



**North East and  
North Cumbria**

# **Mental Health, Learning Disabilities and Autism Subcommittee**

## **Terms of Reference**

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## 1. Establishment

The Mental Health and Learning Disabilities and Autism (MHLDA) Subcommittee is a Subcommittee of the Executive Committee as established by the North East and North Cumbria Integrated Care Board, in accordance with the NHS North East and North Cumbria's (hereafter referred to as the ICB) Scheme of Reservation and Delegation (SoRD) and Constitution.

## 2. Terms of reference:

**Definition of terms:** The terms of reference are defined by the ICB.

**Amendment:** The terms of reference may be amended in accordance with the provisions set out in the SOP (Establishing Subcommittees).

**Publication:** The terms of reference will be published in the ICB's Governance Handbook which is accessible here: <https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/>

## 3. Purpose

The Mental Health, Learning Disabilities and Autism Subcommittee is responsible for providing leadership and direction in relation to the delivery and commissioning of all NHS mental health and learning disability services across the life course, including Young People, Adults and Older adults across North East and North Cumbria. This includes:

- North Cumbria
- Northumberland
- North Tyneside
- Newcastle
- Gateshead
- South Tyneside
- Sunderland
- County Durham
- Darlington
- Stockton-on-Tees
- Middlesbrough
- Redcar and Cleveland
- Hartlepool

The Mental Health and learning Disabilities and Autism Subcommittee is a Subcommittee of the North East and North Cumbria (NENC) ICB Executive Committee and will be a decision-making body with executive representation and delegated authority from NENC ICB (see membership & quoracy).

Working through the North and South Partnerships, the Mental Health / Learning Disabilities and Autism Subcommittee will ensure strong place-based partnership arrangements in each area to ensure that as a NENC system we:

- Are guided by a clear and coherent strategy, that is evidence based, informed by national priorities and drivers whilst driven and anchored at place.
- Build on system connectivity from neighbourhood and place to the NENC Region.
- Reduce complexity, duplication and unwarranted variation.

- Strengthen representation and co-production with people with lived experience and their carers.
- Continually strengthen and improve service delivery.
- Make the best use of financial resources, to ensure that they are used efficiently and targeted at the areas of the greatest need.

## 4. Roles and responsibilities

The MHLDA Subcommittee will perform the following roles:

- Provide strategic leadership and direction to meet the agreed objectives of the ICB and wider system as recommended by the Integrated Care Partnership (ICP) with regard to Mental Health, Learning Disabilities and Autism services
- Provide executive oversight of the structures to ensure robust quality governance, quality improvement, and operational performance delivery of Services across NENC ICB
- Ensure the development and delivery of effective implementation plans.
- Ensure that any risks are promptly and rigorously identified and mitigated.
- Oversee financial and contracting models
- To provide executive oversight against the NHS Long Term Plan, including delivery against the mental health investment standard (MHIS) and Learning Disability and Autism Transformation priorities
- To manage any conflicts of interest and issues as they occur.

The MHLDA Subcommittee will be responsible for the oversight, development and delivery of integrated commissioning, ensuring the adoption and incorporation of the principles for managing investment and expenditure for the integrated community framework for mental health as outlined in NENC ICS Mental Health Collaborative planning framework.

### The Subcommittee will:

- Provide visible leadership, direction, and commitment across the Mental Health, Learning Disabilities and Autism Strategic Partnership.
- Promote effective communication of the Mental Health, Learning Disabilities and Autism Strategic Partnership's goals and progress to all relevant stakeholders.
- In consultation with the Executive Director of Corporate Governance, Communications and Involvement, oversee local stakeholder involvement, engagement and consultation on those areas that may represent any significant service change within each placed based area of responsibility, and
- Receive regular progress reports from the Mental Health, Learning Disabilities and Autism Task and Finish Groups, reference groups and programme workstreams

### 4.1 Duties

The MHLDA Subcommittee will ensure the ongoing development of a partnership approach with NHS, Local Authorities, VCSE and Independent Providers to ensure strong oversight, development and delivery of an approach to mental health which addresses population needs, reduces health inequalities, and create a voice that will influence, challenge and support transformation to meet population need.

The MHLDA Subcommittee members will seek to reach consensus in providing advice and steer from and to place-based systems and strategic governance structures. Where consensus cannot be reached, views that oppose the majority will be recorded and

presented with reports/advice to the MHLDA Subcommittee to ensure balanced and transparent reporting. Notwithstanding that there may be views recorded that oppose the majority, all decisions will be made by the members which make up the quoracy (as described below).

The Subcommittee members are expected to act as ambassadors for the MHLDA and engage their organisations in the development of the programme of work. Where an organisation's Board raises concerns about the recommendations or progress of the agreed programme, the respective senior representative will manage and address the concerns and report back to the Executive and/or Board of their individual organisations.

Where there is an opportunity of new funding allocated by NHS England for mental health, the MHLDA Subcommittee will investigate opportunities for collaborative programmes where appropriate and beneficial for our population. The MHLDA will make recommendations to the Executive Committee for decision, to ensure conflicts of interest are appropriately managed.

The MHLDA Subcommittee will support the delivery of the North East and North Cumbria (NENC ICS) Mental Health, Learning Disability and Autism Strategic Delivery Plans and local priorities across the geographical footprint of the Northern Region.

The MHLDA Subcommittee will develop and agree an annual workplan and support any associated task and finish groups. The MHLDA Subcommittee will receive regular progress reports from the MHLDA Task and Finish Groups regarding plans, risks and issues. This will include the appraisal of programme deliverables and any variation to time, cost and quality

The MHLDA Subcommittee will recognise the need to do things differently due to:

- the need to transform care and support within the community
- the financial and reputation risks to the health economy of the current model of delivery
- achievement of parity of esteem
- delivery of high-quality services
- delivery of person-centred care, and
- better value from each pound of investment

## 4.2 Authority

The Subcommittee is authorised to instigate any activity within its terms of reference and to seek information as necessary ensuring delivery within agreed budgets and governance arrangements.

<b>The Subcommittee is authorised to:</b>	
<b>Investigate</b>	Investigate any activity within its terms of reference.
<b>Seek information</b>	Seek any information it requires within its remit, from any employee or member of the Board.

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**The Subcommittee is authorised to:**

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<b>Investigate</b>	<p>Commission reports required to help fulfil its obligations from the ICB or its support organisation NECS.</p> <p>Commission reports required to help fulfil its obligations from Audit One or the ICB's external auditors, in consultation with the Chief Finance Officer.</p> <p>Commission other external reports required to help fulfil its obligations, subject to the financial limits of the most senior member of the Subcommittee.</p>
<b>Obtain advice</b>	<p>Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Subcommittee must follow any procedures put in place by the ICB for obtaining professional advice.</p>
<b>Create Groups</b>	<p>Groups may be established by the Subcommittee, but they have no formal status. They do not have any delegated authority from the Board. Their decision making is restricted to decisions and limits of individuals as set out in the ICB's Financial Limits and Financial Delegations. These may not be aggregated and therefore the limits are those of the most senior member present at any meeting of the group. Groups may be permanent or task and finish groups.</p>

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### **4.3 Delegation by Scheme of Reservation & Delegation (SoRD)**

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**Decisions Delegated by the Scheme of Reservation & Delegation**

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Decision on areas of priority relating to MHLDA system transformation, that are aligned to NHSE, ICB, Place strategic drivers and population health and wellbeing.

Decisions on financial investment relating to MHIS, SDF and other adhoc funding where quoracy is confirmed and within financial limits of the ICB Executives present at the meeting/s and as set out in the ICB's Financial Limits and Financial Delegations. Where the ICB Executive's financial limits are exceeded then decisions must be referred to the ICB Executive Committee.

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### **4.4 Accountability and reporting**

The Subcommittee is accountable to its parent committee and reports to its parent committee on how it discharges its responsibilities.

The Subcommittee will report on progress to the various organisations' executive management Boards.

The agenda and notes of meetings will be agreed by the Chair and circulated to all members for approval and ratification.

The Subcommittee will secure the attendance or advice of such persons, including individuals with relevant experience and expertise, as it considers necessary.

In addition:

Accountabilities	Description
<b>Draft minutes and reports</b>	<p>The secretary formally records the minutes of each meeting.</p> <p>The chair of the Subcommittee reports to its parent committee after each meeting and provides a report on assurances received, escalating any concerns, where necessary.</p>
<b>Monitor Attendance</b>	<p>Attendance is monitored and profiled as part of the agenda at each Subcommittee meeting.</p> <p>Members should aim to attend 100% of meetings and must attend at least 75% of meetings and read all papers beforehand.</p>
<b>Draft annual work plans</b>	<p>The Subcommittee produces an annual work plan in consultation with its parent committee.</p>
<b>Conduct annual self-assessment</b>	<p>The Subcommittee undertakes an annual self-assessment of its performance against the annual plan and terms of reference.</p> <p>Any resulting proposed changes to the terms of reference are submitted to the parent committee for agreement and action as the 'Establishing Subcommittees' SoP.</p> <p>The Subcommittee utilises a continuous improvement approach in its delegation.</p> <p>Members review the effectiveness of the meeting at each sitting.</p>
<b>Annual Report</b>	<p>The Subcommittee provides its parent committee with an annual report, timed to support finalisation of the accounts and the governance statement.</p> <p>The report includes:</p> <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>

## 5. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

### 5.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

Where the Chair has determined, and has given two weeks' notice to the Board, that a key item will be discussed, members (or their deputies proxies) of all organisations that the Chair determines should be present unless that organisation has instead chosen to make a written submission.

<b>Composition/ quoracy</b>	<b>Description of expectations</b>
<b>Chair</b>	Appointed for their specific knowledge skills and experience and suitability. (Note: does not need to be a member of the ICB board)
<b>Deputy Chair</b>	Subcommittee members may appoint a vice chair from amongst the members.
<b>Absence of Chair or Vice Chair</b>	In the absence of the chair, or vice chair, the remaining members present elects one of their number to Chair the meeting.
<b>Membership</b>	<p>The membership will include the following or their deputies as agreed with the Chair:</p> <ul style="list-style-type: none"> <li>• ICB Chief Delivery Officer <b>Chair</b></li> <li>• ICB Chief Strategy Officer</li> <li>• ICB Director of Transformation Mental Health, Learning Disabilities, Autism and Wider Determinants</li> <li>• ICB Director of Finance – North Cumbria, Ambulance and MHLDA</li> <li>• ICB Deputy Director of Finance – North Cumbria, Ambulance and MHLDA</li> <li>• ICB Director of Nursing Complex Care &amp; MH</li> <li>• ICB Medical Director</li> <li>• <b>ICB Mental Health Programme Lead - TBC</b></li> <li>• <b>ICB Learning Disabilities and Autism Programme Lead - TBC</b></li> <li>• ICB Primary Care Representative</li> <li>• ICB Director of Delivery (South area) representative</li> <li>• CNTW CEO</li> <li>• TEWV CEO</li> <li>• CNTW Medical Director or Director of Nursing</li> <li>• TEWV Medical Director or Director of Nursing</li> <li>• CNTW COO <b>Non voting member</b></li> <li>• TEWV COO <b>Non voting member</b></li> <li>• CNTW DOF</li> <li>• TEWV DOF</li> <li>• Lived Experience Representative Mental Health</li> <li>• Lived Experience Representative Learning Disabilities</li> <li>• Lived Experience Representative Autism</li> <li>• DASS Local Authority Representative</li> <li>• DCSS Local Authority Representative</li> <li>• DPH Local Authority Representative</li> </ul>



Composition/ quoracy	Description of expectations
<b>Attendees and procedure for absence</b>	<ul style="list-style-type: none"> <li>ICS Lead for Data and Digital – <b>Non Voting member</b></li> </ul> <p>Deputies as agreed by the Chair have the same voting rights as those that they are deputising for.</p> <p><b>EDI:</b> When determining the membership of the group, consideration will be given to diversity and equality.</p> <p><b>Involvement:</b> In determining membership consideration will be given to the need for a patient and public involvement member.</p> <p><b>ICS:</b> Membership may be from across the Integrated Care System. However, the balance of membership must sit with the ICB.</p> <p><b>Conflicts:</b> Consideration must be given to material conflicts in the appointment of members.</p>
<b>Quoracy and Procedure for Inquoracy</b>	<p>Only members have the right to attend meetings.</p> <p>Other attendees: The chair may elect to co-opt additional attendees, where it is in the interests of the activities to do so.</p> <p><b>Procedure for absence:</b></p> <p>Where a member or any regular attendee of the Subcommittee is unable to attend a meeting, a nominated alternative may be agreed with the chair.</p> <p>The chair may ask any or all of those who normally attend to withdraw to facilitate open and frank discussion of particular matters.</p> <p><b>Threshold:</b> A minimum of half the membership and where the ICB members present exceeds the other members present.</p> <p><b>Absence:</b> Where members are unable to attend, they should agree this with the chair.</p> <p><b>Disqualification:</b> If any member of the Subcommittee 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.</p> <p><b>Inquoracy:</b> If the quorum is not reached, the meeting may proceed if those members attending agree, but no decisions may be taken.</p>

## 5.2 Frequency and formats

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

Frequency/ format	Description
<b>Meeting frequency</b>	<p>The Subcommittee will meet on a monthly basis.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Subcommittee chair.</p> <p>The parent committee chair may ask the Subcommittee to convene further meetings to discuss particular issues on which they want the Subcommittee's advice.</p>
<b>Public vs closed</b>	<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 Subcommittee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.</p> <p>External Audit, Internal Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the Subcommittee.</p>
<b>Virtual meetings and extra-ordinary meetings</b>	<p>In accordance with the Standing Orders, the Subcommittee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.</p>

### 5.3 Procedures

Procedure	Description of rules and expectations:
<b>Agenda</b>	<p>The chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.</p> <p>Members are expected to identify agenda items for consideration to the chair and any meeting papers using the prescribed format at least 5 working days before the meeting.</p>
<b>Conflicts of interest</b>	<p><b>Declarations:</b> All members and those in attendance must declare any actual, potential, or perceived conflicts of interest. This is recorded in the minutes.</p> <p><b>Exclusions:</b> The Subcommittee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.</p>
<b>Decision-making</b>	<p><b>Decisions:</b> Decisions are taken in accordance with the Standing Orders and are arrived at by consensus.</p>
<b>Conduct</b>	<p>The Subcommittee's conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business</p>

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Conduct Policy, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations

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## 6. Secretariat and administration

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

Functions	Description
<b>Distribute papers</b>	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.
<b>Monitor attendance</b>	Monitor the attendance of those invited to each meeting and highlight to the chair those that are not meeting the minimum attendance requirements.
<b>Maintain records</b>	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary.
<b>Minute Taking</b>	Take good quality minutes and agree them with the chair. Keep a record of matters arising, action points and issues to be carried forward.
<b>Support for Chair &amp; Committee</b>	Support the chair in preparing and delivering reports to the parent committee. Take forward action points between meetings and monitor progress against those actions.
<b>Provide updates</b>	Update the Subcommittee on pertinent issues/ areas of interest/ policy developments.
<b>Governance advice</b>	Provide easy access to governance advice for Subcommittee members

## Appendix 1: Approval History

Version	Date	Approved by	Status
V1.0	30/05/2023	Board	First Issue
V2.0	12/03/2024	Executive Committee	Second Issue

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## Appendix 2: Review History

Version	Date	Reviewed by	Changes Required Y/N?	Summary of changes (once changes are approved Appendix 1 should be updated)
V1.0	17/01/23	Scott Vigurs		First Issue
V 1.1	12/2/2023	Kate OBrien		Second Draft
V1.2	11/4/2023	Irene Walker		Third Draft

**Review date:** May 2024

**Contact:** ICB Corporate Governance Team

### Document control

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