East London
NHS Foundation Trust

Integrated Care and Commissioning Committee

Terms of Reference

1 Authority

1.1 The Integrated Care and Commissioning Committee is constituted as a standing committee of the Trust's Board of Directors. Its constitution and terms of reference is set out below, subject to amendment and approval by the Board

1.2 The Committee is authorised by the Board to act within these terms of reference

1.3 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its duties. All members of staff are expected to co-operate with any request made by the Committee

1.4 The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of external individuals/organisations with relevant experience and expertise if it considers this necessary

1.5 These terms of reference shall be read in conjunction with the Trust's Scheme of Delegation, Standing Orders, Constitution and Standing Financial Instructions as appropriate.

2 Purpose

2.1 The overall purpose of the Committee is to provide oversight and assurance to the Board on:

- the delivery of the Trust's strategic objective to improve population health and tackle health inequalities and the underlying drivers of poor health in our local populations as part of our commitment to the triple aim (improving patient experience of care including quality and satisfaction, improving the health of populations, and reducing the per capita cost of health care)
- the Trust's approach to integration, and in particular within Integrated Care Systems
- where the Trust develops or adopts new models of care arrangements that will improve population health and tackle inequalities, including for example where the Trust is a lead provider and contract holder, commissioner or primary care provider.

2.2 It is anticipated, however, that in the first six months the Committee's deliberations will focus on formulating thinking around strategy development.

3 Membership

3.1 The members of the Committee will be appointed by the Board and will be comprised as follows:

- Three Non-Executive Directors, one of whom will be the chair of the Committee
- Executive Director of Commercial Development
- Executive Director of Integrated Care
- Chief Digital Officer
- Chief Quality Officer
- Chief Medical Officer

3.2 In the absence of the chair of the Committee, one of the other Non-Executive Director members will chair the Committee meeting.

4 Quorum

4.1 A quorum will be four members, two of which must be Non-Executive Directors.

5 Attendance at Meetings

5.1 All members are expected to attend each meeting.

5.2 Other Trust Directors or staff or external advisers will be invited to attend for all or part of any meeting when appropriate to assist in deliberations

5.3 Attendance at meetings may also be by teleconference or videoconferencing at the discretion of the Committee chair.

6 Support to the Committee

6.1 The Director of Corporate Governance will act as Company Secretary to the Committee and working with the Executive Director Committee lead will:

- Agree the agenda with the Committee chair
- Ensure that meeting papers are distributed in good time
- Ensure that all the minutes are taken, action points and matters arising are recorded and followed up
- Advise the Committee on pertinent areas
- Draft the Committee's annual report of the review of its effectiveness and the terms of reference.

7 Frequency of Meetings

7.1 The Committee will normally meet six times a year (bi-monthly) and as required to fulfil its duties as the Committee chair shall decide.

8 Duties

8.1 **Population Health:**

- To gain assurance on the delivery of the Trust's strategic objective to improve population health and to reduce health inequalities and the underlying drivers of poor health in our local populations as part of our commitment to the triple aim by:
  - Keeping under review the progress against the Trust's population health framework delivery plans
  - Being responsible for connecting to and influencing the policy/strategy relating to the wider determinants of health
  - Ensuring the Trust is working with system partners on improving the health and wellbeing of the local population

8.2 **Integrated Care:**

- To keep under review the external legal, policy and contracting environment as it relates to integrated care and population health, e.g. Integrated Care Systems (ICS) and Sustainability & Transformation Partnerships (STP), and the impact on the Trust's strategic direction, and to inform the Board on options for the Trust's future strategic direction
- To oversee and monitor the engagement framework to ensure there is full and effective system engagement and involvement with all key partners including ICS, STP, alliances

and partnerships, and any other forms of collaborative or partnership working to improve population health

8.3 **New Models of Care**

Where the Trust is the lead provider or contract holder or commissioner:

- To consider how new models of care arrangements are levered to improve population health and tackle health inequalities
- To receive assurance in respect of the overall performance and delivery of new models of care in support of improving population health and tackling health inequalities
- To receive assurance on full and effective engagement and relationships with key stakeholders and partners

8.4 **Primary Care**

Recognising the central role played by primary care and Primary Care Networks in improving population health, driving quality and safety, co-production with service users, and coordination of care:

- To consider how primary care transformation plans and/or newly commissioned services involving and/or impacting on primary care will support improving population health and tackling health inequalities
- To receive assurance in respect of the overall performance and delivery of the Trust's primary care strategy and delivery plan in meeting the required and stated outcomes to support the delivery of the Trust's strategic objective to improve population health and tackle health inequalities

8.5 **Stakeholders Involvement**

- To receive assurance on the active involvement of staff, governors, service users, carers, system partners and other stakeholders in the development of key Trust strategies and plans to improve population health and tackle health inequalities including those relating to service transformation, commissioning, new models of care and primary care

8.6 **Risk Management**

- To review the risks on the Board Assurance Framework (BAF) that have been assigned to the Committee to monitor
- To escalate to the Board or refer to the relevant standing committee unresolved risks arising within the scope of these terms of reference that require action or that pose significant threats to the operation, resources or reputation of the Trust and, where appropriate, make recommendation to the Board in respect of including such risks in the BAF

8.7 To establish such sub-groups as it deems necessary to support it to discharge its functions. In so doing the Committee will inform the Board of the establishment of such sub-groups and present to the Board the terms of reference of the sub-groups, ensuring compliance with the Scheme of Reservation and Delegation

9 Conflicts of Interest

9.1 Where a Committee member has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the Committee and subsequently the Board considering an action or decision in relation to that interest, that must be considered as a potential conflict, is subject to the provisions of the Trust's Standards of Business Conduct Policy or other protocols or arrangements relating to the management of Conflicts of Interest

9.2 At the beginning of each meeting as a standing agenda item, the Committee chair will ask members to highlight any conflicts of interest and identify any items/issues that may raise a conflict of interest for any Board member

9.3 An up to date Register of Interests will be available on the Trust's website for public scrutiny.

10 Reporting and Minutes

10.1 The Committee will provide an assurance report to the Board after each meeting. The report will set out the matters discussed together with any recommendations to the Board.

10.2 The chair of the Committee will highlight to the Board any pertinent issues and/or those that require disclosure, escalation, action or approval.

10.3 The minutes of the Committee meetings will be formally recorded and a draft copy circulated to Committee members together with the action log as soon after the meeting as possible.

10.4 The approved minutes will be available to the Board on request.

10.5 The Committee will receive and agree a description of its work (in the form of an annual work plan), and will regularly monitor progress against this plan.

11 Review

11.1 The Committee will undertake an annual review of its effectiveness and provide a report to the Board of its findings including highlighting areas for improvement.

11.2 Terms of reference will be reviewed annually and reported to the Board for ratification.

12 Review Dates

12.2 Date Originally Approved: May 2021

12.2 Next review date: May 2022 (annually) with a six-month review in November 2021 (being a new Committee)