

## NHS South East London Integrated Care Board

### Bexley Local Care Partnership Committee

#### Terms of Reference

1 July 2022

#### 1. Introduction

- 1.1. The Bexley Local Care Partnership [the “committee”] is established as a committee of the South East London Integrated Care Board (ICB) and the London Borough of Bexley Council and its executive powers are those specifically delegated in these terms of reference. These terms of reference can only be amended by the ICB Board.
- 1.2. These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the committee under its terms of delegation from the ICB Board and the London Borough of Bexley Council.
- 1.3. All members of staff and members of the ICB are directed to co-operate with any requests made by the Local Care Partnership committee.

#### 2. Purpose

- 2.1. The committee is responsible for the effective discharge and delivery of the place-based functions<sup>1</sup>. The committee is responsible for ensuring:
  - a. The Bexley Local Care Partnership Committee is responsible for the effective planning and delivery of place-based services to meet the needs of the local population in line with the ICB’s agreed overall planning processes. There is a specific focus on local care networks delivering community-based care and integration across primary care, community services and social care. The Committee, through the Place Executive Lead, is expected to manage the place delegated budget, to take action to meet agreed performance, quality and health outcomes, ensuring proactive and effective communication and engagement with local communities and developing the Local Care Partnership. The Committee will ensure it is able to collaborate and deliver effectively, within the partnership and in its interactions with the wider Integrated Care System (ICS).
  - b. The Bexley Local Care Committee will support and secure the delivery of the ICS’s strategic and operational plan as it pertains to place, and the core objectives established by the Bexley Local Care Partnership for their population and delegated responsibilities.

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<sup>1</sup> As defined by the South East London Integrated Care Board in the relevant delegation agreement

- c. The Bexley Local Care Partnership plays a full role in securing at place, the four key national objectives of ICSs, which are to:
  1. improve outcomes in population health and healthcare
  2. tackle inequalities in outcomes, experience and access
  3. enhance productivity and value for money and
  4. to help the NHS support broader social and economic development, aligned to ICB wide objectives and commitments as appropriate.
- d. The Bexley Local Care Partnership will ensure representation and participation in the wider work of the ICS and ICB, contributing to the wider objectives and work of the ICS as part of the overall ICS leadership community.
- e. The intention is that decisions relating to Bexley will be made local by the Bexley Local Care Partnership.
- f. The Bexley Local Care Partnership is responsible for the planning, delivery and monitoring of local health and care services, as part of the overall strategic and operational plan of the ICB:
  - Primary Care Services
  - Community services
  - Client group services
  - Medicines Optimisation related to community-based care
  - Continuing Healthcare
- g. The Bexley Local Care Partnership Committee will be the prime committee for discussion and agreement for its agreed specific local funding and functions and will work as part of South East London ICB.
- h. The committee has a responsibility to manage the delivery of the annual plan, the associated budget and performance for the areas in scope, ensuring that best value and optimal outcomes are delivered in these areas. The committee has a responsibility to ensure effective oversight of its delivery plan, associated budget, quality and performance and for escalating to the South East London ICB if material risks to the delivery of plans are identified.
- i. A purpose of the committee is to provide assurance to the ICB on the areas of scope and duties set out in the following sections.

### 3. Duties

- 3.1. **Place-based leadership and development:** Responsibility for the overall leadership and development of the Bexley Local Care Partnership to ensure it can operate

effectively and with maturity, work as a collective and collaborative partnership and secure its delegated responsibilities with appropriate governance and processes, development and relationship building activities and meaningful local community and resident engagement. The Bexley Local Care Partnership also needs to support the Place Executive lead to ensure they are able to represent LCP views effectively whilst also considering the needs of the wider ICS.

The Bexley Place Executive Lead will be supported by the multi-agency Executive Leadership Team of the Bexley Local Care Partnership. The Bexley Local Care Partnership will provide leadership, challenge, oversight and guidance to the Primary Care Group and receive recommendations.

- 3.2. **Planning:** Responsibility for ensuring an effective place contribution to Integrated Care Partnership (ICP) and ICB wide strategic and operational planning processes. Ensuring that the Bexley Local Care Partnership develops and secures a place based strategic and operational plan to secure agreed outcomes and which is aligned with the Health and Wellbeing strategic plan and underpinned by the Joint Strategic Needs Assessment (JSNA) and a Section 75 agreement. The Bexley Local Care Partnership must ensure the agreed plan is driven by the needs of the local population, uses evidence and feedback from communities and professionals, takes account of national, regional and system level planning requirements and outcomes, and is reflective of and can demonstrate the full engagement and endorsement of the full Bexley Local Care Partnership. The Partnership will produce and implement an annual delivery plan underpinned by local priorities and aligned to the ICB's strategic plans and objectives. Monitor and manage the delivery of this plan, in line with agreed outcomes and indicators of delivery.
- 3.3. **Delivery:** Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans for the Bexley Local Care Partnership. The Bexley Local Care Partnership will ensure the plans are locally responsive, deliver value for money and support quality improvement. The Bexley Local Care Partnership will develop a clear and agreed implementation path, with the resource required whilst ensuring the financial consequences are within the budget of the Committee and made available to enable delivery.
- 3.4. **Monitoring and management of delivery:** Responsible for ensuring robust but proportionate mechanisms are in place to support the effective monitoring of delivery, performance and outcomes against plans, evaluation and learning and the identification and implementation of remedial action and risk management where this is required. This should include robust expenditure and action tracking, ensure reporting into the ICS or ICB as required, and ensure local or system discussions are held proactively and transparently to agree actions and secure improvement where necessary.
- 3.5. **Governance:** Responsible for ensuring good governance is demonstrably secured within and across Bexley Local Care Partnership's functions and activities as part of a systematic accountable organisation that adheres to the ICB's statutory responsibilities and adheres to high standards of public service, accountability and probity (aligned to ICB governance and other requirements). Responsibility for ensuring the Bexley Local Care Partnership complies with all legal requirements, that risks are proactively identified, escalated and managed.

- 3.6. **Finance:** The ICB has delegated budgets to the Bexley Local Care Partnership Committee in accordance with agreed functions (as set out in 2.1. f) including running costs and the responsibility and accountability for these budgets' rests with the Place Executive Lead. The Standing Financial Instructions, Standing Orders and Schedule of Matters Delegated to Officers which form part of the ICB's constitution provide the framework by which further delegation and decision making can be enacted by the Bexley Local Care Partnership.
- 3.7. **Transformation:** To provide overall leadership, guidance and direction to the local transformation programme/s through the Bexley Local Care Partnership Executive Leadership supported by a Programme Board – ensuring agreed scope and outcomes are delivered.

#### 4. Accountabilities, authority and delegation

- 4.1. The LPC Committee is accountable to the Integrated Care Board of the SEL Integrated Care System.
- 4.2. The LPC Committee will report to the Health & Wellbeing Board on delivery of the Health & Wellbeing Strategy and objectives.

#### 5. Membership and attendance

- 5.1. The Bexley Local Partnership was formally established in 2018, when the local health and care system agreed a Memorandum of Understanding. On 29<sup>th</sup> July 2021 the membership was expanded to include the 4 Primary Care Networks and on 28<sup>th</sup> April 2022 the membership was expanded again to include Bromley Healthcare. The membership of the Bexley Local Care Partnership consists of a 15 strong local health and care organisations and groups, which provides broad and inclusive representation of the local system in the borough.
- 5.2. Membership of the Bexley Local Care Partnership Committee will include the following postholders as voting members:
- Chair, Bexley Local Care Partnership Committee
  - Independent Member, Bexley Local Care Partnership Committee
  - Executive Place Director (Bexley), NHS South East London Integrated Care Board
  - Chair, Local Pharmacy Committee
  - Director of Adult Social Care, London Borough of Bexley Council
  - Director of Public Health, London Borough of Bexley Council
  - Chief Operating Officer, Oxleas NHS Foundation Trust
  - Clinical Lead - Primary Care Network: APL

- Clinical Lead - Primary Care Network: Clocktower
- Clinical Lead - Primary Care Network: Frogna
- Clinical Lead - Primary Care Network: North Bexley.

5.3. The following postholders will act as non-voting members on Bexley Local Care Partnership Committee:

- Director of Adult Health Services, Bexley Care
- Chief Operating Officer, Bexley Health Neighbourhood Care Community Interest Company (CiC)
- Chief Executive, Bexley Voluntary Service Council
- Commercial & Partnership Director, Bromley Healthcare
- Clinical Site Lead, Dartford & Gravesham NHS Trust
- Chief Executive, Greenwich & Bexley Community Hospice
- Chair, Healthwatch
- Chief Executive Officer, Hurley Group
- Associate Director of Performance & Information, Lewisham & Greenwich NHS Trust
- Chair, Local Medical Committee
- Director of Children's Service, London Borough of Bexley Council

5.4. It is recognised that as service providers may change and/or cease to provide services in the borough membership of the Bexley Local Care Partnership will be amended.

5.5. The Bexley Local Care Partnership are supportive of the inclusion of patient representation on the committee and will develop proposals to signal the partnerships ambition to 'do something different' to ensure meaningful (active) patient representation on the committee in whichever format that takes.

5.6. Officers in attendance will be as follows for South East London Integrated Care Board, Bexley LCP Chief Operating Officer, Bexley LCP System Transformation Director, Head of Communications & Engagement and for the London Bexley Borough of Bexley, the Deputy Director of Adult Social Care and the following joint roles of Director of Integrated Commissioning and the Partnership Manager.

## **6. Chair of meeting**

6.1. The chair and deputy chair will be appointed by the committee.

6.2. At any meeting of the committee the chair or deputy chair if present shall preside.

- 6.3. If the presiding chair is temporarily absent on the grounds of conflict of interest, the deputy chair shall preside, or, in the case that they also may not, then a person chosen by the committee members shall preside.

### **7. Quorum and conflict of interest**

- 7.1. The quorum of the committee is at least 50% of voting members of which the following must be present or their delegated representatives:
- 1 x Local Care Partnership Place Executive Lead
  - 1 x Local authority representative
  - 1 x Primary care representative
  - 1 x Community & mental health services provider.
- 7.2. In the event of quorum not being achieved, matters deemed by the chair to be 'urgent' can be considered outside of the meeting via email communication.
- 7.3. The committee will operate with reference to NHS England guidance and national policy requirements and will abide by the ICB's standards of business conduct. Compliance will be overseen by the chair.
- 7.4. The committee agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles).
- 7.5. Members will be required to declare any interests they may have in accordance with the ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

### **8. Decision-making**

- 8.1. The aim of the committee will be to achieve consensus decision-making wherever possible. If a vote is required, the 11 voting members (see section 5.2.) will vote, with a simple majority required for decision.
- 8.2. When additional services are delegated to place in the future, voting rights may be amended to encompass any changes. Changes to voting membership will be subject to review and approval by the ICB Board.
- 8.3. Quorum representatives are expected to have a designated deputy who will attend the formal Local Care Partnership with delegated authority as and when necessary.

## 9. Frequency

- 9.1. The committee will meet once every two months (in public) with ability to have closed session as Part B in addition to this.
- 9.2. All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.
- 9.3. Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the committee Chair and meeting secretariat.
- 9.4. Nominated deputies will count towards the meeting quorum as per the protocol specified in the ICS constitution, which means individuals formally acting-up into the post listed in the membership shall count towards quoracy and deputies not formally acting-up shall not.

## 10. Reporting

- 10.1. Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.
- 10.2. The committee will report on its activities to ICB. In addition, an accompanying report will summarise key points of discussion; items recommended for decisions; the key assurance and improvement activities undertaken or coordinated by the committee; and any actions agreed to be implemented.
- 10.3. The minutes of meetings shall be formally recorded and reported to the NHS ICB Board and made publicly available.
- 10.4. A report on the delivery plan will be submitted to the Health & Wellbeing Board.
- 10.5. The Committee will receive formal reporting and submissions from the Primary Care Group. Reporting for all other workstreams reporting will be to the Committee via a Programme Board.

## 11. Committee support

- 11.1. The Bexley Local Care Partnership in collaboration with the embedded SEL will provide business support to the committee. The meeting secretariat will ensure that;
  - Draft minutes are shared with the Chair for approval within three working days of the meeting.
  - Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within five working days of the meeting.
  - Co-ordination of the annual work plan.

- The agenda and forward plans are developed in agreement with the Chair and Place Executive lead.
- Collation, production and dissemination of papers.
- The communications plan for the committee is implemented.
- The agenda for the committee will be published 5 working days ahead of the meeting.
- The management and monitoring of public questions and co-ordination of responses.

### **12. Review of Arrangements**

- 12.1. The committee shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the committee considers this appropriate or necessary.