

Integrated Care Board

Greenwich Local Care Partnership Committee (Healthier Greenwich Partnership)

Terms of Reference

1 July 2022

1. Introduction

- 1.1. The NHS South East London Integrated Care Board (ICB) Greenwich Local Care Partnership committee [the “committee”] is established as a committee of the ICB 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.
- 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 functions¹. The committee is responsible for ensuring:
 - a. The place contribution to the ICB’s agreed overall planning processes including the effective planning and delivery of place based services to meet the needs of the local population, with a specific focus on community based care and integration across primary care, community services and social care, managing the place delegated budget, taking 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 to ensure it is able to collaborate and deliver effectively, within the partnership and in its interactions with the wider ICS.
 - b. The Local Care Partnership can secure the delivery of the ICS’s strategic and operational plan as it pertains to place, and the core objectives established by the LCP for their population and delegated responsibilities.
 - c. The Local Care Partnership plays a full role in securing at place the four key national objectives of ICSs, aligned to ICB wide objectives and commitments as appropriate.

¹ As defined by the South East London Integrated Care Board in the relevant delegation agreement

- d. The representation and participation of the Local Care Partnership in the wider work of the ICS and Integrated Care Board, contributing to the wider objectives and work of the ICS as part of the overall ICS leadership community.

3. Duties

- 3.1. **Place-based leadership and development:** Responsibility for the overall leadership and development of the 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. This will include developing relationship with other parts of the system that may operate at place including the acute provider collaborative, the mental health collaborative and community networks to ensure the join up of services at place. The LCP also needs to support the Place Executive lead to ensure they can represent LCP views effectively whilst also considering the needs of the wider ICS.
- 3.2. **Planning:** Responsibility for ensuring an effective place contribution to ICP/B wide strategic and operational planning processes. Ensuring that the 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 LCP 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 Local Care Partnership.
- 3.3. **Delivery:** Responsibility for ensuring the translation of agreed system and place objectives into tangible delivery and implementation plans for the Local Care Partnership. The LCP will ensure the plans are locally responsive, deliver value for money and support quality improvement. The LCP will develop a clear and agreed implementation path, with the resource (both financial and workforce) required whilst ensuring the financial consequences are within the budget of the LCP 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 the 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 LCP complies with all legal requirements, that risks are proactively identified, escalated and managed.

4. Accountabilities, authority and delegation

- 4.1. The LCP Committee is accountable to the Integrated Care Board of the SEL Integrated Care System.
- 4.2. The LCP Committee will provide regular updates to the Health and Wellbeing Board ensuring the alignment of work.

5. Membership and attendance

- 5.1. Core members of the committee will include representatives of the following:
 - a. LCP clinical lead member (a GP in Greenwich)
 - b. 1 x Local Care Partnership Place executive lead Deputy CEO and Director of health and Social Care, RBG
 - c. 1 x Local authority adult social care - Director of Adult Social care, RBG
 - d. 1 x Local authority children's services - Director of Children's Services, RBG
 - e. 1 x Local authority public health - Director of Public Health, RBG
 - f. 1 x Primary care (Nominated PCN Director)
 - g. 1 x Community services provider –Director of Children & Young People's Services, Oxleas
 - h. 1 x Mental health services provider, Chief Operating Officer- Oxleas
 - i. 1 x Acute services provider –Chief Executive, LGT
 - j. 1 x VCSE sector –Director of Strategy, METROGAVs.
- 5.2. In addition to the core membership, the following will be in attendance at the Healthier Greenwich Partnership
 - a. 1x ICB - Chief Operating Officer, Greenwich (SEL ICB)
 - b. 1 x Healthwatch - Chief Executive
 - c. 1 x VCSE provider - nomination by the VCSE sector
 - d. 1 x Acute services provider - Deputy Director of Strategy, LGT
 - e. 1 x LMC Representation (Greenwich) - Chair LMC
 - f. 1 x GP Federation Representative - , Director, Greenwich Health
 - g. 1 x Adult Social Care Provider - TBC
 - h. 3 x Integrated Commissioning Directors - joint postholders RBG/SEL ICB.
 - i. 1 x Director of System Development, SEL ICB/Oxleas/LGT
 - j. Lay member (to be confirmed)

6. Chair of meeting

- 6.1. The meeting will be chaired by the LCP clinical lead member and the 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 members of which the following must be present (or their nominated deputies):
 - Chair
 - Two of the following:
 - Place Executive Lead,
 - Director of Adult Social care, RBG
 - Director of Children's Services, RBG
 - Director of Public Health, RBG
 - 1 x Primary care (Nominated PCN Director) - TBC
 - Either Director of Children & Young People's Services, Oxleas or Chief Operating Officer- Oxleas
 - Chief Executive, LGT
 - Director of Strategy, METROGAVs
- 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 core members and the Chair are the voting members of the Local Care Partnership. Core members 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 Board. 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.

11. Committee support

- 11.1. The LCP 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.

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.