

# ICB Performance Meeting (Executive) Terms Of Reference: TOR

# (1) Introduction

- 1.1 The Integrated Care Board (the Board or ICB) must ensure it can effectively discharge its full range of statutory functions and duties. This includes establishing committees of the ICB, to support the Board and exercise any delegated functions, to help effective discharging of their range of functions.
- 1.2 These TORs follow the ICB standard template to act in accordance with requirements set out in the ICS Design Framework, other aligned guidance published by NHS England and ICB's Constitution.
- 1.3 All TORs must be published on the website, within the ICB Governance Handbook.

# (2) Authority

- 2.1 The Performance Meeting (Executive) is established by the ICB as a Management Group as part of broader ICS synergistic governance. These TORs may only be changed with approval of the Board.
- 2.2 This is an Executive Committee (group) of the Board, acting as its "Performance Management Forum". Its members, including those who are not members of the Board or ICB staff, are bound by ICB's Constitution Standing Orders and other key policies of the ICB.
- 2.3 The group has executive powers, as delegated in the Scheme of Reservation & Delegation (SoRD) and specified in these TOR. The group is authorised by the Board to:
  - Investigate any activity within its TOR, including oversight of assigned Risk Management and Board Assurance Framework (BAF) activities within its lead responsibility area
  - Seek any information and commission any reports or remedial work deemed necessary to help fulfil its remit, from any employee or member of the ICB (who are directed to co-operate with any request made)
  - Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if considered necessary to fulfil its functions (in doing so it must follow any procedures put in place by ICB for obtaining legal or professional advice)
  - Operational duties will be driven by ICB objectives and associated risks: this will be kept flexible to adapt to new and emerging circumstances, priorities or risks

#### (3) Purpose and Core Duties

3.1 The group formalises the most-senior management decision-making forum, set out under ICB governance arrangements and Schemes of Delegation etc, to support and assist the performance & delivery agenda. The group does not drive the ICS-ICB



programme, nor does it set the strategic direction, as these are the roles of ICP & ICB.

- 3.2 The group is established as a collegiate, co-ordinating forum and Executive arm contributing to overall delivery of ICB objectives by providing oversight to Finance & Performance Committee on:
  - Acting as the proactive, collaborative forum that brokers collective appraisal and support, providing partners with mechanisms to together seek opportunities to coordinate improvement actions (identify, share, celebrate learning and best practice)
  - The day-to-day operational management of jointly holding the system collectively to account for shared performance & delivery, without stifling the ICB's powers and authority
  - The operational implications of system-wide performance / finance management by liaising with the other executive (synergistic governance) forums established underneath Board Assurance committees on matters of significance to its own and their agendas, to ensure consistency in approaches
  - The development and implementation of performance monitoring / management strategy and plans that improve the performance of health & care services across the Staffordshire and Stoke-on-Trent footprint
  - The development of new strategic and operational whole-system reporting to inform Place and Provider Collaborative Committees implementation under subsidiarity
  - Overseeing delivery of ICS financial strategy, ensuring partners work together to achieve best use of available funding, focussing resources on system priorities and releasing resources through transformation; including working up any pre-F&P decisions (i.e. approvals to spend) by doing the detailed work on securing partnerwide agreements on specific system plans
  - Taking all necessary steps to support delivery of ICB's / ICS's objectives by determining relevant joint performance improvement actions, including to remediate any initiatives where intervention is resisted or contradict agreed ways of working to mitigate these impacts
  - Acting in support of F&P Committee in its role of providing assurance to ICB Board, by identifying any issues in relation to delivery of NHSE's System Oversight Framework and agenda

#### (4) Membership and Attendance

- 4.1 This is listed below; and may consist of or include persons other than Members or employees of the ICB. Members should be of a suitable calibre to conduct core business without having to take items back to their host organisation. (Unless the decision is a non-delegated sovereign matter of that partner required for their decision). For example, those who are experienced in and knowledgeable of committee functioning at their host, and ideally of board-level decision-making level.
- 4.2 Members will together possess between them knowledge, skills and experience to effectively discharge ICB functions, including any technical or specialist issues



pertinent to ICB business. When determining the membership, active consideration will be made to diversity and equality.

- 4.3 Unless specifically requested by them, Local Authorities shall by default be included as Members in all Committee TORs as a default, except for the ICB's Audit and Renumeration Committees.
  - ICB Chief Finance Officer (as Chair);
  - ICB Chief Transformation Officer (as Vice-Chair);
  - ICB Chief Delivery Officer (as Vice-Chair);
  - ICB & System Partner Directors of Performance or Finance (or nominated deputies);
  - Directors of Public Health / Adult Social care or equivalent LA-nominated members;
  - ICB Place Committee Chairs or Leads (TBC);
  - ICB Provider Collaborative Committee Chair or Lead (TBC);
  - System Programme sub-group chairs or nominated reps¹;
  - Senior Healthwatch reps;

Note: this list is not exhaustive – it is expected to evolve

- 4.4 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these TOR.
- 4.5 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter. The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

#### (5) Frequency, Quoracy and Decisions

- 5.1 The group will meet monthly. Additional meetings may take place as required. In accordance with ICB Constitution Standing Orders, the group may meet virtually.
- 5.2 As the meeting is a Management Governance Forum, quoracy and voting rules are not required. Decisions will be taken in accordance with ICB Standing Orders; and will be by consensus.

#### (6) Responsibilities

6.1 The group's duties and responsibilities are itemised within Section Three. Matters delegated to the group by the Board (as also defined by the SoRD) are itemised within Appendix One.

## (7) Conflicts of Interest

7.1 The group and all present shall fully and continuously satisfy itself that all matters of ICB policy, systems and processes for the management of conflicts (including gifts & hospitality and bribery) are upheld in all meetings.

<sup>&</sup>lt;sup>1</sup> Principal Programmes as set in System Plans (5 Year Strategic Delivery Plan Narrative) - Children & Young People // Cancer // EPCC // Learning Disability & Autism // Maternity Mental Health // Personalised // Planned Care // Prevention // Health Inequalities // Population Health Management // Urgent & Emergency Care // Primary Care // Digital // Estates // Back Office // Sustainability



7.2 For the avoidance of doubt, any additional non-NHS, national or statutory policy requirements shall also guide processes and procedures. This shall include sending any reports relating to non-compliance with ICB policy and procedures to the ICB Audit Committee.

## (8) Etiquette, Behaviours and Conduct

- 8.1 All Members and Attendees will be expected to conduct business in line with the ICB's stated values and objectives. Members and those attending shall always behave in accordance with the ICB's Constitution, Standing Orders and Standards of Business Conduct Policy.
- 8.2 Members must demonstrably consider the Equality and Diversity implications of any or all decisions they make. Attendees will also be required to uphold the Equality Act and Public Sector Equality Duty in any of their engagements with the Committee.
- 8.3 In addition to the items noted in section 8.2, all Members and Attendees will be expected to adhere to the ICS Partnership Leadership Compact key principles of 'Trust', 'Courage', 'Openness & Honesty', 'Leading by Example', 'Respect', 'Kindness & Compassion', 'System First' and 'Looking Forward'.
- 8.4 To act as a forum for allowing confidential debate

## (9) Accountability and Reporting

- 9.1 The group is accountable to the Board and shall report to the Board on how it discharges its responsibilities. The actions shall be formally recorded by the secretariat.
- 9.2 The Chair will report to the Board in periodic Highlight Reports and shall draw to the attention of the Board any issues that require disclosure or require action.

#### (10) Secretariat and Administration

- 10.1 The group shall be supported with a secretariat, which will include ensuring that:
  - The agenda and papers are prepared and distributed in accordance with ICB Standing Orders; having been agreed by the Chair with the support of the relevant ICB Executive Governance lead if required
  - Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements
  - The Chair is supported to prepare and deliver reports to the Board
  - Actions are taken forward between meetings and progress against those actions is monitored

#### (11) Review

11.1 The group will review its effectiveness at least annually.



11.2 These TOR will be reviewed at least annually and more frequently if required. Any proposed amendments will be submitted to the Board for approval (and will not be deemed as operational until that agreement has been confirmed).

# **Appendix One**

# (a) ICB Board Delegations to the Committee

- To ensure there is a financial strategy in place which is supported by all partners and approved by ICB Board
- To ensure a financial framework is in place to ensure both revenue / capital resources are allocated in a transparent way & focussed upon system priorities
- To ensure that a sound process is followed for prioritisation, evaluation, decisionmaking in relation to individual ICS workstreams, the overall programme & wider ICB-ICS investments
- To ensure there is robust, effective monitoring of ICS workstreams / programmes & wider system performance, to enable the system to hold itself to account in delivering its aims, including development of a set of group reports & system dashboards
- To explore, evaluate & advise system leaders on options for alternative organisational / financial arrangements for the ICB-ICS, which could contribute to the achievement of their aims
- To develop & implement plans to achieve agreed changes, ensuring that risk is effectively managed for all parties
- To liaise with regulators to ensure plans are aligned with national strategy & System Oversight Framework
- To align ICB assets to contribute to population health improvement as anchor institutions

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Date of Approval:		Date of Review: