

Terms of Reference

Leeds Committee of the West Yorkshire Integrated Care Board

Finance & Best Value Sub-Committee

Version: 2.0
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Change history

Version number	Changes	Editor	Date
0.2	Updated in line with governance requirements	Sam Ramsey	08/02/2022
0.3	Further amends following discussion with Chair	Sam Ramsey	10/06/2022
2.0	Review of terms of reference	Sam Ramsey	09/02/2023

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 Finance and Best Value 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 Finance and Best Value sub-committee is accountable to the Leeds Committee of the WY ICB for providing assurance on its work.
- 2.2 The remit, responsibilities, membership and reporting arrangements of the sub-committee are set out in these terms of reference. The sub-committee has no executive powers, other than those specifically delegated in these terms of reference. The sub-committee is not a decision-making committee,

but is advisory and to provide assurance to the Leeds Committee of the WY ICB.

2.3 The role of the sub-committee is to advise and support the Leeds Committee of the WY ICB through performance oversight of key financial and performance plans, indicators and/or targets, including good stewardship of resources, as specified in the Leeds Health and Care Partnership's strategic and operational plans, in order to ensure best value and clinical outcomes.

2.4 The sub-committee is responsible for advising and supporting the Leeds Committee of the WY ICB in:

- scrutinising and tracking the delivery of key financial and service priorities, outcomes and targets as specified in the Leeds Health and Care Partnership's strategic and operational plans
- ensuring that the Leeds Committee of the WY ICB develops and adopts appropriate policies and procedures to support effective governance of financial matters.

2.5 Responsibilities

2.6 Ensure financial management achieves value for money, efficiency and effectiveness in the use of resources, allowing the partnership to achieve best value and outcomes for its investments, with a continuing focus on cost reduction and achievement of efficiency targets.

2.7 Identify and manage mechanisms put in place by the partnership to drive cost improvements.

2.8 Review the partnership's medium-term financial planning and annual budgets and provide assurance to the Leeds Committee of the WY ICB on appropriateness of investment and efficiency priorities within the plans.

2.9 To ensure appropriate information is available to manage financial issues, risks and opportunities across the place.

2.10 Monitor and review population health management and resource allocation.

2.11 Monitor and review the achievement of the financial plan, including good stewardship of resources and identify risks to achievement of these.

2.12 Provide a forum to evaluate requirements and advise the Leeds Committee of the WY ICB on committing resources to respond to performance issues and potential investments.

2.13 To work with place partners to identify and agree common approaches across the system such as financial reporting, estimates and judgements.

- 2.14 Ensure that processes for financial management (including reporting) are robust and advise the Leeds Committee of the WY ICB appropriately on the content of the Finance Report.
- 2.15 Review contractual arrangements and payment mechanisms, ensuring fitness for purpose, best value and clinical outcomes.
- 2.16 Develop the understanding of 'place-based' financial decision-making to inform the development of the Leeds Health and Care partnership and the West Yorkshire Integrated Care System.
- 2.17 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

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 – Finance and Governance
- Independent Member –
- Further Non-Executive representation from partner organisations
- Executive Members (Leeds Office of the WY ICB)
 - ICB Place Lead
 - ICB Place Finance Lead
 - Associate Medical Director

The following Executive Members will be invited where required, dependent on the agenda item discussion:

- Director of Population Health
- Director of Pathway Integration
- Director of Primary Care and Same Day Response
- Partner Members, representatives from the following *where relevant dependent on the agenda item discussion:*
 - Leeds Teaching Hospitals Trust
 - Leeds & York Partnership Foundation Trust
 - Leeds Community Healthcare Trust
 - Leeds City Council
 - Third Sector Representative

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 6 individuals are present. The quorum is 6 individuals. This must include representation from the following as a minimum:

- The Chair or his/her nominated Deputy Chair
- ICB Place Finance Lead or his/her nominated Deputy Chair
- Executive member of the Leeds Office of the WY ICB
- At least one partner member

- 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 at least four times in the 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 Finance 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 sub-committee

- 4.20 Administrative support will be provided to the sub-committee by the Corporate Governance team within the Leeds Office of the WY ICS. 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 monthly.

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 Chairs 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 be supported and advised by the Director of Finance Group.

8. Conduct of the 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 of 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 annually.