27. 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.

28. 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 National Health Service Act 2006 by the Health and Care Act 2022.

29. The membership of the Place ICB Sub-Committee includes members drawn from the following partner organisations which operate at Place:

- (a) The NHS North East London Integrated Care Board (the '**ICB**')
- (b) London Borough of Hackney ('**LBH**')
- (c) City of London Corporation ('**COLC**')
- (d) East London NHS Foundation Trust ('**ELFT**')
- (e) Homerton Healthcare NHS Foundation Trust ('**Homerton FT**')

- (f) Hackney Council for Voluntary Service
- (g) City of London Healthwatch
- (h) Healthwatch Hackney
- (i) City & Hackney GP Confederation
- (j) City & Hackney's Primary Care Networks ('PCNs')

30. There will be a total of 17 members of the Place ICB Sub-Committee, as follows:

*ICB:*

- (a) Delivery Director for City & Hackney
- (b) Clinical Care Director for City & Hackney
- (c) Director of Finance or their nominated representative
- (d) Director of Nursing/Quality or their nominated representative

*Local authority officers:*

- (e) Director of Community and Children's Services (COLC)
- (f) Group Director for Adults, Health and Integration (LBH)
- (g) Group Director for Children and Education (LBH)
- (h) Director of Public Health for City & Hackney

*Local authority elected members:*

- (i) The Deputy Chairman of the Community and Children's Services Committee (COLC)
- (j) Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture (LBH)

*NHS Trusts/Foundation Trusts:*

- (k) Chief Executive (Homerton) (**Place Partnership Lead**)
- (l) Director of ELFT

*Primary Care:*

- (m) Place-Based Partnership Primary Care Development Clinical Lead
- (n) PCN clinical director

*Voluntary sector*

- (o) Chief Executive Officer, Hackney Council for Voluntary Service

*Healthwatch*

- (p) Chief Executive, City of London Healthwatch

- (q) Chief Executive, Healthwatch Hackney

31. 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.

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

**Participants**

33. 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.

34. Meetings of the Sub-Committee may also be attended by the following for all or part of a meeting as and when appropriate:

- (a) Any members or attendees of the Health and Care Board (i.e. in Section 1)

- (b) Any members or attendees of the City & Hackney Section 75 Board (i.e. in Section 2: Part A)

35. 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.

**Resource and financial management**

36. 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.

37. 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**

38. 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*

39. 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.
40. The Place ICB Sub-Committee will usually hold its meetings together with the Health and Care Board and other sub-committees which comprise the City & Hackney Section 75 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.
41. The Place ICB Sub-Committee acknowledges that the Health and Care Board and other sub-committees which comprise the City & Hackney Section 75 Board may convene their own more regular meetings, for instance where agenda items do not require a statutory decision of the Place ICB Sub-Committee.
42. 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*

43. 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) At least one member from each local authority;
  - (c) One of the members from an NHS Trust or Foundation Trust;
  - (d) One primary care member.
44. 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.
45. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

#### *Voting*

46. 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. Where there is a split

vote, with no clear majority, the Chair of the Sub-Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

#### *Papers and notice*

47. 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.
48. 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*

49. 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*

50. Meetings at which public functions of the ICB are exercised will usually be open to the public, unless the Chair determines, at his or her 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.
51. The Chair shall give such directions as he/she thinks 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.
52. 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.
53. 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.
54. There shall be a section on the agenda for public questions to the Sub-Committee, which shall be in line with the Integrated Care Board's agreed procedure as set out on our website [here](#).

#### *Recordings of meetings*

55. 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*

56. 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*

57. 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.
58. Where it would promote efficient administration meeting minutes and action logs may be combined with those of the Health and Care Board and/or Section 75 Board.

#### *Legal or professional advice*

59. 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*

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

#### *Conflicts of Interest*

61. 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**

62. 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.
63. Members must demonstrably consider equality diversity and inclusion

	<p>implications of the decisions they make.</p>
<p><b>Disputes</b></p>	<p>64. 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:</p> <ul style="list-style-type: none"> <li>(a) a matter for wider determination within the ICS; or</li> <li>(b) determination by another placed-based committee of the ICB or other forum, such as a provider collaborative,</li> </ul> <p>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.</p>
<p><b>Referral to the PH&amp;I Committee</b></p>	<p>65. 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&amp;I Committee.</p> <p>66. With regard to determining whether a decision falling within the paragraph above shall be referred to the PH&amp;I Committee for consideration then the following applies:</p> <ul style="list-style-type: none"> <li>(a) The Chair of the Place ICB Sub-Committee, at his or her discretion, may determine that such a referral should be made.</li> <li>(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&amp;I Committee.</li> </ul> <p>67. Where a matter is referred to the PH&amp;I Committee under paragraph 65, the PH&amp;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&amp;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.</p> <p>68. In addition to the Place ICB Sub-Committee's ability to refer a matter to the PH&amp;I Committee as set out in paragraph 65:</p> <ul style="list-style-type: none"> <li>(a) The PH&amp;I Committee, or its Chair and Deputy Chair (acting together), may determine that any decision falling with paragraph 65 should be referred to the PH&amp;I Committee for determination; or</li> <li>(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.</li> </ul>
<p><b>Accountability</b></p>	<p>69. The Place ICB Sub-Committee shall be directly accountable to the PH&amp;I</p>



## and Reporting

Committee of the ICB, and ultimately the Board of the ICB.

70. 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 PH&I 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 Committee**. Reports will be made to the Quality Safety and Improvement Committee in respect of matters which are relevant to that Committee and in relation to the exercise of the quality functions set out [here](#).

71. 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*

72. 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

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

74. 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:** 8 September 2022 (Initial version by ICB Board on 1 July 2022)

**Version:** 2.0

**Date of review:** 1 April 2023

## 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 Care 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 City & Hackney. It is aimed at ensuring delivery of the Joint Forward Plan, the Integrated Care Strategy, each HWBs’ joint local health and wellbeing strategies and associated needs assessments, 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 each HWB'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 ICB's SFIs. 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 the ICB's Financial Framework develops.

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 Sub-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, 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,

Key Performance Indicators 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 are adequate governance and arrangements in Place that are 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 National Health Service Act 2006 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 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.