NHS
South East London

Integrated Care Board

Southwark Local Care Partnership Committee (Partnership Southwark)

Terms of Reference

1 July 2022

1. Introduction

1.1. The NHS South East London Integrated Care Board (ICB) Local Care Partnership committee [the "committee", locally known as Partnership Southwark Strategic Board] 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 functions[1]. 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.

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

c. The Local Care Partnership plays a full role in securing at place the four key national objectives of an ICS, aligned to ICB-wide objectives and commitments as appropriate:

   i. improve outcomes in population health and healthcare
   ii. tackle inequalities in outcomes, experience and access
   iii. enhance productivity and value for money
   iv. help the NHS support broader social and economic development

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. The LCP also needs to support the Place Lead to ensure they are able to 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, support equity of access, outcomes and experience and support quality improvement. The LCP will develop a clear and agreed implementation path, with the resource 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 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 LPC committee is accountable to the Integrated Care Board of the SEL Integrated Care System and to the accountable organisations in the partnership.

4.2. The place lead has directly delegated powers from the ICB, including responsibility to take due account of statutory responsibilities in respect of safeguarding and equalities, diversity and inclusion, whilst working with other partners.

5. Membership and attendance

5.1. Core voting members of the committee will include representatives of the following:

a. 2 x Co-chairs (1 appointed, 1 Council-nominated Cabinet Member)
b. 1 x Local Care Partnership Place Lead
c. 1 x Local Authority Director Adult Social Care & Children's Social Care
d. 1 x Local Authority Strategic Director, Environment & Leisure
e. 1 x Local Authority Director of Public Health
f. 2 x Primary Care Network Leads (North & South)
g. 1 x Community Services Provider (GSTT)
h. 1 x Mental Health Services Provider (SLaM)
i. 1 x Acute Services Provider KCH)
j. 1 x VCS Lead
k. 1 x VCSE Sector Representative
l. 1 x Healthwatch Lead

5.2. The following postholder will be invited to join the committee in attendance, and will not be voting members:

a. 1 x Local Care Partnership Chief Operating Officer

b. 1 x Local Care Partnership Programme Director

c. 1 x Local Medical Committee Representative (rotating)

d. 1 x GP Federation Representative (rotating)

e. 1 x Lived Experience Assembly Chair

6. Chair of meeting

6.1. The meeting will be chaired by two co-chairs (an appointed clinical chair and a Council-nominated Cab Member chair covering health and well-being), and the Deputy Chair will be appointed by the committee. There will also be an Associate Chair who is the Chair of the Lived Experience Assembly (working title) as a developmental opportunity.

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 that the following must be present:

- 1 x Local Care Partnership Place Executive Lead
- 1 x Local Authority Director Adult Social Care or Director Children's Social Care
- 1 x Local Authority Director of Public Health
- 1 x Primary Care Representative
- 1 x Community Services Provider
- 1 x Mental Health Services Provider
- 1 x Acute Services Provider
- 1 x VCS Lead or VCSE Sector Representative or Healthwatch Lead

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's 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 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 a private 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 in public 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.