North Yorkshire Integrated Care Board (ICB)



# Population Health Prevention Executive Committee

July 2022

| Terms of Reference:  | Population Health Prevention Executive Committee |
|--|--|
| Authorship:  | Deputy Chief Executive / Chief Operating Officer |
| Board / Committee Responsible for Ratifying:   | Integrated Care Board                            |
| Approved Date:   | July 2022  |
| Ratified Date:   | July 2022  |
| Review Date:   | Year End 2022/23                                 |
| Version Number:  | 1.0  |
| The online version is the only version that is maintained. Any printed copies should, therefore, be viewed |  |

The online version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

#### 1. Constitution

The Population Health Prevention Executive Committee is established by the Integrated Care Board (the Board or ICB) as an Executive Committee of the Board in accordance with its Constitution.

These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board who it is accountable to.

The Population Health Prevention Executive Committee and its members, including those who are not members of the ICB Board, are bound by the Standing Orders and policies of the ICB.

## 2. Authority

The Population Health Prevention Executive Committee is authorised by the Board to:

- Investigate any activity within its terms of reference;
- Seek any information it requires within its remit, from any employee or member of the ICB
  who are directed to co-operate with any request made by the Executive Committee within its
  remit as outlined in these terms of reference;
- Commission any reports it deems necessary to help fulfil its obligations;
- Obtain legal or other independent professional advice and secure the attendance of advisors
  with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the
  Executive Committee must follow any procedures put in place by the ICB for obtaining legal
  or professional advice;
- Create task and finish sub-groups in order to take forward specific programmes of work as
  considered necessary by the Executive Committee members. The Executive Committee shall
  determine the membership and terms of reference of any such task and finish sub-groups in
  accordance with the ICB's constitution, standing orders and Scheme of Reservation and
  Delegation (SoRD) but may/ not delegate any decisions to such groups.

The Population Health Prevention Executive Committee has no executive powers, other than those delegated in the Scheme of Reservation and Delegation (SoRD) and Operational Scheme of Delegation (OSD) to individual members of the committee and specified in these terms of reference.

For the avoidance of doubt, the Executive Committee will comply with, the ICB Standing Orders, Standing Financial Instructions, OSD and the SoRD.

## 3. Purpose

The ICB Board has identified a key ambition to improve outcomes in population health and healthcare. The purpose of the executive committee will be to oversee the partnership approach to delivering this ambition by:

- Providing population health and prevention leadership and oversight to support the vision of helping the population to 'start well, live well, age well and end life well.'
- Influencing decision-making, at-scale, and support place-based delivery to improve population health, tackle health inequalities and prevention.
- Ensuring the approach to population health management is front and centre of the work of HNY Health and Care Partnership and is embedded within existing HNY programmes and workstreams and ensure the effective delivery of several key programmes to reduce and address health inequalities across the HNY Health and Care Partnership.
- Focussing on the four pillars of prevention, population health management, health inequalities, and vaccinations.

## Population Health Management and Prevention Executive Committee

The HNY Population Health Prevention Executive Committee is being established as a Committee of the ICB from the 1 July 2022.

The Executive Committee will strengthen leadership and influence decision-making, at-scale, and support place-based delivery to improve population health, tackle health inequalities and prevention.

The membership of the Executive Committee will include ICB Directors, Public Health, Provider Collaboratives and Place Director leads and/or other relevant partners.

#### Prevention programme delivery group

Oversees delivery of the longterm plan priorities set out by NHS E/I:

- Alcohol
- Tobacco
- Obesity (including Digital Weight Management)
- Other funded programmes

#### Population Health programme delivery group

Oversees action plan of PHMP board and supports the implementation of a PHM tool and approach across the ICS

## Health Inequalities programme delivery group

Co-ordinates and oversees delivery of actions in the health inequalities plan submission including the Core20plus5

Supports the action plan from PHMP board priorities and strategic plan

#### Vaccination programme delivery group

Replaces winter vaccination programme board

Oversees and supports transition of other s7A vaccination programmes

(Screening and earlier diagnosis)

# 4. Responsibilities of the Executive Committee

The Executive Committee will:

- Oversee the HCP approach to Core20Plus5:
  - Maternity
  - Severe mental illness
  - Chronic respiratory disease
  - Early cancer diagnosis
  - Hypertension
- Develop a strategy that enables all people in Humber and North Yorkshire to live longer and healthier lives.
- Respond to local and national priorities aligned to improving outcomes in population health and healthcare, prevention, and tacking health inequalities.
- Address health disparities in coastal and port communities, through development of a strategy, where we have some of our most significant health inequalities within Humber and North Yorkshire and developing a plan for delivery of the strategy during 2022/23.
- Strengthen our engagement and participation so that the voices of people with lived experience influence all our population health strategies and plans.
- Deliver the three Regional Prevention Programmes Tobacco, Alcohol and Obesity/Digital Weight Management Programme (DWMP).
- The duties of the Executive Committee will be driven by the organisation's strategic objectives
  and the associated risks. An annual programme of business will be agreed before the start of the
  financial year; however, this will be flexible to new and emerging priorities and risks.

## 5. Chair, Membership and Attendance

#### **Chair and Vice Chair**

The Population Health Prevention Executive Committee will be co-chaired by the Director of Public Health from North Yorkshire County Council and the Chief Executive of CHCP.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

## Membership

The Executive Committee members shall be appointed by the Board in accordance with the ICB Constitution.

The membership of the Executive Committee will include ICB Directors, Public Health, Provider Collaboratives and Place leads.

## **Core Membership**

The membership of the Executive Committee is varied with Board representation which is currently being reviewed and refined. Current membership reflects representation below:

| Job Title  | Organisation                                   |
|--|--|
| HNY ICB Chief Executive  | HNY ICB, Executive Member ICB Board            |
| HNY ICB Chief Operating Officer / Deputy Chief Executive   | HNY ICB, Executive Member ICB Board            |
| HNY ICB Executive Director of Clinical and Professional  | HNY ICB, Executive Member ICB Board            |
| HNY Cancer Alliance Representative   | HNY ICB  |
| HNY Mental Health Director   | HNY ICB  |
| Mental Health Representative   | Tees, Esk and Wear Valley NHS Foundation Trust |
| HNY Local Maternity System   | HNY ICB  |
| Acute Collaborative SRO and/or Director  | HNY Health and Care Partnership                |
| Mental Health Collaborative SRO and/or Director  | HNY Health and Care Partnership                |
| Community Health Collaborative SRO and/or Director   | HNY Health and Care Partnership                |
| VCSE Collaborative SRO and or Director   | HNY Health and Care Partnership                |
| Primary Care Collaborative SRO and or Director   | HNY Health and Care Partnership                |
| ICB Place Directors (6 x Place)  | HNY ICB  |
| Directors of Public Health (or their nominated deputy) per Place - Co-Chairs (2 Representatives) | Local Authorities                              |
| Representatives from UKSHA and OHID  | UKSHA and OHID                                 |
| HNY Clinical Lead for PHP North Yorkshire  | HNY ICB  |
| HNY Clinical Lead for PHP Hull   | HNY ICB  |
| HNY Consultant in Public Health  | HNY ICB  |
| HNY Finance Representative   | HNY ICB  |

The above membership is correct as of July 2022 and will be reviewed as the workplan develops.

## Attendees

- Executive 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.
- Other individuals may be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

## 6. Meeting Quoracy and Decisions

The Executive Committee will meet no less than 6 times per year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

The Board, Chair or Chief Executive may ask the Executive Committee to convene further meetings to discuss particular issues on which they want the Sub Committee advice.

In accordance with the Standing Orders, the Executive Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

## Quorum

The Executive Committee will be quorate when a third of members are present, but must include the following members of the Executive Committee present:

- One of the Co-Chairs
- At least one Executive Member of the ICB Board

If any member of the Executive Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

## **Decision Making and Voting**

Decisions will be taken in according with the Standing Orders. The Executive Committee ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Executive Committee may vote. External members who are not part of the ICB board are entitled to vote but must adhere to the Standing Orders and other policies of the ICB Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Executive Committee will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

## 7. Behaviours and Conduct

#### **ICB** values

Members will be expected to conduct business in line with the ICB values and objectives.

Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Code of Conduct and Behaviours.

## **Equality and diversity**

Members must demonstrably consider the equality and diversity implications of decisions they make.

## 8. Accountability and Reporting

The Executive Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders.

The Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

## 9. Secretariat and Administration

The Population Health Prevention Executive Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Executive Committee is updated on pertinent issues / areas of interest / policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

## 10. Review

The Executive Committee will review its effectiveness at least annually.

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

## **END**