

# Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB):

## Population Health and Patient Experience Committee – Terms of Reference (ToR)

### Table of Contents

<b>1. Establishment .....</b>	<b>2</b>
1.1 Terms of Reference:.....	2
1.2 Purpose.....	2
<b>2. Roles and responsibilities .....</b>	<b>2</b>
2.1 Duties.....	2
2.1.1 Service Quality .....	2
2.1.2 Population Health Management .....	3
2.1.3 Governance .....	4
2.2 Authority:.....	4
2.2.1 Delegation in the Scheme of Reservation & Delegation .....	4
2.3 Accountability and reporting.....	4
<b>3. Committee meetings .....</b>	<b>6</b>
3.1 Composition and quoracy .....	6
3.2 Frequency and formats .....	7
3.3 Procedures .....	8
<b>4. Secretariat and administration .....</b>	<b>9</b>
<b>Appendix I: Revision History .....</b>	<b>10</b>

## 1. Establishment

The Population Health and Patient Experience (PHPE) Committee is a committee, established by the Integrated Care Board (ICB), in accordance with its Scheme of Reservation and Delegation (SORD).

### 1.1 Terms of Reference:

**Definition of terms:** The Terms of Reference for the Committee are defined by the ICB.

**Amendment:** The terms of reference may be amended in accordance with the provisions in the Constitution and the SoRD.

**Publication:** The terms of reference must be published on the ICB website

### 1.2 Purpose

The purpose of the committee is to provide assurance to the board on service quality and performance, Population Health Management (PHM), and patient and public involvement.

## 2. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

### 2.1 Duties

The Committee's duty is to assure the board on:

- Service quality (incorporating patients' safety, clinical effectiveness and patient experience) and service performance
- Population Health Management (PHM)
- Governance

Providing assurance involves:

- **Triangulating multiple sources** of internal and external information, including:
  - Data analysis and contract performance intelligence
  - Patients', service users' and carers' reports, surveys, complaints, and concerns
  - Evidence from key clinicians and managers from commissioned services
  - Other intelligence agreed to be important and reliable
- **Remedial action:** Where assurance cannot be provided in part or in full, to provide the Board with details of remedial actions being taken and or being recommended.
- **Considering efficacy and efficiency:** Things are not only in place but the right things are being done in the right way to achieve the right objectives, which support the ICS aims.

#### 2.1.1 Service Quality and Performance

With regard to service quality and performance, the board requires assurance on:

- **Priorities:** The quality priorities in the ICB strategy/ annual plan, include priorities to address variation/ inequalities in care
- **Processes:** Including scope, management, patient and public involvement and continuous improvement

## Service quality process assurance

<b>Scope</b>	<ul style="list-style-type: none"><li>• Service quality and performance assurance includes<ul style="list-style-type: none"><li>– Dimensions of quality set out in the Shared Commitment to Quality and in the Health and Care Act 2022</li><li>– All quality dimensions set out in Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSEI and other regulatory bodies / external agencies (e.g. CQC, NICE)</li><li>– The patient experience</li><li>– Other national and local performance metrics</li><li>– Clinical commissioned services</li><li>– Care delivered by providers and place</li></ul></li></ul>
<b>Management</b>	<ul style="list-style-type: none"><li>• Robust processes in place for the management of quality, performance, quality planning, control, and improvement, and ensuring that timely action is taken to address areas of concern</li></ul>
<b>Patient and public involvement</b>	<ul style="list-style-type: none"><li>• All strategies and activities include<ul style="list-style-type: none"><li>– Service user/patient and public involvement</li><li>– Asset-based and person and community-centred ways of working</li></ul></li></ul>
<b>Continuous improvement</b>	<ul style="list-style-type: none"><li>• Learning from incidents, never events, complaints, claims and deaths (including coronial inquests and PFD report) is identified, disseminated and embedded</li></ul>

### 2.1.2 Population Health Management

The board requires assurance that the Population Health Management (PHM) programme includes:

- **Understanding needs:** Provides a common understanding of health and wellbeing needs
- **Targeting:** Helps target resource/services to groups most in need by adopting a “proportional universalism” approach
- **Addressing inequalities** facing prioritised segments of the population, e.g. those within the protected characteristic categories, including addressing gaps identified by Equality Impact Assessments (EIA) and Equality Health Impact Assessments (EHIA)
- **Prevention:** Maximises effectiveness of prevention efforts by joining up input of Public Health England (PHE), NHS England (NHSE) and Local Government Public Health
- **Wider determinants:** Ensures focus on wider determinants of health and links in primary, secondary, and tertiary health prevention approaches
- **Interventions:** Supports evidence-based interventions across the ICS
- **Offering choice:** Ensures that the Universal Model of Personalised Care where people have choice and control over the way their health and care is implemented
- **Transformation:** Make recommendations to the Programme Management Board on programmes of transformation changes across BOB ICS

- **Embedding PHM:** Ensuring the infrastructure across all levels of BOB ICS to make PHM “business as usual”

### 2.1.3 Governance

The board requires assurance on:

- **Quality groups:** The Terms of Reference and work programmes for groups reporting into the Quality Committee (e.g., System Quality Groups, Infection Prevention and Control, Safeguarding Boards / Hubs etc) are effective.
- **Matrix working:** Arrangements for matrix working are in place across the ICS, including links with Collaborative Networks and Enablers programmes.

## 2.2 Authority:

The ICB has delegated authority to the PHPE Committee as set out in the SoRD, which may be amended in accordance with the ICB Constitution.

The committee is authorised to:	
Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Commission reports	Commission reports required to help fulfil its obligations.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any procedures put in place by the ICB for obtaining professional advice.
Create Task & Finish Groups	<p>Create, with agreement of the ICB, task and finish sub-groups for specific programmes of work.</p> <p>Determine the terms of reference of task and finish sub-groups, in accordance with the Boards constitution, Standing Orders and SoRD – but no decisions may be delegated to these groups.</p>

### 2.2.1 Delegation in the Scheme of Reservation & Delegation

#### Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

- Oversight of the IFR (Individual Funding Request) process and high-cost drugs prescribing
- Monitor the delivery of the duty to secure continuous improvement in the quality of services
- Approve proposals for ensuring quality and developing clinical governance in services provided by the ICB, its providers, or its constituent place based partnerships

- 
- Monitor progress of delivery of assistance and support to NHS England in its duty to improve the quality of primary medical services
  - Monitor progress of delivery of promotion of involvement of patients, carers and representatives in decisions about their healthcare
  - Monitor progress of delivery of enabling patients to make choices
  - Monitor promotion of use of research and progress of delivery
  - Monitoring progress of delivery of service integration
  - Provide assurance of safeguarding children and adults
  - Oversee process and compliance issues concerning serious incidents
  - Oversee how the ICB secures health services that are provided in a way that promotes awareness of and have regard to, the NHS Constitution
- 

## 2.3 Accountability and reporting

The Committee is accountable to the Board and reports to the Board on how it discharges its responsibilities.

Accountabilities	Description
Draft minutes and reports	<ul style="list-style-type: none"> <li>• The Committee receives scheduled assurance reports from its delegated groups</li> <li>• The Secretary formally records the minutes of each meeting</li> <li>• The Chair of the Committee reports to the Board (public session) after each meeting and provides a report on assurances received, escalating any concerns, where necessary</li> </ul>
Monitor attendance	<ul style="list-style-type: none"> <li>• Attendance is monitored and profiled as part of the agenda at each Committee meeting</li> <li>• Members should aim to attend 100% of meetings and must attend at least 75% of meetings, and read all papers beforehand</li> </ul>
Draft annual work plans	<ul style="list-style-type: none"> <li>• The Committee produces an annual work plan in consultation with the Board</li> </ul>
Conduct annual self-assessment	<ul style="list-style-type: none"> <li>• The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference</li> <li>• Any resulting proposed changes to the terms of reference are submitted for approval by the Board</li> <li>• The Committee utilises a continuous improvement approach in its delegation</li> </ul>

Accountabilities	Description
	<ul style="list-style-type: none"> <li>Members review the effectiveness of the meeting at each sitting</li> </ul>
Annual Report	<ul style="list-style-type: none"> <li>The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement</li> <li>The report includes <ul style="list-style-type: none"> <li>The governance cycle</li> <li>A summary of the business conducted,</li> <li>Frequency of meetings, membership attendance, and quoracy</li> <li>The committee's self-assessment</li> </ul> </li> </ul>
Audit Committee Report	The Committee advises the Audit Committee on the adequacy of assurances available and contributes to the Annual Governance Statement.

### 3. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

#### 3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

	Description of expectation
Chair	An independent non-executive member of the Board appointed for their specific knowledge skills and experience and suitability.
Deputy Chair	Committee members may appoint a Vice Chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.
Membership	<ul style="list-style-type: none"> <li>Membership is: <ul style="list-style-type: none"> <li>Non-Executive Director (Committee Chair)</li> <li>Non-Executive Director</li> <li>Chief Medical, Nursing and Delivery Officers</li> <li>Director of Primary Care</li> <li>Independent Clinical Advisor (secondary care)</li> <li>ICS lead on Equalities</li> </ul> </li> </ul>

## Description of expectation

- A Director of Public Health
- A Healthwatch representative
- Other members: The Committee may elect to co-opt additional members, where it is in the interests of the Committee's activities to do so.
- **EDI:** When determining the membership of the Committee, consideration will be given to diversity and equality.

---

### Attendees and procedure for absence

Only members of the Committee have the right to attend meetings, however other executive directors or senior officers of the ICB may be required to attend at the Committee's request.

Other individuals including representatives from the Health and Wellbeing Board(s), and NHS Providers, may be invited to attend all or part of any meeting to assist it with its discussions on specific matters.

The Chair and CEO of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations

#### **Procedure for absence:**

Where a member or any attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

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.

---

### Quoracy and Procedure for Inquoracy

**Threshold:** A minimum of one Non-Executive Members, plus at least the Chief Nursing or Medical Officer and one external representative.

**Absence:** Where members are unable to attend, they should ensure that a named and briefed deputy able to participate on their behalf attends in their place.

**Disqualification:** If any member of the Committee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.

**Inquoracy:** If the quorum is not reached, the meeting may proceed if those attending agree, but no decisions may be taken.

---

## 3.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Description of rules	
Meeting frequency	<p>The Committee will meet at least four times a year.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.</p> <p>The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.</p>
Public vs closed	<p>Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.</p>
Virtual meetings and extraordinary meetings	<p>In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.</p>

### 3.3 Procedures

Procedure	Description of rules and expectations:
Agenda	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p> <p>Members are expected to identify agenda items for consideration to the Chair and any meeting papers using the prescribed format at least 14 calendar days before the meeting.</p>
Conflicts of interest	<p><b>Declarations:</b> All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p><b>Exclusions:</b> Anyone with a relevant or material interest in a matter under consideration may be excluded from the discussion at the discretion of the Committee Chair.</p>
Decision-making	<p><b>Decisions:</b> Decisions are taken in according with the Standing Orders and are normally arrived at by consensus. When this is not possible the Chair may call a vote.</p>
Voting	<p><b>Eligibility:</b> Only members of the Committee may vote. Each member is allowed one vote and a majority is conclusive on any matter.</p> <p><b>Casting Vote:</b> The chair may have a casting vote, if members are equally divided on an issue.</p> <p><b>Recording of votes:</b> The result of the vote will be recorded in the minutes.</p>



Procedure	Description of rules and expectations:
	<b>Virtual voting:</b> If a decision cannot wait for the next scheduled meeting and an extraordinary meeting is not appropriate or possible, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.

#### 4. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee in the following ways:

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the Chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary.
Minute Taking	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	Support the Chair in preparing and delivering reports to the Board.  Take forward action points between meetings and monitor progress against those actions.
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.

## Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V1.0	1 July 2022	Board of ICB	Annually	Creation of ToR

### Document control

The controlled copy of this document is maintained by BOB ICP. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.