

Terms of Reference

Leeds Committee of the West Yorkshire Integrated Care Board

Delivery Sub-committee

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Change history

Version number	Changes	Editor	Date
0.3	Updated in line with governance requirements	Sam Ramsey	08/02/2022

1. Introduction

- 1.1 The Leeds Health and Care (Place Based) Partnership Integrated Care Board (ICB) Committee is established as a committee of the West Yorkshire ICB (WY ICB), in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.
- 1.2 These terms of reference are for the Delivery sub-committee of the Leeds Health and Care Committee of the WY ICB. The Committee has no executive powers, other than those specifically delegated in these terms of reference.
- 1.3 The ICB is part of the West Yorkshire Integrated Care System, which has identified a set of guiding principles that shape everything we do:
 - We will be ambitious for the people we serve and the staff we employ.
 - The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
 - We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
 - We will undertake shared analysis of problems and issues as the basis of taking action.
 - We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.
- 1.4 The ICS has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:
 - We are leaders of our organisation, our place and of West Yorkshire.
 - We support each other and work collaboratively.
 - We act with honesty and integrity, and trust each other to do the same.
 - We challenge constructively when we need to.
 - We assume good intentions; and
 - We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.
- 1.5 The Leeds Health and Care Partnership have a shared bold ambition: Leeds will be the best city for health and wellbeing.
- 1.6 Our clear vision is: Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.
- 1.7 We have also agreed a number of partnership principles:

- We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds’ citizens, carers and workforce.
 - Have ‘Better Conversations’ – equipping the workforce with the skills and confidence to focus on what’s strong rather than what’s wrong through high support, high challenge, and listening to what matters to people
 - ‘Think Family’ – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family
 - Think ‘Home First’ – supporting people to remain or return to their home as soon as it is safe to do so.
- We deliver – prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.
 - Make decisions based on the outcomes that matter most to people
 - Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care
 - Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well.
- We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.
 - Unify diverse services through a common culture
 - Be system leaders and work across boundaries to simplify what we do
 - Individuals and teams will share good practice and do things once.

2. Role of this sub-committee

- 2.1 The Delivery sub-committee will support the Leeds Committee of the WY ICB in the providing assurance to the committee with respect to progress we are making with our plans to improve outcomes, tackle health inequalities and improve the effectiveness and efficiency of services.

- 2.2 In fulfilling its role the subcommittee will seek reasonable assurance relating to the performance and improvement in health outcomes being achieved by service transformation.
- 2.3 The sub-committee will also receive assurance on progress being made by Population and Care Boards to improve outcomes and reduce health inequalities.
- 2.4 Reasonable assurance is defined as the sub-committee being provided with evidence that performance is in line with agreed targets or trajectories, and where it is not, evidence of reasonable mitigation and an action plan to rectify any issues.
- 2.5 Where the sub-committee receives insufficient assurance, it will challenge, assess risks and escalate to the Leeds Committee of the ICB when necessary.
- 2.6 The sub-committee will oversee the continuous development of the scope, format, presentation and mechanisms of the system of performance reporting.
- 2.7 The sub-committee will have a focus on seeking assurance on the following areas of the Leeds Health & Care Partnership (LHCP) business:
- 2.8 Systems Resilience and Emergency Planning**
- Assurance that Leeds has robust processes for dealing with emergencies including critical incidents, disease outbreaks and pandemics
 - Assurance that Leeds has a robust winter plan.
- 2.9 Operational Performance:**
- NHS constitutional standards and other national planning priorities
 - Local operational priorities set out in the LHCP operational plan.
- 2.10 Improving Outcomes:**
- Improvements in the health outcomes of the population as set out in Healthy Leeds: Our Plan for Health and Care in Leeds
 - Reducing health inequalities
 - Benchmarking against NHS Outcomes Framework
 - Progress on Service Transformation (Healthy Leeds Plan).
- 2.11 West Yorkshire and NHS England**
- Monitoring progress against the West Yorkshire 10 Priorities
 - Coordination of the LHCP input to the NHS England Quarterly Assurance processes.
- 2.12 Climate Change**
- Progress on delivery of net zero carbon targets across Leeds NHS Providers.
- 2.13 Risk Management**

- Reviewing risks assigned to the sub-committee by the Leeds Committee of the ICB and ensure that appropriate and effective mitigating actions are in place

2.14 Through its operation the Delivery sub-committee will:

- promote integration of health and social care
- promote innovation; and
- promote research, education and training.

3. Membership

3.1 This part of the terms of reference describes the membership of the sub-committee.

3.2 Core membership

The membership of the Committee will be as follows:

- Chair - Independent Member – Health Inequalities and Delivery
- Independent Member – Finance and Probity
- Non-Executive representation from partner organisations
- Executive Members (Leeds Office of the WY ICB)
 - Director of Population Health Planning
 - Director of Pathway Integration
- Partner Members, representatives from the following:
 - Leeds Teaching Hospitals Trust
 - Leeds & York Partnership Foundation Trust
 - Leeds Community Healthcare Trust
 - Leeds City Council
 - Primary Care
 - Third Sector
 - Director of Public Health

3.3 Required attendees

- Officers from across the Health and Care Partnership may be invited to attend where required.

3.4 Officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

3.5 Any member of the Leeds Committee of the WY ICB can be in attendance subject to agreement with the chair.

4. Arrangements for the conduct of business

4.1 Chairing meetings

4.2 The meetings will be run by the chair. In the event of the chair of the sub-committee being unable to attend all or part of the meeting, the remaining members of the sub-committee should appoint a chair for the meeting.

4.3 Quoracy

4.4 No business shall be transacted unless at least 50% of the membership is present. The quorum is 6 individuals. This must include representation from the following as a minimum:

- The Chair or his/her nominated Deputy Chair
- Executive member of the Leeds Office of the WY ICB
- At least two partner members.

4.5 For the sake of clarity:

- a) No person can act in more than one capacity when determining the quorum.
- b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

4.6 Members of the sub-committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

4.7 Members are normally expected to attend at least 75% of meetings during the year.

4.8 With the permission of the person presiding over the meeting, the Executive Members and the Partner Members of the sub-committee may nominate a deputy to attend a meeting of the sub-committee that they are unable to attend. The deputy may speak and vote on their behalf.

4.9 Conflict resolution / arbitration

4.10 The sub-committee will be expected to reach a consensus when agreeing matters of business. This will mean that core members are expected to compromise and demonstrate the behaviours listed within the Terms of Reference.

4.11 If the group cannot reach a consensus on a specific matter, the group will consider inviting an independent facilitator to assist with resolving the specific

matter. Under exceptional circumstances any substantive difference of views among members will be reported to the Leeds Committee of the WY ICB.

4.12 Frequency of meetings

4.13 The sub-committee will meet bi-monthly with six meetings scheduled each calendar year. Development sessions may also be held throughout the year.

4.14 Declarations of interest

4.15 All sub-committee members will comply with the ICB policy on conflicts of interest. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB. All declarations of interest will be declared at the beginning of each meeting.

4.16 The nature of the role and scope of the Delivery sub-committee means that conflicts of interest will be inherent within the business. Conflicts of interest cannot be avoided but should be recognised and mitigated where possible.

4.17 If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, and actions taken in mitigation will be recorded in the minutes of the meeting.

4.18 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the committee. Such items should not be disclosed until such time as it has been agreed that this information can be released.

4.19 Support to the Committee

4.20 Administrative support will be provided to the sub-committee by the Corporate Governance team within the Leeds Office of the WY ICB. This will include:

- Agreement of the agenda with the chair in consultation with the Executive Lead, taking minutes of the meetings, keeping an accurate record of attendance, management and recording of conflicts of interest, key points of the discussion, matters arising and issues to be carried forward.
- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.

- Sending out agendas and supporting papers to members five working days before the meeting.
- An annual work plan to be updated and maintained on a monthly basis.

5. Remit and responsibilities of the committee

- 5.1 The West Yorkshire Integrated Care Board high level Scheme of Reservation and Delegation (SoRD) is attached at Appendix 1 and outlines those responsibilities that will be delegated to a committee or sub-committee.

6. Authority

- 6.1 The sub-committee will receive information and intelligence from NHS and social care providers across the city and seek assurance on improvement. Where any concerns are raised that require further investigation or assurance, the sub-committee is authorised to commission more detailed reports on specific areas for assurance and learning.
- 6.2 The sub-committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the sub-committee.
- 6.3 The sub-committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.
- 6.4 The sub-committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the Committee must follow procedures put in place by the ICB for obtaining legal or professional advice.
- 6.5 The sub-Committee is authorised to create working groups as are necessary to fulfil its responsibilities within its terms of reference.

7. Reporting

- 7.1 The sub-committee will report directly into the Leeds Committee of the WY ICB and will present a Chair's Summary to each meeting. The Chair shall draw to the attention of the Leeds Committee of the WY ICB any significant issues or risks relevant.
- 7.2 The sub-Committee will also report into the West Yorkshire System Quality group.

8. Conduct of the sub-committee

- 8.1 Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.
- 8.2 Members of the sub-committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.
- 8.3 Information obtained during the business of the sub-committee must only be used for the purpose it is intended. Sensitivity should be applied when considering financial, activity and performance data associated with individual services and institutions.
- 8.4 Members are expected to protect and maintain as confidential any privileged or sensitive information divulged during the work of the sub-committee. Such items should not be disclosed until such time as it has been agreed that this information can be released.

9. Behaviours and practice all members will demonstrate

- Act across the Leeds health and care system in line with Nolan's Seven Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, Leadership.
- Act in the best interests of the population of Leeds.
- Resolve differences between members and present a united front in the best interests of the people of Leeds.
- Openness and transparency in discussions.
- Hold each other to account.
- Offer constructive challenge to improve service delivery and ensure financial balance.
- Openness and transparency in decision making, being explicit when not agreeing/supporting a decision.
- Undertake the necessary discussions within their own organisations prior to the group meeting in order to make decisions within the meeting.

10. Equality

- 10.1 The group shall have due regard to equality in all its activities and shall take steps to demonstrate it has consulted with communities appropriately in its decisions.

11. Review of the sub-committee

- 11.1 The sub-committee will produce an annual work plan in consultation with the Leeds Committee of the WY ICB.

- 11.2 The sub-committee will undertake an annual self-assessment of its performance against the annual plan, membership and terms of reference. This self-assessment will form the basis of the annual report. Any resulting proposed changes to the terms of reference will be submitted for approval by the Leeds Committee of the WY ICB.
- 11.3 These terms of reference and membership will be reviewed initially after six months, and thereafter at least annually following their approval.