Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

Item 10

Report to:	Humber & North Yorkshire Integrated Care Board
Date of Meeting:	8 March 2023
Subject:	Population Health and Prevention Executive Committee Update
Director Sponsor:	Amanda Bloor Deputy Chief Executive and Chief Operating Officer
Author:	Jack Lewis, Consultant in Public Health

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve ☒ Discuss ☒ Assurance ☒ Information ☒ A Regulatory Requirement ☒

SUMMARY OF REPORT:

The Population Health and Prevention Executive Committee (the "Committee") oversees the ICB's ambition to improve outcomes in population health and healthcare.

1.1. 2022/23 has been a moment for the Committee to identify its shared priorities, establish ways of working that create connections across the system, and begin delivering ambitious programmes that maximise the opportunities of our Integrated Care System.

Going forward into 2023/24, the Committee plans to accelerate these programmes and seek further alignment to the newly developed Integrated Care Strategy.

1.2. The Committee has identified six Workstreams which are being used to deliver on the vision, approach to prevention and approach to health inequalities.

- Workstream 1: Core20PLUS5 Adults
- Workstream 2: Core20PLUS5 Children and Young People
- Workstream 3: Prevention and Risk Factors
- Workstream 4: Public Health Functions
- Workstream 5: Population Health Intelligence
- Workstream 6: ICP Building Blocks

There is a substantial opportunity for going further forward faster on population health within the ICB and ICS.

RECOMMENDATIONS:

Members are asked to:

i) Note the highlights provided.
ii) Note that the Population Health and Prevention Executive Committee reviewed and approved their Terms of Reference in February 2023, which are now with the Board to ratify.
iii) Receive a population health and prevention programme funding proposal when fully articulated and aligned to the ICBs financial planning process.

ICB STRATEGIC OBJECTIVE (*please click on the boxes of the relevant strategic objective(s)*)	
Realising our vision	☒
Improving outcomes in population health and healthcare	☒
Supporting broader social and economic development	☒
Tackling inequalities in outcomes experience and access	☒
Delivering our operational plan 2022/23	☒
Developing our ICS	☒

IMPLICATIONS (*Please state N/A against any domain where none are identified*)	
Finance	N/A
Quality	Reducing inequalities and improving population health are fundamental components of quality health and care systems.
HR	N/A
Legal / Regulatory	Each ICB must have regard to the need to (a) reduce inequalities between persons with respect to their ability ty access health services and (b) reduce inequalities between patients who respect to outcomes achieved for them by the provision of health services. There is also a duty to have regard to the wider effects of decisions on inequalities. Each ICB must also exercise its functions with a view to ensuring the health services are delivered in an integrated way and that their provision is integrated with that of health-related or social care services, where this would: improve quality of those services; reduce inequalities in access and outcomes.
Data Protection / IG	N/A
Health inequality / equality	This update is primarily focused on the ICBs responsibilities toward health inequalities.
Conflict of Interest Aspects	A conflict of interest clause has been added to the Population Health and Prevention Executive Committee's Terms of Reference, for approval by the Board.
Sustainability	N/A

ASSESSED RISK: (*Please summarise the key risks and their mitigations)*

N/A

MONITORING AND ASSURANCE:

The Population Health and Prevention Executive Committee is responsible for monitoring and assuring the items in this update along with any recommendations that emerge from Board discussions.

ENGAGEMENT:

The Population Health and Prevention Executive Committee is a partnership between the six local authorities, the ICB, and providers. Various components of this update reflect engagement with those partners and, in instances with those who have lived experience of needs the Committee is planning to address.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

If yes, please detail the specific grounds for exemption

POPULATION HEALTH AND PREVENTION EXECUTIVE COMMITTEE UPDATE

1. INTRODUCTION

1.1 The Population Health and Prevention Executive Committee (the "Committee") oversees the ICB's ambition to improve outcomes in population health and healthcare. It seeks to achieve this by:

- Providing population health and prevention leadership and oversight to support the Integrated Care Strategy's vision of helping the population to “start well, live well, age well and end life well.”
- Influencing decision making, at scale, and supporting 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 the HNY Health and Care Partnership and is embedded within existing HNY programmes and workstreams.
- Ensuring the effective delivery of key programmes to reduce and address health inequalities across the system.

1.2 The following paper updates the Board on the developments of the Committee during 2022/23.

2. BACKGROUND

2.1. The Committee's membership reflects the operating model of the ICB (6 Places, 5 Collaboratives, 1 Executive) in partnership with local authorities. Its executive lead is Amanda Bloor (Deputy Chief Executive and Chief Operating Officer of the ICB) and it is co-chaired by Louise Wallace (Director of Public Health for North Yorkshire) and Julia Weldon (Director of Public Health for Hull City).
Terms of Reference for the Committee are included in the Appendix with minor variations for approval that harmonise terms across ICB executive committees.

2.2. The Committee has adopted an approach to addressing inequalities in health and care outcomes by:

- Being clear on how both children and adults Core20PLUS5 agendas are being taken forward in the system.
- Building on the Health Inequalities National Support Team Model: service, community, and civic action.
- Addressing healthcare inequalities in access, experience, and outcomes.
- Reducing unwarranted variation in the delivery of care.
- Supporting equitable resource allocation at National, ICS, Place and PCN levels.

2.3. The Committee has also adopted an approach to Prevention:

- Infrastructure: identifying interdependencies across ICB structures and workstreams.
- Intervention: Building prevention and public health capacity beyond the obvious public health workforce (i.e., Making Every Contact Count).
- Intelligence: Using intelligence to support identification of key ICS priority areas and developing a collective understanding of population health within the HNY footprint, contributing to delivery of Core20Plus5 and reducing health inequalities.
- Incentives: Securing investment, ensuring prevention is funded recurrently and sustainably.

2.4. The Committee has identified six Workstreams which will be used going forward to deliver on the vision, approach to prevention and approach to health inequalities.

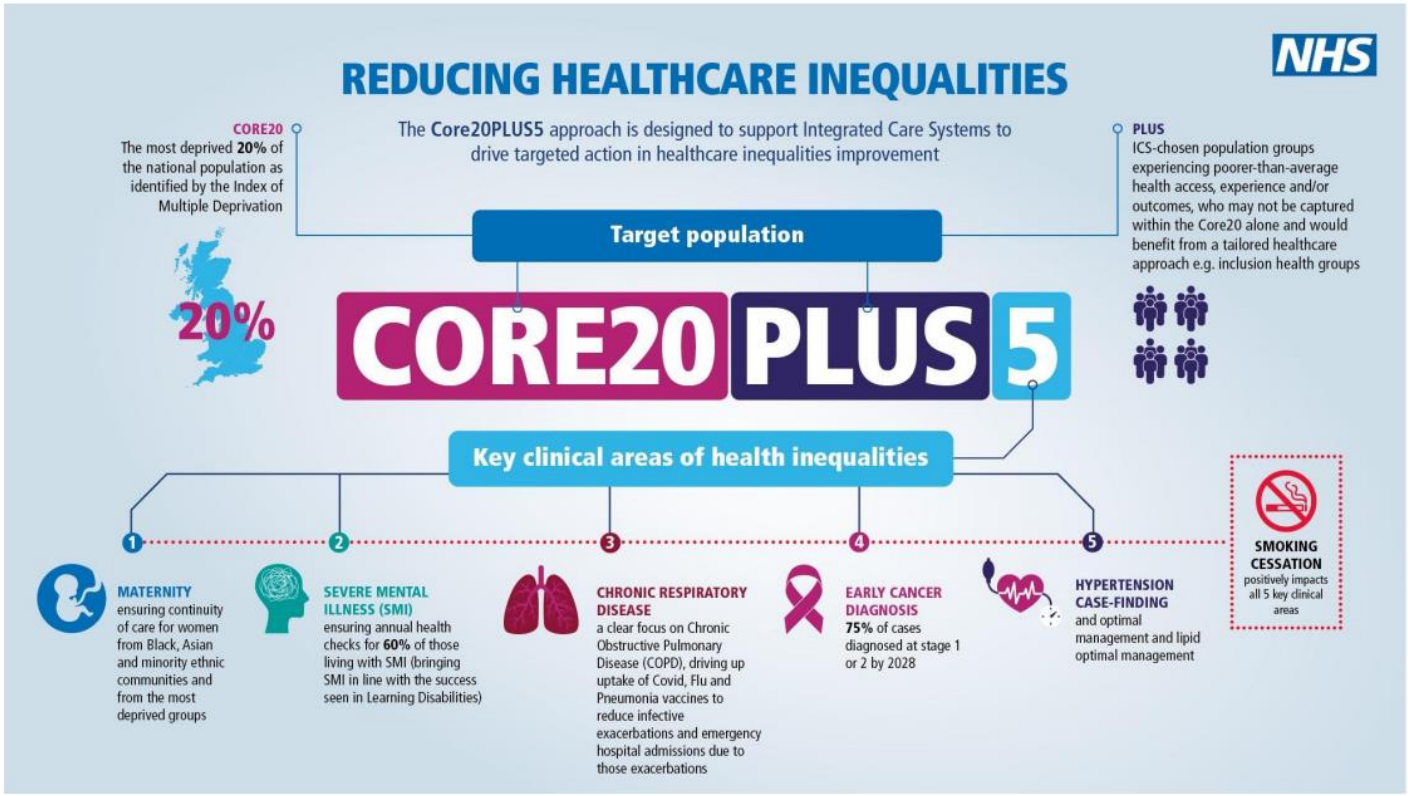
- Workstream 1: Core20PLUS5 Adults
- Workstream 2: Core20PLUS5 Children and Young People
- Workstream 3: Prevention and Risk Factors
- Workstream 4: Public Health Functions
- Workstream 5: Population Health Intelligence
- Workstream 6: ICP Building Blocks

3. ASSESSMENT

3.1. Workstream Updates

The following is a set of highlights for the Board to note. It reflects a large amount of activity happening across the system, though with limited coordinating infrastructure during the formation of the ICS and while staff are aligning to new roles. There is a substantial opportunity for going further forward faster on population health alongside our partners within the ICB and ICS.

3.1.1. Workstream 1: Core20PLUS5 Adults



1 https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

Purpose: Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system levels. This workstream will co-ordinate and oversee delivery of the System's approach to Core20Plus5 across 6 domains:

- Maternity

- Severe mental illness
- Chronic respiratory disease
- Early cancer diagnosis
- Hypertension
- Inclusion Health (Plus5)

Highlights:

- The ICB has been designated as one of seven Core20PLUS5 Accelerator sites, a NHS England programme delivered in partnership with the Institute for Healthcare Improvement and the Health Foundation. HNY is focusing on embedding Core20PLUS5 into the emerging work of integrated neighbourhood teams, starting in our coastal areas.

- An HNY Cardiovascular Disease Prevention and Detection Plan 2022-24 has been agreed (Appendix B). We are actively considering how to address multi-morbidity rather than disease silos, an approach that will align with the anticipated Major Conditions Strategy to be released by DHSC in Summer 2023.

- The Committee is leading system level work to address asylum seeker health needs across Humber and North Yorkshire. The programme is using a co-production approach to identify issues and propose long-term solutions that take advantage of economies of scale across HNY while embracing Place assets and ways of working.

3.1.2. Workstream 2: Core20PLUS5 Children and Young People (CYP)

2 https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp/

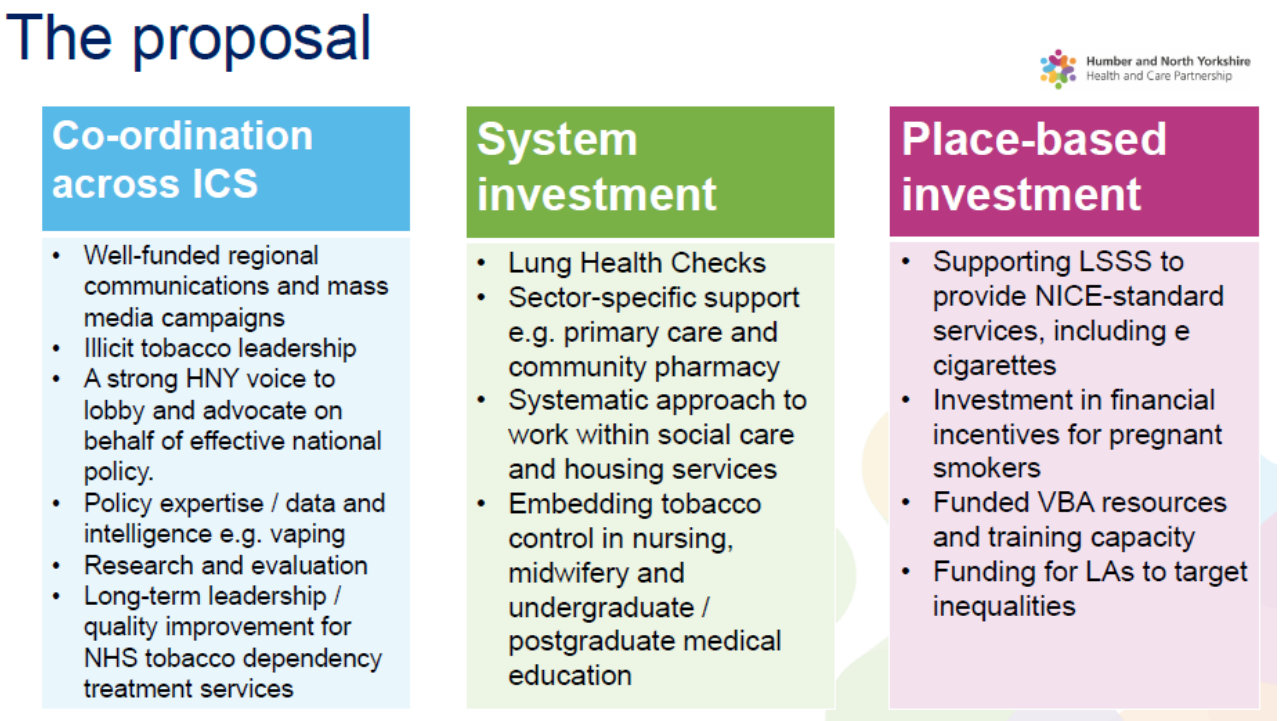
Purpose: Delivery of the new CYP framework which was nationally announced in December 2022. This workstream links to both the CYP Alliance hosted in the Nursing Directorate, and the CYP Mental Health Steering Group hosted in the MH, LD & Autism Collaborative.

Highlights:

- Asthma: A Clinical lead & Core Asthma team for CYP is supporting the delivery of the Long-Term Plan ambitions through the national bundle of care for CYP with asthma, including addressing health inequalities. A risk stratification tool is to be in trialled in some areas across the ICS and is being used to identify areas for action by combining health information with risk factors and wider determinants. This work links closely with housing and schools.
- Mental Health: CYP Mental Health is adopting a data driven approach to identify inequalities in access, outcomes and experience of CYP in mental health services. This includes developing a data dashboard, which includes an annual health equalities access audit to review which vulnerable communities are not accessing services and to take action to address this and remove barriers to access. We have also established an all-age mental health equalities group to identify and address issues across the life course.

3.1.3. Workstream 3: Prevention and Risk Factors

Purpose: Oversees delivery of the long-term plan priorities set out by NHSE and delivery of the three Regional Prevention Programmes: Alcohol, Tobacco, and Obesity.
Highlights: The Discovery Phase of the HNY Centre of Excellence in Tobacco Control launched on 21 February 2023, significantly advancing progress on a system-wide effort to coordinate reduced harm from tobacco. In addition to local leaders and services, the event was well attended by national and regional colleagues looking at HNY as a model for an ICS approach to population health. A summary of the proposal is in the figure below.



3.1.4. Workstream 4: Public Health Functions

Purpose: Oversees the Winter Vaccination Programme including both COVID and Flu. Also supports the anticipated transition of s7A public health commissioning functions from Region to ICBs (immunization, screening, health & justice services and sexual health).

Highlights:

- HNY have ran successful campaigns for both Flu and Covid supported by a Joint Winter Vaccination Board. Our approach has enabled us to address inequalities across the system and make every contact count.
- NHS England on the advice of the Joint Committee for Vaccinations and Immunisations (JCVI) have announced there will be a Spring COVID booster campaign for: adults aged 75 and over, residents in care homes for older adults, and individuals over 5 who are immunosuppressed. Further guidance is anticipated for an Autumn 2023 booster campaign.

3.1.5. Workstream 5 – Population Health Intelligence

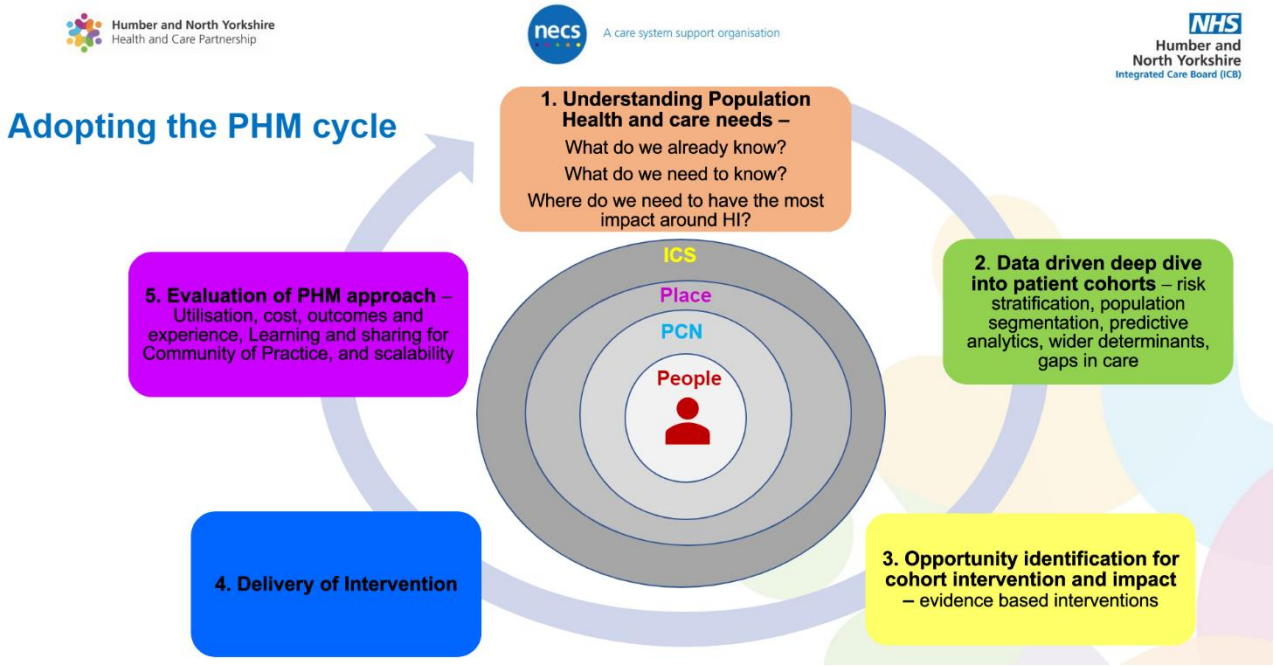
Purpose: Oversees and supports the implementation of Population Health Management (PHM) tools and approaches across the ICS

Highlights:

- PHM is quality improvement informed by connected data and intelligence. Over a period of 2 years, PHM support will be offered at ICS, Place and PCN levels with all 45 PCNs having the opportunity to develop their PHM journey by engaging with a NECS delivered programme (figure below).

  A range of options will be available to PCNs to ensure that the support matches their progress in their PHM journey to date. Online training will be delivered for colleagues in the wider HNY system to raise awareness of PHM whilst outlining key opportunities and sharing best practice examples. The overall programme is clinical led and the training will be delivered in partnership between NECS and key stakeholders from within the wider HNY system.

  A core focus of this significant work is on improving population health and reducing variations that lead to health inequalities. The PHM approach empowers individuals and groups working in HNY to address local needs as well as system wide priorities.



- An HNY Integrated Care Strategy Outcomes Framework group is operational, including partners from local authorities, DHSC, Providers, and the ICB. This group is supporting the ICP to measure the ambitions set out in the Integrated Care Strategy.

3.1.6. Workstream 6: ICP Building Blocks

Purpose: Support the ICP to carry out its function to improve population health and reduce inequalities in healthy life expectancy. 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 plan for delivery of the strategy during 2023/24.

Highlights:

The ICP has accepted recommendations from the Committee to establish an Integration Needs Assessment Steering Group which will oversee a comprehensive exercise that assesses the state of integration in HNY and itself make recommendations back to the ICS on where further integration can and should take place.

3.2. Finance

3.2.1. 2022/23 Health Inequalities Allocations

£200 million was allocated nationally to ICBs for health inequalities according to a formula that reflected the amount of avoidable mortality in each system. This resulted in Humber and North Yorkshire receiving £6.264 million, or 3% of the total allocation (HNY is 2.9% of the English population).

This allocation was aligned to Place Health and Wellbeing Strategy priorities in addition to three system-wide priority areas:

- Best Start in Life and Healthy Weight in Pregnancy
- Cardiovascular Disease
- Tobacco

In line with the overarching aim of allocating resources by population need HNY also have a number of schemes per Place which build on established priorities and have been supported by the Committee. Using the NHS England ICB Place Based Allocation Tool, each of our six Places were allocated resources in proportion to their Relative Need Indexes.

3.2.2. 2023/24 Health Inequalities Allocations

For 2023/24 the additional national health inequalities adjustment has been absorbed into the ICB programme baseline and the weighting of the health inequalities and unmet need adjustment has been increased from 10% to 10.2% to preserve its value in the target distribution (£6.264m for HNY). The change emphasises ICB responsibilities to make health inequalities core business, solidifies the recurrent nature of funding, and ensures the adjustment increases with baseline growth.

The Committee is establishing an expert finance sub-group that will make recommendations to the ICB on the allocation of resources that address population health, prevention, and health inequalities. **The Board is asked to receive a further update and proposal from the Committee based on this expert finance group's findings, and once fully aligned to the ICB's financial planning process.**

3.3. Ambitions for 2024/25

2022/23 has been a moment for the Committee to identify its shared priorities, establish ways of working that create connections across the system, and begin delivering ambitious programmes that maximise the opportunities of our Integrated Care System. We have seen Places, Providers and Collaboratives enhance their individual and collective responsibilities towards health inequalities via resources, governance and actions.

Going forward into 2023/24, the Committee plans to accelerate these programmes and seek further alignment to the newly developed Integrated Care Strategy. The Board is asked to note several additional ambitions:

- Inclusion Health – The Committee wishes to fully scope out an inclusion health service that reaches all parts of the system. Inclusion health groups may include:
    - People who experience homelessness and rough sleeping
    - People in contact with the criminal justice system
    - Vulnerable migrants
    - People dependent on drugs or alcohol
    - Gypsy, Roma, and Traveller communities
    - Sex workers
    - Victims of modern slavery

- Education and training – introducing Health Inequalities Fellowship opportunities to health and care staff in HNY and coordinating public health training opportunities in the ICB for Junior Doctors and Registrars with Health Education England.

  The Committee's intention is to increase capacity in our ICB and ICS that is focused on population health and to upskill the next generation of the health and care workforce with the expertise to delivery holistic, integrated care that maximises healthy lives.

- Measurement – Standing up a robust measurement and evaluation framework against the Committee's programmes, with a focus on Core20PLUS5.

- Major conditions – developing strategies within the ICS that focus on preventing people with one long term condition from developing their 2nd, 3rd, and 4th condition.

3.4. Updates to Terms of Reference

3.4.1. The Committee has made minor amendments to its terms of reference which require approval from the Board. These are intended to harmonise language with other executive committees of the ICB, primarily regarding conflicts of interest. A tracked changes version of the terms can be found in Appendix A.

4. RECOMMENDATIONS

1.1. Members are asked to:

iv) Note the highlights provided.
v) Approve the amendments to the Committee's Terms of Reference.
vi) Receive a population health and prevention programme funding proposal by Spring 2023.

Appendix A: Updated Terms of Reference
Updates in underlined red

Terms of Reference:	**Population Health and Prevention Executive Committee**
Authorship:	**Deputy Chief Executive / Chief Operating Officer**
Board / Committee Responsible for Ratifying:	**Integrated Care Board**
Approved Date:	
Ratified Date:	
Review Date:	**February 2023**
Version Number:	**2.0**
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 and 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 and 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 and 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.

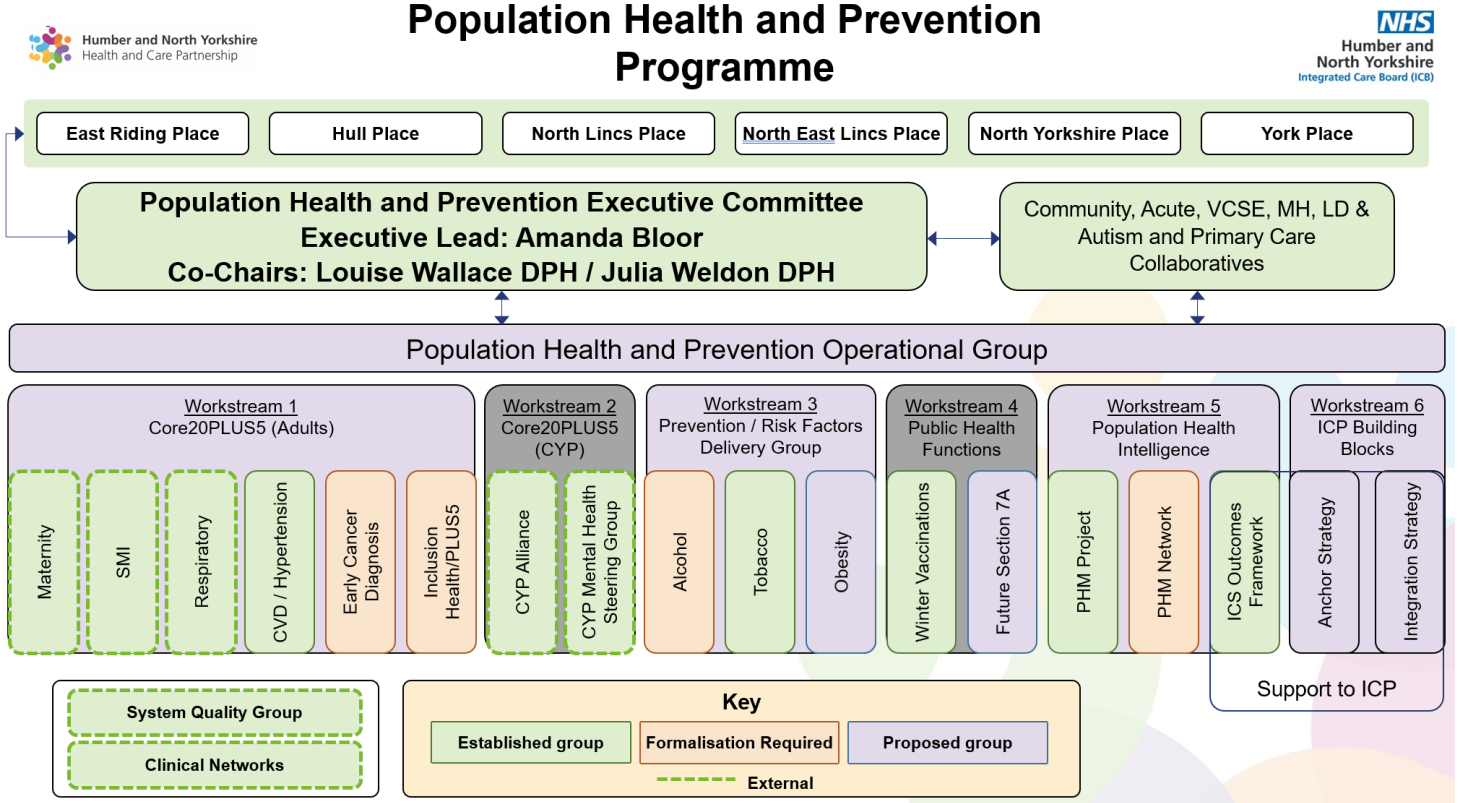
The Population Health and Prevention Executive Committee has no executive powers, other than those delegated in the Scheme of Reservation and Delegation (SoRD) and Operational Scheme of Delegation (OSD) to individual members of the committee and specified in these terms of reference.

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.
- Focusing on the four pillars of prevention, population health management, health inequalities, and vaccinations.



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 and Prevention Executive Committee will be co-chaired by the Director of Public Health from North Yorkshire County Council and the Director of Public Health from Hull City Council.

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 Consultant in Public Health	HNY ICB/City of York Council
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.

Declarations of Interests, Conflicts and Potential Conflicts

Conflicts of interest will be managed in accordance with the ICBs policies and procedures. All committee members and attendees must adhere to the ICB's Constitution and Conflicts of Interest policies.

Where the Chair or a member, or attendee, of the committee believes that they have any actual or perceived conflicts of interest in relation to one or more agenda items, they must declare this at the beginning of the meeting wherever possible, and always in advance of the agenda item being discussed. It will be responsibility of the Chair to decide how to manage the conflict and the appropriate course of action.

Any interests which are declared at a meeting must be included within the minutes of the meeting, the individual with the conflict must ensure that the interest is added (if not already the case) to their declaration as soon as is practicable following the meeting.

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.

Virtual meetings/recordings

Before starting a recording, the Chair is legally required to inform attendees if the meeting is being recorded and / that the purpose of the recording is as an administrative tool to support the provision of clear and accurate minutes. The recording is only retained for the period of drafting the minutes and then subsequently deleted from all systems. No person admitted to a meeting of the Committee will be permitted to record the proceedings in any manner without written approval from the Chair.

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 and 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

Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

Appendix B