NHS Devon Population Health Improvement Committee

Terms of Reference

1. Constitutional Obligations

1.1. The Population Health Improvement Committee (the Committee) is established by the Integrated Care Board for Devon (known and referred to as NHS Devon) as a Committee of the Board in accordance with its Constitution, Standing Orders and Scheme of Reservation and Delegation.

1.2. These Terms of Reference (ToR) set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the NHS Devon Board.

1.3. The Committee is an Assurance Committee of the NHS Devon Board and its members, including any who are not members of the NHS Devon Board, are bound by the Constitution, Standing Orders and Scheme of Reservation and Delegation of NHS Devon.

1.4. The Committee is authorised by the NHS Devon Board to:

a) Investigate any activity within its ToR;
b) Seek any information it requires within its remit, from any employee or member of NHS Devon (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these ToR;
c) 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 NHS Devon for obtaining legal or professional advice;
d) 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 ToR of any such task and finish sub-groups in accordance with NHS Devon's Constitution, Standing Orders and Scheme of Reservation and Delegation, but may /not delegate any decisions to such groups.

1.5. For the avoidance of doubt, in the event of any conflict, NHS Devon's Standing Orders, Standing Financial Instructions and Scheme of Reservation and Delegation will prevail over these ToR.

2. Purpose and Responsibilities

Purpose

2.1 The purpose of the Committee is to provide oversight and seek assurance that NHS Devon and partner NHS organisations in the One Devon Integrated Care System are delivering on strategic commitments to:

a) deliver better health outcomes, including by preventing ill health
b) reduce inequality and inequity in health outcomes and access in line with the Core20plus5 framework
c) positively impact on social and economic growth

2.2 The Committee will also make recommendations on those services or places where there is the biggest opportunity for improvements in outcomes for our population.

Responsibilities

2.3 The responsibilities of the Committee are as follows:

NHS Oversight Framework:

2.4 Provide assurance to the NHS Devon Board around the arrangements for discharging, and implications of, the NHS Devon responsibilities in respect of the following themes under the NHS Oversight Framework:

- Preventing ill health and reducing inequalities

Delivering better health outcomes, including by preventing ill health

2.5 Provide oversight and assure the NHS Devon Board of the delivery of the population health outcomes elements of the One Devon Integrated Care Strategy and Joint Five-Year Plan, including using benchmarking against other systems.

Reducing inequality and inequity in health outcomes

2.6 Provide assurance to the NHS Devon Board that it is meeting its equality statutory duties with regard to health outcomes, and with a particular focus on NHS Devon's impact on health inequalities.

2.7 Ensure that NHS Devon is working with partner NHS organisations in the One Devon Integrated Care System address the wider determinants of health including employment, housing, and poverty.

2.8 Ensuring that the plans of NHS Devon and partner NHS organisations in the One Devon Integrated Care System identify and meaningfully and inclusively engage the most marginalised communities in setting, delivery, and monitoring health inequality priorities.

2.9 Provide assurance, alongside QPEC, that patient and public engagement activities are being carried out effectively and meet the statutory duties placed on NHS Devon and the 10 principles set out in the NHS Devon constitution through oversight of a quarterly public engagement report.

2.10 Provide assurance with regard to the quality and content of the annual submission to NHS England for the Public Involvement Improvement and Assessment Framework.

Leveraging our impact on social and economic growth

2.11 Consider strategies and plans to improve and report on social and economic growth particularly where this clearly leads to mental and physical health improvement, including in employment, housing, and education and skills.

2.12 Seek assurance that, as a group of the largest employers in Devon, NHS Devon and partner NHS organisations in the One Devon Integrated Care System partners promote and increase social and economic growth, including as leaders of 'anchor institutions', and in activities as regards procurement and environmental footprint.

3. Membership

3.1 Members of the Committee shall be appointed by the NHS Devon Board in accordance with the NHS Devon Constitution.

Chair & Vice Chair

3.2 In accordance with the constitution, the Committee will be chaired by an Independent Non-Executive Member of NHS Devon, appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

3.3 Committee members may appoint a Vice Chair from amongst the membership of the Committee, who must be an Independent Non-Executive Member of the NHS Devon Board who has the requisite skills and experience to act in that capacity.

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

Membership

3.5 The membership of the Committee shall be constituted as follows:

- Independent Non-Executive Member (Chair)
- Independent Non-Executive Member
- Either NHS Devon Chair or Independent Non-Executive Member Partner Member – Providers of Primary Medical Services
- Partner Member – Director of Public Health
- Chief Medical Officer (Lead Executive)
- Chief Operating Officer

Other Attendees

3.6 Only members of the Committee have the right to attend and vote at Committee meetings; however, meetings of the Committee will also be attended by the following individuals who are not members:

- Director of Population Health Management and Improvement

3.7 Other attendees may be invited to attend all or part of any meeting as and when the Chair of the Committee considers they have expertise that would be relevant to the responsibilities of the Committee.

3.8 The Chair of the Committee 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.

Attendance

3.9 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair of the Committee. Participation by any of these means shall be deemed to constitute presence in person at the meeting. Members are normally expected to attend at least 75% of meetings during the year.

4. Quorum, Decisions and Voting

Quorum

4.1 For a meeting of the Committee to be quorate a minimum of 50% members (i.e., 3 members) is required, including the Chair or Vice Chair of the Committee (unless they are disqualified from participating on that item in the agenda, by reason of a declaration of conflicts of interest) and another Independent Non-Executive Member of the NHS Devon Board.

4.2 If any member of the Committee is unable to participate 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.

4.3 If the quorum has not been reached, then the meeting may proceed informally if those attending agree, but no decisions may be taken.

Decision Making and Voting

4.4 In line with NHS Devon's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each member of the Committee will have one vote, the process for which is set out below:

a) All members of the Committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the Committee are set out at paragraph 3.5; attendees and observers do not have voting rights).

b) Absent members may not vote by proxy. Absence is defined as not being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.

c) A resolution will be passed if more votes are cast for the resolution than against it.

d) If an equal number of votes are cast for and against a resolution, then the Chair of the Committee (or in their absence, the Vice Chair) will have a second and casting vote.

e) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

4.5 For urgent issues, the Chair of the Committee may call a meeting at a notice of 2 days, setting out the reason for the urgency and the issue to be addressed.

5. Ways of Working

5.1 All members of the Committee will have due regard to and operate within the Constitution of NHS Devon, its Standing Orders, Standing Financial Instructions and other financial procedures.

5.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

5.3 Members of the Committee must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

5.4 A Register of Interests will be reviewed at each Committee meeting. Those in attendance will be asked by the Chair of the Committee to declare any interests at the beginning of each meeting. If a member of the Committee feels compromised by any agenda item, they should declare a conflict of

interest and agreement reached as the action to be taken as set out in the NHS Devon Conflicts of Interest Policy.

6. Reporting Arrangements

6.1 The Committee is accountable to the NHS Devon Board and shall report to the Board on how it discharges its responsibilities.

6.2 The Chair of the Committee will provide an assurance report on behalf of the Committee to the NHS Devon Board at each meeting on how it has discharged its responsibilities. The report shall be presented to the public meeting of the NHS Devon Board.

6.3 The Committee shall undertake an annual self-assessment of its own performance against its annual programme of business, membership and ToR. The outcome of this self-assessment will be included within the Review of Corporate Governance reported to the NHS Devon Board on an annual basis.

7. Meetings and Administration

Frequency of Meetings

7.1 The Committee will meet in private in six times a year. Additional meetings may take place as required.

7.2 The NHS Devon Board, Chair or Chief Executive Officer may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

7.3 Arrangements and notice for calling meetings are set out in the NHS Devon Standing Orders.

Administration

7.4 The Committee shall be supported by an administrator from within the NHS Devon Corporate Governance Team. Their duties in this respect will include:

a) Agreement of agendas with the Chair and attendees.
b) Preparation, collation and circulation of papers in good time.
c) Ensuring that those invited to each meeting attend, highlighting any concerns to Chair (including interests of members that may conflict with an agenda item).
d) Taking the minutes and helping the Chair to prepare reports to the NHS Devon Board.
e) Keeping a record of matters arising and issues to be carried forward.
f) Maintaining records of members' appointments and renewal dates.
g) Ensuring that action points are taken forward between meetings.

h) Ensuring that members receive the development and training they need.
i) Providing appropriate support to the Chair and members.

7.5 Following each meeting of the Committee, the administrator will:

a) Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by members.
b) Maintain a decisions log of reporting arrangements into each formal meeting of the Committee.
c) Maintain a log of summary written reports provided to the NHS Devon Board from formal meetings of the Committee.

8. Review of Terms of Reference

8.1 These ToR will be reviewed at least annually and earlier if required. Any proposed amendments to the ToR will be submitted to the NHS Devon Board for approval.

Document Control

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Version	v1.3
Senior Responsible Officer	Philippa Harding, Director of Governance
Approval by	NHS Devon Board
Date last reviewed/ approved	27 March 2025
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Change Record

Date	Change	Comments
28.11.2024	Membership updated	Updated to include Partner Member – Providers of Primary Medical Services
30.01.2025	Patient and public engagement	Amended to clarify the role of the Committee in respect of the receipt of assurance relating to the discharge of NHS Devon's legal duties for involving public and patients.
27.03.2025	Membership updated	Considered as part of review of Committee effectiveness in 2024/25. Membership updated to include possible membership of NHS Devon Chair.