

# Partnership Board

(West Yorkshire's Integrated Care Partnership)

## Terms of Reference

November 2022

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## 1. Introduction and context

- 1.1. West Yorkshire and Harrogate Health and Care Partnership was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. Now the West Yorkshire Health and Care Partnership ('the Partnership'), it brings together all health and care organisations and wider partners in our five places: Bradford District and Craven, Calderdale, Kirklees, Leeds and Wakefield District.
- 1.2. The Partnership is not an organisation, but a way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, voluntary, community and social enterprise groups to agree how we can reduce health inequalities, improve people's health and improve the quality of their health and care services.
- 1.3. The Health and Care Act 2022 establishes statutory Integrated Care Systems, comprised of an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). Legally, the ICP is a statutory joint committee, established by the ICB and the local authorities with social care responsibilities within the ICS. Building on our existing successful arrangements, our inclusive, non-statutory Partnership Board, which we established in 2019, will become our statutory ICP. It will continue its role as a key element of the leadership and governance arrangements for our Partnership.

### Purpose

- 1.4. The Partnership Board will provide the formal strategic leadership for the Partnership. Under the Health and Care Act, it is responsible for agreeing an integrated care strategy to address the broad health and social care needs of the population of West Yorkshire, including determinants of health such as employment, environment, and housing issues. The Integrated Care Board and partner local authorities must have regard to this strategy when making decisions, commissioning and delivering services.
- 1.5. In addition to its statutory role, the Partnership Board will continue to support place-based partnerships and coalitions with community partners which are well-placed to act on the wider determinants of health in local areas. The Board will bring together the statutory and non-statutory interests of places. It will provide oversight for all Partnership business, and a forum to make decisions and recommendations together as partners on matters which neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum.
- 1.6. The Partnership Board has no formal delegated powers from the organisations in the Partnership. The Partnership Board will work by building agreement with leaders across Partner organisations to drive action around a shared direction of travel.
- 1.7. These Terms of Reference describe the scope, functions and ways of working for the Partnership Board. They should be read in conjunction with the West Yorkshire ICB constitution and governance handbook, which describe the wider governance and accountability arrangements for our system.

## 2. How we work together in West Yorkshire

### Our vision

**2.1.** We have worked together to develop a shared vision for health and care services across West Yorkshire. All of our plans support the realisation of this vision:

- Places will be healthy - you will have the best start in life, so you can live and age well
- If you have long term health conditions, you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer, stroke, and mental health
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example, community and hospital care working together
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

### Principles for our Partnership

**2.2.** The Partnership Board operates within an agreed set of guiding principles that shape everything we do through our Partnership:

- We will be ambitious for the people we serve and the staff we employ
- The West Yorkshire Partnership belongs to its citizens and to commissioners and providers, councils and NHS
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible
- We will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.

## Our shared values and behaviour

**2.3.** Members of the Partnership Board commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire
- We support each other and work collaboratively
- We act with honesty and integrity, and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

## 3. Role and Responsibilities

**3.1.** The Partnership Board will provide the formal leadership for the Partnership. It will be responsible for setting strategic direction and providing strategic oversight for all Partnership business. It will make joint decisions and recommendations on matters which do not impact on the statutory responsibilities of individual organisations and have not been delegated formally to a collaborative forum. Its responsibilities are to:

- i. agree the West Yorkshire Integrated Care Strategy and the broad objectives for the Partnership;
- ii. consider recommendations from Partnership forums such as the System Leadership Executive Group and make recommendations on:
  - The objectives of priority Partnership work programmes and workstreams
  - The apportionment of transformation monies from national bodies
  - Common actions when systems become distressed
- iii. ensure the voice of the patients, service users and citizens is heard and reflected in all plans
- iv. act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities;
- v. provide a mechanism for joint action and joint decision-making for those issues which are best tackled on a wider scale;
- vi. support the development of local partnership arrangements which bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place;
- vii. ensure that, through partnership working in each place and across West Yorkshire, there is a greater focus on population health management,

integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings;

- viii. oversee a mutual accountability framework which provides a single, consistent approach for assurance and accountability between partners;
- ix. reach agreement in relation to recommendations made by other governance groups within the Partnership on the need to take action in relation to managing collective performance, resources and the totality of population health;
- x. adopt an approach to making joint decisions and resolving any disagreements which follows the principle of subsidiarity and is in line with the shared values and behaviours of the partnership.

## 4. Membership

### 4.1. The membership will comprise:

- A Chair, who will be a local authority elected member
- A deputy Chair, who will be the ICB Chair
- The ICB Chief Executive
- Chairs of Place-based Committees of the ICB
- The nominated lead officer for each Place
- One representative of the clinical leads of each Place
- Chairs of Health and Wellbeing Boards of each Place
- A second elected member for each Council
- Council chief executives
- One representative of Directors of Public Health
- One representative of Directors of Adult Social Care
- Chairs of NHS Trusts, NHS Foundation Trusts and other providers of NHS services which are formal partners
- Chief executives of NHS Trusts, NHS Foundation Trusts and other providers of NHS services which are formal partners
- One representative of NHS England
- One representative of Health Education England
- One representative of the Office for Health Improvement & Disparities
- One representative of Healthwatch organisations
- The chief executive of Yorkshire and Humber Academic Health Science Network
- The chair of the West Yorkshire Clinical Forum
- Three representatives of the voluntary and community sector
- One representative of the hospice sector
- One representative of independent providers of social care

- One representative of West Yorkshire Local Medical Committees

## Deputies

**4.2.** If a member is unable to attend a meeting of the Partnership Board, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and sufficient understanding of the issues to be considered to represent their organisation, place or group effectively. Deputies will be eligible to vote.

## Additional attendees

**4.3.** Additional attendees will routinely include:

- Directors of the Integrated Care Board

**4.4.** At the discretion of the Chair, additional representatives may be requested to attend meetings from time to time to participate in discussions or report on particular issues. Such additional representatives may include:

- Senior Responsible Officers and programme leads for West Yorkshire programmes
- Representatives of Partner organisations, who are not part of the core membership
- Other ICB staff and external advisers.

## 5. Quoracy and voting

**5.1.** The Partnership Board will be quorate when 75% or more of Partner organisations are present, including at least one representative from each place. The Partnership Board will generally operate on the basis of forming a consensus on issues considered, taking account of the views expressed by members. It will look to make any decisions on a 'Best for West Yorkshire' basis. The Chair will seek to ensure that any lack of consensus is resolved amongst members.

**5.2.** By exception, and with its prior approval, the Partnership Board shall authorise members of the Board to take decisions on its behalf. The nature and scope of the delegation shall be recorded in the minutes and any such decisions shall be reported to the Board at its next meeting.

## 6. Accountability and reporting

**6.1.** The Partnership Board will receive regular reports on the delivery by partners of the West Yorkshire integrated care strategy.

**6.2.** The Partnership Board has no formal powers delegated by Partner organisations. It has a key role within the wider governance and accountability arrangements for the West Yorkshire Partnership. The minutes, and a summary of key messages will be submitted to all Partner organisations after each meeting.

## **7. Conduct and Operation**

- 7.1.** The Partnership Board will meet in public, at least four times each year. An annual schedule of meetings will be published by the secretariat.
- 7.2.** Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of seven working days' notice will be given when calling an extraordinary meeting.
- 7.3.** The agenda and supporting papers will be sent to members and attendees and made available to the public no less than five working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.
- 7.4.** Draft minutes will be issued within 10 working days of each meeting.

### **Managing Conflicts of Interest**

- 7.5.** Each member must abide by all policies of the organisation it represents in relation to conflicts of interest.
- 7.6.** Where any Partnership Board member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed.
- 7.7.** Where the Chair decides to exclude a member, the relevant organisation represented by that member may send a deputy to take the place of the conflicted member in relation to that matter.

### **Secretariat**

- 7.8.** The secretariat function for the Partnership Board will be provided by the ICB team. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

## **8. Review**

- 8.1.** These terms of reference and the membership of the Partnership Board will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the Partnership.