

Agenda Item 18 – Appendix A

DRAFT - BLMK ICB Mental Health, Learning Disabilities and Autism Collaborative Committee Terms of Reference

1.0 Introduction

- 1.1. The Bedfordshire, Luton and Milton Keynes Integrated Care Board ('ICB') and the following NHS providers of mental health, learning disability and autism ('MHLDA') services, who are all partners of the Bedfordshire, Luton and Milton Keynes ('ICS'), have come together to form the Bedfordshire, Luton, Milton Keynes MHLDA Collaborative Committee. The NHS providers of MHLDA services are:
 - (a) East London NHS Foundation Trust ('**ELFT**'); and
 - (b) Central North West London NHS Foundation Trust ('**CNWL**').
- 1.2. For the purpose of these terms of reference, the providers and the ICB shall be known as the '**NHS Partner Organisations**.'
- 1.3. The Committee has been established with a view to enabling the ICB and the NHS Partner Organisations to work collaboratively, with a shared purpose, and at scale across multiple places in Bedfordshire, Luton and Milton Keynes ('BLMK'), to improve outcomes, quality, value and equity for residents of BLMK with, or at risk of, MHLDA.

2.0 Constitution

- 2.1. The Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative Committee (the Committee) is established by the Integrated Care Board (ICB) as a Committee of the Board of the ICB in accordance with its Constitution.
- 2.2. These Terms of Reference, 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 of the ICB.
- 2.3. The Committee is a Committee of the Board and its members, including those who are not members of the Board of the ICB, are bound by the Standing Orders¹ and other policies of the ICB.
- 2.4. The members of the Committee are the leaders of the MHLDA collaborative, responsible for discharging the duties of the Committee.

3.0 Authority

- 3.1. The Committee is authorised by the Board of the ICB to:

¹ <https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/~documents/governance/nhs-blmk-icb-governance-handbook>

- 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 Committee) or from employees of partner organisations, the latter having committed to co-operate with any request made by the Committee, 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 Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice; and
- create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The 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 but may not delegate any decisions to such groups.

3.2. For the avoidance of doubt, the Committee will comply with the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation.

4.0 Purpose

4.1. The Committee has been established to:

- provide the ICB and NHS Partner Organisations with the ability to collaboratively direct and oversee the delivery of high quality patient care relating to in-scope MHLDA services in BLMK in order to:
 - (a) improve outcomes in population health and healthcare;
 - (b) tackle inequalities in outcomes, experience and access;
 - (c) enhance productivity and value for money; and
 - (d) help the NHS support broader social and economic development; and
- contribute to the overall delivery of the ICB objectives, priorities and the Joint Forward Plan by providing oversight and assurance to the Board for the development and commissioning of mental health, learning disabilities and autism (MHLDA) services.

5.0 Membership and attendance

Membership

- 5.1. The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 5.2. The Board will appoint the following members of the Committee including two who are independent non-executive members of the Board of the ICB. Other members of the Committee need not be members of the Board of the ICB as long as they can carry out appropriate duties on behalf of their parent organisations. The Committee Members will be:
 - Non-Executive Member (ICB);
 - Non-Executive Member (ICB);
 - Non-Executive Director (ELFT);
 - Non-Executive Director (CNWL);
 - Chief Operating Officer (ICB)
 - Chief Nurse (ICB);
 - Chief Financial Officer (ICB);
 - Board executive director, or nominated deputy (CNWL);
 - Clinical Executive (CNWL);
 - Chief Executive Officer (CNWL);
 - Board executive director, or nominated deputy (ELFT);
 - Clinical Executive (ELFT);
 - Chief Executive Officer (ELFT); and
 - Service user / Carer representatives (x 4).
- 5.3. When determining the membership of the Committee, active consideration will be made to equality and diversity, especially in relation to appropriate skills and background to ensure a broad range of views are represented on the Committee.

Chair and Deputy Chair

- 5.4. In accordance with the Constitution, the Committee will be chaired by an independent non-executive member of the ICB Board.
- 5.5. Committee members may appoint a deputy chair from amongst its non-executive members.

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

Attendees

- 5.6. The Committee may also have regular attendees who will receive advanced copies of the notice, agenda, and papers for meetings as appropriate to the

agenda items. They may be invited to attend any or all the meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote. Regular attendees will include the following:

- Primary Medical Services representative* (1);
- Representative of children's social services* (1);
- Representative of directors of adult social services* (1);
- Representative of directors of public health* (1); and
- Representative from the voluntary, community and social enterprise sector (1).

Roles marked * will each represent a different place in BLMK.

- 5.7. 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 matters or to manage agenda item-specific conflicts of interest.
- 5.8. 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 matter.

Attendance

- 5.9. Where a member (or nominated deputy for providers) of the Committee is unable to attend a meeting, a suitable alternative may be agreed with the Chair but will not be counted towards quoracy and may not vote.

6.0 Meeting Quoracy and Decisions

- 6.1. The Committee will meet at least four times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.
- 6.2. Further meetings of the Committee may be convened at the request of any member of the Committee through the Chair.
- 6.3. 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.

Quorum

- 6.4. For a meeting to be quorate the following must be in attendance:
 - a minimum of 50% of the members including;
 - at least one ICB non-executive member or provider non-executive director; and
 - at least one representative from the ICB;
 - at least one member from ELFT;
 - at least one member from CNWL; and

- at least one service user/care representative.
- 6.5. If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a conflict of interest, then that individual shall no longer count towards the quorum.
 - 6.6. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.
 - 6.7. If a quorate meeting cannot be held (due to conflicts of interest) then the Committee should recommend a course of action to the Board for it to make a decision, or to delegate that decision to an existing or ad-hoc body set up for the purpose.

Decision making and voting

- 6.8. Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach decisions by consensus. When this is not possible the Chair may call a vote.
- 6.9. Only members of the Committee may vote. Attendees are not entitled to vote but their views will be taken into account. Each member is allowed one vote and a majority will be conclusive on any matter. Where there no clear majority, the Chair of the Committee will hold the casting vote.
- 6.10. If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication. Where any such action has been taken between meetings, this will be reported to the next meeting.

7.0 Responsibilities of the Committee

- 7.1. The Committee's duties include the following:
 - 7.1.1. to support the development of further collaboration between the ICB and NHS Partner Organisations (including working together towards the Committee receiving a formal delegation for the functions associated with the Mental Health Investment Standard and other investment into mental health, and exploring opportunities for formal joint working);
 - 7.1.2. to ensure and encourage the engagement of all the partner organisations of the ICS, with a view to shaping the future of MHLDA services across BLMK;
 - 7.1.3. to coordinate work to reduce inequalities in health outcomes, access and experience where it is the case that action across the NHS Partner Organisations and/or the ICS is required, striving to embed joint accountability;

- 7.1.4. to coordinate improved resilience of services (e.g. by mutual aid) where it is the case that action across the NHS Partner Organisations and/or the ICS is required;
 - 7.1.5. to co-ordinate work across partners to ensure that specialisation and consolidation can occur where this will provide better outcomes and value;
 - 7.1.6. to ensure that people participation is at the heart of all the activities of the Committee, and of the collaborative's wider work to ensure the needs and experiences of communities are considered over whole pathways of care;
 - 7.1.7. to lead the development of the ICS strategy for MHLDA, and put in place arrangements to ensure its delivery with ICS partners including the four place-based partnerships and the Bedfordshire Care Alliance;
 - 7.1.8. to contribute to the overall delivery of the ICB priorities and the Joint Forward Plan by providing oversight and assurance to the Board for the development and commissioning of mental health, learning disabilities and autism (MHLDA) services, including service user and carer led priorities, and the NHS national plans and priorities; and agree mitigations where there are significant delivery risks;
 - 7.1.9. to lead annual planning to meet the needs of people for MHLDA services in BLMK across the ICS;
 - 7.1.10. to advise on and recommend future commissioning decisions for MHLDA services to the Board; and
 - 7.1.11. to enable the exercise of the Delegated Functions in a simple and efficient way. Annex 1 lists the Delegated Functions, which have been delegated to the Committee by the ICB. Matters delegated to the Committee are also set out in an operational scheme of delegation, which has been developed by the ICB. The Committee, through its members set out at section 5, above is authorised by the Board to take decisions in relation to those matters on behalf of the ICB.
- 7.2. The Committee does not hold delegated functions from ELFT or CNWL. However, members of the Committee from those organisations may have appropriate delegated responsibility from their partner organisation to make decisions on behalf of their organisation in connection with MHLDA or, at least, will have sufficient responsibility to discuss matters on behalf of their organisation and be ready to move programmes of work forwards by holding discussions in their own organisation and escalating matters of importance.
- 7.3. As the list of Delegated Functions develops, they shall be exercised with particular regard to the Committee's priorities and objectives, as described in the MHLDA Plan, which the Committee shall develop and which will be

approved by the Integrated Care Board, and by the other NHS Partner Organisations in accordance with their own governance requirements.

7.4. In addition, the Committee will support the ICB, and where relevant the other NHS Partner Organisations, to achieve the aims and the ambitions of:

- (a) the Joint Forward Plan;
- (b) the Integrated Care Strategy prepared by the BLMK Integrated Care Partnership;
- (c) the joint local health and wellbeing strategies and associated needs assessments prepared by the five health and wellbeing boards; and
- (d) the plans prepared by the four place-based partnerships, within the ICS's area.

7.5. The Committee will prioritise its work against the strategic priorities of the ICS and the ICS operating principles set out [here](#).

7.6. In supporting the NHS Partner Organisations to discharge their statutory functions and deliver the strategic priorities of the ICS, the Committee will, in turn, be supporting the ICS with the achievement of the 'four core purposes' of Integrated Care Systems, namely to:

- (a) improve outcomes in population health and healthcare;
- (b) tackle inequalities in outcomes, experience and access;
- (c) enhance productivity and value for money; and
- (d) help the NHS support broader social and economic development.

7.7. The Committee is also a key component of the ICS, enabling it to meet the 'triple aim' of better health for everyone, better care for all and efficient use of NHS resources.

7.8. The NHS Partner Organisations acknowledge that 2024/2025 is a transitional year and, accordingly, the focus of the Committee will be on determining the vision and arrangements for future collaboration. Consequently, it is expected that the arrangements described in these terms of reference will evolve, including to bring further functions within scope overtime.

8.0 Behaviours and Conduct

Values

8.1. Members will be expected to conduct business in line with the values of the ICB and providers and in line with the MHLDA Collaborative Partnership Agreement.

- 8.2. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution², Standing Orders³, and Conflicts of Interest and Standards of Business Conduct Policy⁴.
- 8.3. Committee members will ensure engagement takes place with other non-NHS sectors, such as police, ambulance and fire services.

Conflicts of interest

- 8.4. In discharging duties transparently, any potential conflicts of interest must be considered, recorded and managed. Members should have regard to both the ICB's policies and national guidance on managing conflicts of interest.
- 8.5. All potential conflicts of interest must be declared and recorded at the start of each meeting. The Chair will determine any action to be taken should a conflict or potential conflict become apparent, but with the intention of inclusion and transparency wherever possible.

Equality and diversity

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

9.0 Accountability and reporting

- 9.1. The Committee is accountable to the Board of the ICB and shall report to the Board on how it discharges its responsibilities.
- 9.2. The Chair will provide assurance reports to the Board after each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.
- 9.3. The Committee will provide an annual report to the Board to describe how it has fulfilled its terms of reference, details on progress and a summary of key achievements in delivering its responsibilities.
- 9.4. Members and attendees from organisations other than the ICB are responsible for reporting to their boards or governing bodies as necessary.

10.0 Secretariat and Administration

- 10.1. The Committee shall be supported with a secretarial function which will include ensuring that:

² <https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/~documents/policies/nhs-blmk-icb-constitution-01-07-22-nhse-approved>

³ <https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/~documents/governance/nhs-blmk-icb-governance-handbook>

⁴ <https://bedfordshirelutonandmiltonkeynes.icb.nhs.uk/~documents/policies/operational-policies/conflict-of-interest-management-standards-of-business-conduct-policy-v1-0>

- the agenda and papers are prepared and distributed at least five working days before each meeting 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 highlighted to the Chair those that do not meet the minimum requirements;
- records of members' appointments and renewal dates and that the Board is prompted to renew membership and identify new members where necessary;
- good quality minutes are taken 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 Committee is updated on pertinent issues, areas of interest or policy developments; and
- action points are taken forward between meetings and progress against those actions is proactively monitored.

11.0 Review

11.1. The Committee will review its effectiveness at least annually.

11.2. These Terms of Reference will be reviewed within the first year and any proposed amendments to the Terms of Reference will be submitted to the Board for approval.

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Annexe 1 – Delegated Functions

Planning	
The Committee will undertake the following specific activities in the domain of Planning on behalf of the ICB:	
	<p>Making recommendations to the Integrated Care Board in relation to, and contributing to, the Joint Forward Plan and Joint Capital Resource Use Plan and other system plans, in so far as it relates to the provision of, and the need for, MHLDA services in the ICB's area and the exercise of the ICB's functions.</p> <p>Broadly, MHLDA services for these purposes will include the following:</p> <ul style="list-style-type: none"> • Perinatal mental health • Common mental health problems (including Talking Therapies) • Physical health of people with serious mental illness • Adults with serious mental illness – community • Older adults with serious mental illness – community • Adults with serious mental illness – rehabilitation • Early intervention in psychosis • Adults with serious mental illness - crisis • Mental health in acute hospitals • People with dementia • Suicide prevention • Children and young people's mental health • Learning Disabilities • Autism Services • ADHD Services • Whole population – primary prevention • Population health management • Accommodation Care Pathway • Other specific programmes and sub-programmes included within the Mental Health Investment Standard.
	Developing and approving the BLMK MHLDA Plan [and overseeing implementation and delivery of the plan], in so far as that requires the exercise of ICB functions.
	Responsibility on behalf of the ICB for engagement with partner organisations within the ICS (including primary care) on matters relating to the provision of, and the need for, MHLDA services with a view to ensuring that such needs are considered within wider system planning.
Leadership	
The Committee will undertake the following specific activities in the domain of Leadership on behalf of the ICB:	
1	<p>Provide leadership on MHLDA related matters across the ICB's area. This shall include responsibility, on behalf of the ICB, for developing the vision and culture of the collaborative, and engaging staff in that regard.</p>

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