

Appendix 2 Brent Integrated Care Partnership Board

Terms of Reference

DRAFT

Introduction

Health, care and wellbeing partners across Brent have a long history of working together to agree and deliver shared outcomes. The approach taken has been inclusive, bringing together commissioners, providers and colleagues from the third/voluntary sector, such as Healthwatch.

The Brent Integrated Care Partnership (BICP) is the place based health and care partnership, as set out in the Health and Care Bill 2021. The BICP works to improve health and wellbeing outcomes by targeting inequalities ensuring bespoke delivery tailored to our needs and our communities, as outlined within the Joint Health and Wellbeing Strategy.

This document sets out how the Brent Integrated Care Partnership Board (BICPB) will work to strategically direct and oversee the activity and progress in delivering the Brent Joint Health and Wellbeing Strategy and other strategic plans.

Structure and partnership environment

The Brent ICP sits within a wider framework of partnerships. See Appendix 1 for further detail.

Purpose of the BICPB

The BICPB will focus on Brent residents of all ages, and will:

- Set the strategic direction for the Brent Integrated Care Partnership, responding to BHWB policy framework to create system unity and clarity of purpose
- Provide the strategic leadership and drive partnership working for the benefit of our local population, including the delivery plans of the Joint Health and Wellbeing Strategy
- Ensure clear and robust partnership arrangements; minimising duplication with existing structures/governance and holding local leadership to account in the implementation of the BICP / NWL ICS
- Enable effective decision making through the Brent Health and Wellbeing Board (BHWB), by meeting six weeks in advance of the BHWB. A joint BICPB and BHWB work plan will be annually agreed and will ensure a coherent pathway through decision making structures
- Ensure structures manage thematic delivery effectively, within agreed performance management frameworks. Review the BICP's success in delivering the agreed strategy, outcomes and work programmes, intervening as required to address any concerns
- Respond to changes in the operating environment, such as national policy or regulatory requirements
- Act as champions for the BICP and its key strategies, both within and outside organisations

Membership

The composition of the BICPB contains representatives from the wider partnership environment, including the Brent Health and Wellbeing Board (BWB), the Brent Integrated Care Partnership Executive Committee (BICPEC), the Brent Children's Trust (BCT) and the North West London Integrated Care System (NWL ICS).

The following organisations/departments/roles are represented as the core membership:

Organisation / Partnership	Position / detail
Brent Council	Chief Executive (Chair)
	Director of Public Health
BHWB	Cabinet Member for Adult Social Care (Chair of BHWB)
	Cabinet Member responsible for Children's Safeguarding, Early Help, and Social Care
	Cabinet Member for Public Health
BCT	Strategic Director Children and Young People (Chair, BCT)
BICPEC	ICP Independent Director (Co-Chair, ICPEC)
	Strategic Director Community and Wellbeing (Co-chair ICPEC)
CCG / ICS	Chair, Brent CCG
	Brent Borough Director
	NWL ICS link
Providers	Director, Central London Community Healthcare Trust
	Director, London North West University Hospital Trust
	Director, Central and North West London NHS Trust

There will be a wider invitation list to the meetings of the BICPB as required by the agenda - individuals and organisations with known expertise and knowledge may be requested to attend meetings or relevant items.

Frequency

The BICPB will meet quarterly, six weeks in advance of the Brent Health and Wellbeing Board.

Quorum

A valid quorum for meetings is half of the members present. No decision shall be taken without:

- One local authority representative
- One provider representative
- One ICPEC representative

Membership expectations

- To attend the meetings of the BICPB and when they cannot attend to send a named deputy who has been briefed prior to their attendance.
- To have authority to be able to take action and make decisions as required
- To work together productively to overcome any cross-organisational barriers
- To take the lead on the delivery of specific priorities or actions as required

Chair

The role of the Chair is to ensure:

- BICP governance is annually reviewed, to include agreement of a shared work plan with the BHWB
- The BICPB agrees annually updated delivery plans as required, which must include the JHWS delivery plans

The ICP Independent Director will act as vice chair as required.

Confidentiality

All attendees have a duty of confidentiality regarding all information disclosed, shared and discussed between and during BICPB meetings. There will be occasions when selected information must not be disclosed outside the BICPB. The person disclosing such information is responsible for identifying it as confidential at the time it is given and for ensuring that its confidential status is identified in all relevant written material. Any challenge to the confidentiality of information will be referred to the Chair, whose decision on the matter will be final.

Administrative support

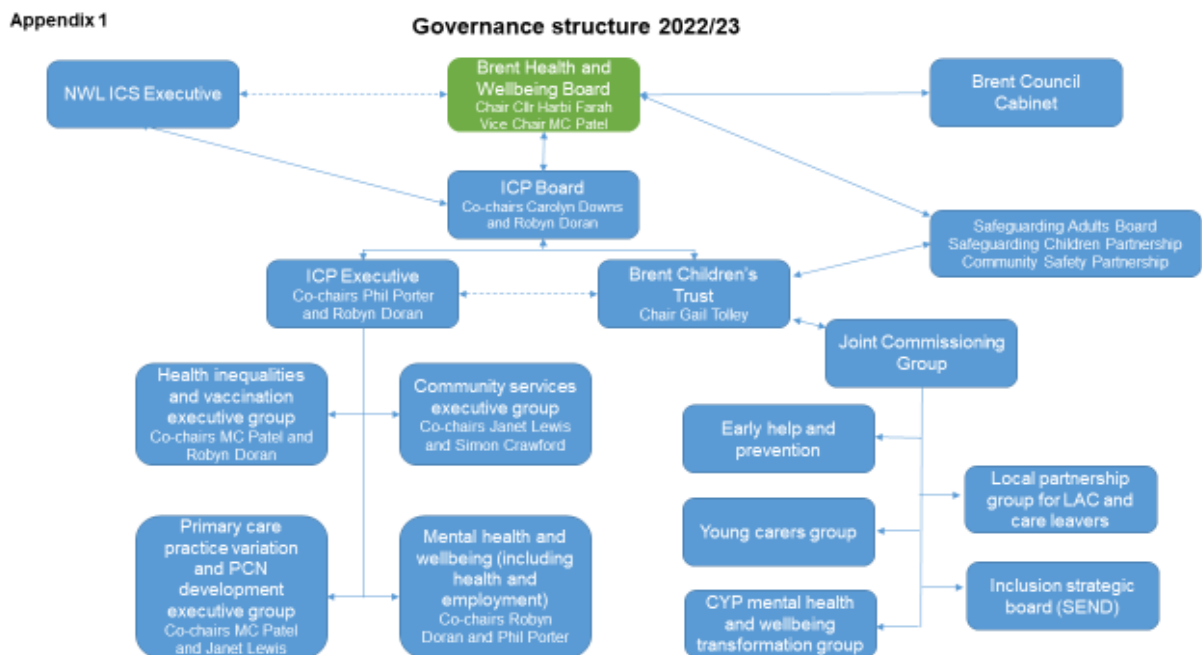
The administration of the BICPB will be provided by Brent Council.

Subgroups

Any other subgroup required can be established at the discretion of the Chair.

Urgent matters

Decisions may be made about urgent matters without a group meeting providing the written consent of the Chair is sought and given. In this case the Chair must ensure that every effort has been made to consult informally with members and report any decisions taken at the next meeting.



North West London Integrated Care System

The NWL ICS current priorities are:

- Recovering elective care and addressing the backlog of other unmet care needs
- Strengthening out of hospital care, with focus on prevention and management of long term conditions and improving outcomes for people with mental health needs, learning disabilities and autism
- Improving the workforce experience, best use of estate and driving innovation
- Ensuring fair allocations of resources