Bradford District and Craven Partnership Board

12th July 2022
2:00-4:30pm
Mayfield Centre, BD5 9NP

AGENDA

ATTENDEES TO NOTE: the meeting may be audio-recorded to assist with minute-taking. Whether a meeting is being recorded will be confirmed at the start of the meeting by the Chair. All recordings will be destroyed after approval of the minutes to which they relate.

Item	Lead	Purpose	Time	Mins	Page no.
1. Welcome and introductions	Chair	Information	14:00	15	
2. Conflicts of interest	Chair	Assurance	14:15	5	
3. Minutes of the meeting held on 14th June 2022/action log/matters arising	Chair	Approve	14:20	5	2-9
4. Adoption of Terms of Reference	James Drury	Approve	14:25	10	10-88
5. Public questions	Chair	Information	14:35	5	
6. Openness and transparency	Victoria Simmons	Information	14:40	15	89-96
7. Place lead update	Mel Pickup	Information	14:55	15	97-102
15:10 comfort break					
8. Our Partnership priorities	Mel Pickup	Information	15:20	15	103-113
9. Reports from committees and update from the Citizens Forum	Committee chairs	Information	15:35	40	114-125
10. Forward plan 2022/23	James Drury	Information	16:15	5	126-129
11. Key communications messages	Victoria Simmons	Information	16:20	5	
12. Any other business	Chair	Information	16:25	5	

For any queries regarding this agenda, please contact: catherine.smith4@bradford.nhs.uk

DRAFT Minutes of the Bradford District and Craven Partnership Board
Tuesday 14th June 2022
14:00-16:30
Via Zoom

Present:

Max Mclean (chair)	Chair of Bradford Teaching Hospitals NHS FT
Andrew Gold	Chair of Airedale NHS Foundation Trust
Foluke Ajayi	Chief Executive of Airedale NHS Foundation Trust
Mel Pickup	Chief Executive of Bradford Teaching Hospitals NHS FT/BD&C Partnership Place Lead
Melanie Hudson	Non-executive chair of the People Committee of the BD&C Partnership
Julie Lawreniuk	Non-executive chair of the Finance and Performance Committee of the BD&C Partnership
Danielle Hann	Deputy chair of the Bradford and Airedale Branch of YORLMC
Helen Rushworth	Chief Executive of Healthwatch Bradford District
Kersten England	Chief Executive of the City of Bradford Metropolitan District Council
Nick Swash	Chief Executive, Independent Care Group (deputising for John Pattinson)
Chris Jones-King	Assistant Director, North Yorkshire County Council (deputising for Richard Webb)
Kim Shutler	Chief Executive, The Cellar Trust
Paul Shevlin	Chief Executive, Craven District Council
Ashley Green	Chief Executive, Healthwatch North Yorkshire
Sarah Muckle	Director of Public Health, City of Bradford Metropolitan District Council

In Attendance:

James Drury	Director of Partnership Development of the BD&C Partnership
Robert Maden	Director of Finance, Planning and Performance of the BD&C Partnership
Michelle Turner	Director of Quality and Nursing of the BD&C Partnership
Shak Rafiq	Stakeholder Engagement Lead of the BD&C Partnership
Sue Baxter	Assistant Director of Governance and Assurance of the BD&C Partnership (item 9)
Catherine Smith	Corporate Governance Manager (minutes)

Apologies:

Carole Panteli	Chair of Bradford District Care NHS FT/non-executive chair of the Quality Committee of the BD&C Partnership
Iain MacBeath	Strategic Director – Health and Wellbeing of the City of Bradford Metropolitan District Council
Marium Haque	Strategic Director – Children of the City of Bradford Metropolitan District Council
Mark Hopley	Head of Community Support, Community First Yorkshire
Nancy O'Neill	Chief Operating Officer of the BD&C Partnership
John Pattinson	Director of Operations, Independent Care Group
Louise Wallace	Director of Public Health for North Yorkshire County Council
Richard Webb	Corporate Director of North Yorkshire County Council

David Crampsey	Chair of Clinical Forum/Executive Medical Director, Airedale NHS Foundation Trust
Richard Haddad	Chair, Bradford Care Alliance
Therese Patten	Chief Executive of Bradford District Care Foundation Trust

Members of the public: 2

1 Welcome and Apologies

Max Mclean welcomed everyone to the meeting of the shadow Bradford District and Craven Partnership Board. It was agreed that items would be taken out of the order of the agenda.

2 Conflicts of Interest

No specific declarations of interest were made against the agenda items.

3 Approach to openness and transparency

James Drury referred to a question that had been received prior to the meeting – 'what is being done to improve the transition from active treatment to palliative care? Is there support for a Compassionate Communities approach?' Michelle Turner was invited to provide an initial response with a written response also being published following the meeting. Michelle explained that it has been reported that although there are no issues with the transition between patients transitioning from active treatment to palliative or end of life care there are improvements that could be made. One area for further improvement was highlighted as the sharing of information between secondary care and general practice and a working group is looking at this further. Currently a template identifies a patient as being within the last twelve months of life and this can be seen across all local services such as district nursing, Gold Line, the hospitals and hospices. Gold Line is a nurse-manned phone line which operates 24 hours a day, 7 days a week and which provides advice and support to palliative patients and their carers/family members. Other areas of work include the rollout of the ReSPECT initiative which enables conversations with people reaching the end of their life and is being led by a senior palliative care nurse. Michelle highlighted some of the work that is taking place in communities to support end of life care.

In the Bradford city area there is work being undertaken under the Reducing Inequalities in Communities (RIC) programme on the development of a befriending and support package for end of life patients particularly in the community. There are also community connectors who work across general practice who signpost patients into the most appropriate services and can connect care across services. There is work within the Community Partnerships on projects related to end of life care and work alongside the wider community to support the local population. The clinical lead for end of life is well connected with the Community Partnerships. Michelle welcomed the Compassionate Communities approach, which is a public health approach to palliative and end of life care and supports community development in line with NHS England's Palliative and End of Life Care Ambition framework for local action, and suggested that it is linked with the work of the commissioner for end of life and Community Partnerships.

4 Minutes of the meeting held on 14 April 2022

The minutes of the meeting held on 14 April were agreed as a true and accurate record.

Max referred to the action log and summarised the closed actions. In terms of the open actions which relate to a report on the future engagement approach with members of the public and colleagues being presented to a future meeting and key communications messages to be added as a standing item to future agendas, James reported both actions as progressing but not yet complete. There will be further discussion on an approach to openness and transparency at the next meeting – James raised the intention to meet face to face from July onwards with the development of a plan to meet in community venues across the district with the option for people to attend or watch online. Future agendas will include an item on key communications messages.

5 Place lead's update

Mel Pickup provided key messages from the place lead's update which summarised key activities and points to note arising from the activity of the Bradford District and Craven Place Partnership and the wider West Yorkshire Health and Care Partnership and where relevant references to national policy developments. Mel referred to the national context highlighting a reduction in Covid cases and the impacts of the current economical position on the population – there is work within the local authority on a strategy to tackle poverty and support those suffering from the current economic conditions which will be reported to the Wellbeing Board. Mel congratulated all those involved in preparing the successful bid which led to Bradford District being announced as the UK City of Culture in 2025. Mel referred to progress on the establishment of the statutory Integrated Care System (ICS) for West Yorkshire on 1st July 2022 and the ways in which the Health and Care Partnership will operate as part of this.

Mel expressed congratulations to three colleagues that received honours in the Queens's Jubilee Honours list – Lorraine Kennedy and Nancy O'Neill from Bradford District and Craven CCG and Rukiah Miah from BTHFT.

Mel referred to the recent publication of national reports – one of which is the report of the national child safeguarding practice review related to the death of two children – Star Hobson and Arthur Labinjo-Hughes. This along with the OFSTED and CQC SEND review informs where the partnership will need to take rapid action to improve the outcomes and safety of children in Bradford district and Craven.

The West Yorkshire Integrated Care Board met in shadow form on 17th May with the West Yorkshire Integrated Care Partnership meeting on 7th June discussing an ambition to become to the first Integrated Care System (ICS) of sanctuary for migrants and to build on the work of the five places to support asylum-seekers and refugees. Campaigns in the ICS include the All Hands In climate change campaign and a campaign on suicide prevention and promotion of a wellbeing culture – Check-In.

In terms of developments in the Partnership it was noted that following a recruitment process an announcement will be made shortly on the appointment of the independent chair for the Partnership Board. Mel referred to the transition of the new arrangements as an opportunity to reset and reprioritise the most important areas – one of which is communities and will be referred to in the report from Mike Farrar.

Kersten England referred to the national safeguarding review and expressed commitment that what happened to Star Hobson will not happen again. Kersten referred to further consideration of one of the recommendations in the review around the creation of an integrated child protection team across health, the local authority and the police, and the establishment of the children's trust as a provider organisation of the council which will be chaired by Eileen Milner. Kersten referred to the City of Culture award and summarised the four themes in the

programme highlighting a focus on children and young people and suggested that the chair of the bid is invited to a future meeting to present an update on the plans. Max welcomed the focus on children and young people and suggested that it is determined what is meant by the spotlight focus means, as referenced in the previous meeting, and to get a shared approach to this important area of work. Paul Shevlin added that Craven District Council is working to become a district of sanctuary and suggested alignment with the work for the ICS to become an ICS of sanctuary.

The Partnership Board:

- **Noted the content of the report and discussed any key points for clarification**

6 Reports from committees

Melanie Hudson provided an update from the People Committee highlighting that the first meeting of the committee will take place on 30th June 2022 and will focus on the terms of reference, the risks and how the group will work going forward in terms of alignment with the Partnership Board and all partner organisations.

Michelle Turner provided an update from the Quality Committee highlighting that Carole Panteli and Andy Withers start their roles as non-executives on the board in July. A safeguarding development day will take place in June 2022 with all partner organisations invited to attend – findings from the review of the death of Star Hobson will influence the safeguarding approach and learning will be shared through the quality committee. Concerns on Cygnet Hospitals have been escalated – there are three sites in Bradford district and Craven which provide specialist services for people with mental health issues - NHS England and the National Quality Board are providing support. The committee are looking at the ability to engage with people at scale and how impacts on the outcomes of the population can be demonstrated with a workshop to look into this further and develop some recommendations. The committee will also look at patient safety due to a different approach to patient safety which is in line with the Quality Board. Updates to the committee on stroke and maternity are also planned.

Julie Lawreniuk, as chair of the finance and performance committee, referred to discussions on the aspirations of the committee in terms of adding value, not duplicating existing committees or work and making a difference by working together. The first meeting of the committee will be on 28th July 2022 which will focus on the financial and performance plan at place level, the place-based risks and how they can be managed together. Robert added that the committee will meet bi-monthly with a wider group including deputies meeting in between to discuss future agenda items. Robert referred to additional inflation funding which is being rolled out across the NHS. Feedback from NHSE on the operational plan submission was considered but it was agreed that there will be no revisions and there is satisfaction with the trajectories. There was consideration in relation to the BCG vaccination and emphasis on the Bradford area due to the particular demographic in Bradford – additional money was agreed from 2023 with more information to be provided to partnership leadership executive on why the recommendations should be supported. The virtual ward expansion has also been discussed with the national initiative rolled out very quickly – local progress was supported with more time needed to work through the detail.

It was agreed that reports from the Clinical and Citizens Forum would be provided in the next meeting suggesting considerations for how the forums and committees can work together as well as linking with other groups across the ICS and connections with work in the other places.

10 Draft annual plan 2022/23

Robert Maden talked through a presentation on the place financial plan. Robert highlighted the national position in relation to the additional inflation funding which recognises the excess inflation pressures in the plans submitted at the end of April of £1.6bn which has been badged across four areas, as detailed in the presentation. It was noted that the submission of a balanced ICS financial plan is needed to access this funding and it does not provide any additional spending power. In terms of a West Yorkshire ICS position a deficit of £72.7m was submitted in April 2022 and as there has been some improvement in plan positions the revised WY ICS plan surplus is £4.4m.

In terms of the Bradford place position the share of additional resources is £11.09m and it will be used for the place deficit (£6.6m) and the tariff uplift for West Yorkshire Trusts (£0.55m) which leaves an expected place plan surplus of £3.94m and less the re-distribution of the WY ICS plan surplus of £1.09m, £2.85m will now be included in the submission as the place plan surplus. In terms of the place position the place plan shows a surplus target of £2.85m with a break-even position for the Trust plans and a £2.85m surplus for ICB Bradford.

Robert referred to the changes in financial risk - the ICB Bradford deficit plan of £6.6m has been removed due to the additional funding but there are new risks such as net additional ICB Bradford costs and non-recurrent electronic patient record costs at Airedale. The financial risk has reduced but there is still a significant challenge to deliver the place plan surplus of £2.85m.

The Partnership Board:

- **Noted and supported the current 2022/23 financial plan position.**

7 Mike Farrar report

Mike Farrar presented a next steps review on integrated care in Bradford. The presentation provides context to the review and Mike referred to how the review started with a question of structural change but became a question of alignment and the need to ensure coherence with moving parts of the system, such as working with neighbourhoods and individual provider organisations. Mike referred to the vision of 'happy healthy at home' and the next steps for integration need to be aligned where the system can achieve most progress. Mike referred to the need to focus action in three areas – in terms of decision making and shared activity, leadership and joint stewardship of resources through three ways – neighbourhood/community/PCN; joint operational management; and place-based priority setting, resource allocation and strategic decision-making. The presentation includes ten key recommendations based on these three areas. Mike referred to a sense of urgent and the need to get into the right place for the 2023/24 planning round.

Mel referred to a timely opportunity to use the findings of the report within the new legislative framework and suggested that a full response to the report is presented to the Board in the July meeting. The report has led to a review of the strategic priorities with new priorities being agreed by PLE. The five priorities were listed as children and young people; mental health; LD and neuro-diversity; resilient communities; access to care and workforce. Mel referred to work restarting on collaboration between the acute trusts – an acute bi-lateral workstream will sit alongside access to care.

Members welcomed the five key priorities which will provide tangible areas for the partnership to tackle. Paul Shevlin referred to the need for a joined-up approach highlighting work in Craven on localities and prevention and an opportunity for collaborative working. James Drury referred to the need to ensure that work on the priorities does not happen in silos and that tackling inequalities will run through all of the priorities.

8 A) Terms of Reference for

- **Partnership Board**
- **Partnership Leadership Executive**
- **Finance and Performance Committee**
- **Quality Committee**
- **People Committee**

B) Strategic Partnering Agreement

James Drury referred to the terms of reference for the Partnership Board, Partnership Leadership Executive and the three committees – Finance and Performance, People and Quality. Comments have been incorporated into the versions with consistency amongst versions where appropriate and the drafts will be formally agreed in the Partnership Board meeting on 12th July 2022. Updates in the strategic partnering agreement are currently being presented to groups in organisations – James requested that it is endorsed with colleagues and encouraged adoption in organisations. Members agreed with the recommendation that when the Partnership Board is formally constituted it will approve recommendation of the SPA to boards or equivalent of partnering organisations.

Andrew Gold queried whether the children's services trust is reflected in the membership of this board or other groups. Kersten explained that the trust will not exist until April 2023 and is currently operating in shadow form but suggested that an invitation to the chair or chief executive of the trust into key arenas could be considered. Max invited each committee to consider membership in relation to the heard voice of children and young people. James noted the links to children's services in membership of the board and Partnership Leadership Executive and queried a voice of children and young people in the Citizens Forum.

Action – relevant boards, committees and decision-making forums to consider how the voice, expertise and experience of children and young people might help decision-makers

9 Risk management approach

Sue Baxter presented a paper which described the development of the shared approach to risk management, provided an overview of the proposed ICB risk management arrangements from 1st July 2022 and the current strategic risk profile for some of the partnership members. Sue highlighted that the report includes progress with the development of the ICB risk management strategy and policy and how this will operate within the place partnership arrangements, a proposal for the development of a Partnership Assurance Framework which would focus on the risks in achieving the strategic goals and objectives of the Bradford District and Craven Health and Care Partnership and sit alongside the Board Assurance Framework of the ICB, a summary overview of strategic risks and assurance on the CCG corporate risk register and Commissioning Assurance Framework handover process. It is proposed that the five places populate the ICB corporate risk registers with a process for escalation for risks that reach a certain risk score or risks within certain themes.

Members agreed with the proposal to develop a Partnership Assurance Framework which would include strategic risks. The importance of the place-based risk register linking to provider risk registers was highlighted alongside a process to escalate risks and include trends which might impact on population health. It was suggested that the partnership assurance framework reflects the five priorities and any shared place risks in relation to the five priorities. It was noted that consideration would be needed for responsible partnerships leads for the risks to ensure there

is mitigation on the risks. It was highlighted that risks should be future focused, for example the potential impact of the cost of living on widening inequalities.

The Partnership Board:

- **Noted the development of the NHS West Yorkshire Integrated Care Board Risk Management Strategy and Policy which applies to the BD&C Partnership Board**
- **Agreed to the development of a Bradford District and Craven Health and Care Partnership Assurance Framework – with development and delivery to take place within the first 9 months**
- **Suggested any partner strategic risks to be observed on a Bradford District and Craven Health and Care Partnership Assurance Framework**
- **Noted the current risk profile, recognising that this review was limited to available Board Assurance Frameworks (BAFs), (with the caveat that not all partners operate a BAF when managing their strategic risks)**
- **Discussed and agreed the need to capture future facing risks**

11 Any other business

It was noted that there will be further consideration for an approach to summarising key messages of the meeting and an item on openness and transparency will be brought back to the next meeting in order to reach an agreement. In terms of the forward plan there is a future agenda item on sustainability which could link with children and young people undertaking the Common Purpose programme and is an opportunity to join up agendas if possible.

Date and time of next meeting:

Partnership Board – 12th July - 14:00-16:30, venue tbc

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Ref No	Meeting date	Agenda item	Action Required	Lead	Due Date	Status
2022/001	13-Apr-22	2 - conflicts of interest	Members not already registered on the place register of interest, to be sent a declaration form for completion by the partnership governance team	Partnership governance team	14-Jun-22	Complete
2022/002	13-Apr-22	3 - public admittance and questions	James Drury to present a report on future engagement approach with members of the public and colleagues to a future meeting of the Partnership Board	James Drury	14-Jun-22	Open
2022/003	13-Apr-22	3 - public admittance and questions	Key communications messages to be added as a standing item to the partnership board agenda	James Drury	14-Jun-22	Open
2022/004	13-Apr-22	4 - place leads update	BD&C Partnership Place lead to provide written report to future partnership board meetings	Mel Pickup	14-Jun-22	Complete
2022/005	13-Apr-22	7 - draft annual plan 2022/23	James Drury to add the development of the annual plan and the principles as a future agenda item on the forward planner	James Drury	14-Jun-22	Complete
2022/006	13-Apr-22	8 - forward plan	Members were invited to send comments on the forward plan to James Drury.	Partnership Board members	14-Jun-22	Complete
2022/007	14-Jun-22	8 - Terms of Reference/ Strategic Partnering Agreement	Relevant boards, committees and decision-making forums to consider how the voice, expertise and experience of children and young people might help decision-makers	All	Ongoing	Open

Bradford District and Craven
Health and Care Partnership

ACTasONE

Bradford District and Craven Health and Care Partnership

Name of meeting	BDC Partnership Board	**Meeting date**	12th July 2022
Title of report	Terms of Reference	**Agenda item**	4
Report prepared by:	James Drury	**Report presented by:**	James Drury
Previous considerations			
BDC (shadow) Partnership Board 14th June, and 13th April 2022			

Executive summary and / or key discussion points including focus on our 'spotlight' priority area

Following prior conversations at shadow meetings of the Bradford District and Craven Partnership Board, in June the Board signalled its intention to agree the Terms of Reference for the Board and the groups which report directly to it.

The Terms of Reference that are presented to the Board today (14th July) are consistent with those which were accepted in June. One change has been made, which is to convert the format from a tabular lay out to one which meets accessibility standards.

The West Yorkshire Integrated Care Board (ICB) was formally established on 1st July and approved the terms of reference for all of its committees. The Bradford District and Craven Partnership Board is a committee of the West Yorkshire ICB and was approved as part of this procedure.

The Partnership Board is now asked to adopt its own terms of reference as approved by the ICB, and to approve the terms of reference of the Partnership Leadership Executive and the three Committees.

Outline how this supports our partnership vision and strategy

Our Purpose - all working to the same goal, for our population to have more chances to lead healthier lives.

Our Population - supporting the delivery of our priorities and a better experience of health and care prioritising those with the worst outcomes.

Our Place - making our district a great place to live, work and thrive.

Our Partnership - greater value through the best use of our collective resources, minimising duplication and waste.

All ToRs start with our Partnership mission and values, and connect us to our commitments to partnership behaviour as set out in the Strategic Partnering Agreement

Purpose

assurance	**decision**	**action**
☐	☒ approve / recommend / support / ratify	☐ review / consider / comment / discuss/ escalate

Recommendation(s)

1. **The Partnership Board is recommended to adopt the BD&C Partnership Board Terms of Reference as approved by the West Yorkshire Integrated Care Board**

2. **The Partnership Board is recommended to approve the terms of reference of the BDC People Committee**

3. **The Partnership Board is recommended to approve the terms of reference of the BDC Quality Committee**

4. **The Partnership Board is recommended to approve the terms of reference of the BDC Finance and Performance Committee**

5. **The Partnership Board is recommended to approve the terms of reference of the Partnership Leadership Executive**

Which risks on the risk register or assurance framework does this report relate to:

To be completed once the Partnership Assurance Framework is in place

Appendices

4a ToRs of the BDC Partnership Board

4b ToRs of the BDC People Committee

4c ToRs of the BDC Quality Committee

4d ToRs of the BDC Finance and Performance Committee

4e ToRs of the BDC Partnership Leadership Executive

Terms of Reference – Bradford District and Craven Health and Care Partnership - Partnership Board

Version control

Version:	0.1 (final approved version to be 1.0)
Approved by:	West Yorkshire Health and Care Integrated Care Board ICB
Date Approved:	1 July 2022
Responsible Officer:	James Drury, Partnership Development Director
Date Issued:	12 July 2022
Date to be reviewed:	After 1 year

Change history

Version number	Changes applied	By	Date
0.1	Initial draft	James Drury	8 June 2022
1.0	Approved	ICB	1 July 2022
1.0	Approved	BD&C Partnership Board	12 July 2022

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Partnership Board Terms of Reference

1. Introduction

The Bradford District and Craven Partnership Board ('the Committee') is established as a committee of the NHS West Yorkshire Integrated Care Board (ICB), in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation.

2. General

The ICB is part of the West Yorkshire Integrated Care System, which has four core purposes:

- improving population health and healthcare
- tackling unequal outcomes and access
- enhancing productivity and value for money and
- helping the NHS to support broader social and economic development

The ICS has identified a set of guiding principles that shape everything we do:

- 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 build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing
- we will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict and
- 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

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The ICS has committed 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
- support each other and work collaboratively
- act with honesty and integrity and trust each other to do the same
- challenge constructively when we need to
- assume good intentions and
- will implement our shared priorities and decisions, holding each other mutually accountable for delivery

3. Remit and responsibilities

The Partnership Board has no executive powers, other than those specifically delegated in these terms of reference.

The Bradford District and Craven Partnership Board will support the ICB in delivering the following statutory and/or corporate functions

Its role will be to lead the Bradford District and Craven place-based partnership in accordance with the BD&C Strategic Partnering Agreement, and in accordance with the Constitution of the West Yorkshire Integrated Care Board.

Its responsibilities are to:

i. establish governance arrangements to support collective accountability between partner organisations for place-based system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations

ii. agree a plan to meet the health and healthcare needs of the population within Bradford District and Craven, having regard to the Partnership integrated care strategy and BD&C health and wellbeing strategies

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iii. allocate resources to deliver the plan in Bradford District and Craven, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital)

iv. arrange for the provision of health services in Bradford District and Craven in line with the resources allocated across the ICS through a range of activities including:

   a) putting contracts and agreements in place to secure delivery of its plan by providers

   b) convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes

   c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships, including through investment in PCN management support, data and digital capabilities, workforce development and estates

   d) working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care

v. approve decisions on the review, planning and procurement of primary medical care services

vi. approve the operating structure for the BD&C place

vii. agree implementation in place of people priorities

viii. agree place action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care

ix. agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money in place and support wider goals of development and sustainability

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x. develop joint working arrangements with partners in place that embed collaboration as the basis for delivery within the ICB and place plan

xi. develop arrangements for risk sharing and /or risk pooling with other organisations (for example pooled budget arrangements under section 75 of the NHS Act 2006), for approval by the ICB Board

xii. make arrangements to implement in place ICB risk management arrangements and

xiii. agree implementation in place of the arrangements for complying with the NHS Provider Selection Regime

4. Membership

The Members of the Partnership Board are the:

- independent chair of the BD&C Partnership Board
- non-executive chair of the Finance and Performance Committee of the BD&C partnership
- non-executive chair of the Quality Committee of the BD&C Partnership
- non-executive chair of the People Committee of the BD&C Partnership
- chair of the BD&C Clinical Forum
- chair of the BD&C Citizens Forum
- BD&C Partnership Place Lead
- chair of the Clinical Advisory Board (PCNs)
- chair of the Local Medical Council
- chair of Airedale NHS FT
- chief executive of Airedale NHS FT
- chair of Bradford District Care NHS FT
- chief executive of Bradford District Care NHS FT
- chair of Bradford Teaching Hospitals NHS FT
- chief executive of Bradford Teaching Hospitals NHS FT
- chief executive of Healthwatch Bradford District
- chief executive of Healthwatch North Yorkshire

DRAFT

- chief executive of the City of Bradford Metropolitan District Council
- strategic director health and wellbeing of the City of Bradford Metropolitan District Council
- strategic director children of the City of Bradford Metropolitan District Council
- director of public health of the City of Bradford Metropolitan District Council
- chief executive of Craven District Council
- corporate director of North Yorkshire County Council
- director of public health of North Yorkshire County Council
- director of children's services of North Yorkshire County Council
- chief executive of Bradford Care Association
- the chief operating officer of North Yorkshire Independent Care Group
- senior representative of the VCSE sector in Bradford District and
- senior representative of the VCSE sector in Craven District

5. Required attendees

The following individuals will be invited to attend each meeting of the Partnership Board as attendees. Attendees attend meetings and may be invited by the Chair to participate in discussions from time to time. They do not vote. The attendees of the Partnership Board are the:

- chief operating officer of the BD&C Partnership
- director of finance, planning and performance of the BD&C Partnership
- director of partnership development of the BD&C Partnership
- assistant director of governance and assurance
- director of quality and nursing of the BD&C Partnership and
- strategic communications and stakeholder engagement Lead of the BD&C Partnership

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ICB officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

The Chair may invite such other attendees to attend any meeting of the Partnership Board as the Chair considers appropriate.

6. Deputies

With the permission of the Chair, members of the Partnership Board may nominate a deputy to attend a meeting that they are unable to attend. The deputy may speak and vote on their behalf. The decision of the Chair regarding authorisation of nominated deputies is final.

7. Chair

[See **4. Membership** for selection of the Chair]

The meetings will be run by the chair. In the event of the chair of the Partnership Board being unable to attend all or part of the meeting, another member of the Partnership Board shall chair the meeting.

8. Quoracy

No business shall be transacted unless at least 50% of the membership (which equates to 14 individuals) and including the following are present, the:

- independent chair or their nominated replacement as chair for the meeting
- place lead or their nominated deputy for the meeting
- Representatives of at least three of the following constituencies: NHS providers, local government, the care sector, the VCSE sector, the primary care sector

For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.

b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

Members of the Partnership Board may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. 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

9. Conduct of meetings

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

a. all members of the Partnership Board 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 3.1; 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 (or in their absence, the person presiding over the meeting) will have a second and casting vote and

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

10. Frequency of meetings

The Partnership Board will normally meet quarterly, but in the first year of operation will meet on a bi-monthly basis to support the development of board effectiveness. The Chair may call an additional meeting at any time by giving not less than 14 calendar days' notice in writing to members of the Partnership Board.

One third of the members of the Partnership Board may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting, If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Partnership Board members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Partnership Board specifying the matters to be considered at the meeting.

In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

11. Urgent decisions

In the case of urgent decisions and extraordinary circumstances, every attempt will be made for the Partnership Board to meet virtually. Where this is not possible the following will apply the:

a) powers which are delegated to the Partnership Board, may for an urgent decision be exercised by the Chair of the Partnership Board and the Place Lead for Bradford District and Craven and

b) exercise of such powers shall be reported to the next formal meeting of the Partnership Board for formal ratification, where the Chair will explain the reason for the action taken, and the ICB Audit Committee for oversight.

12. Admissions of the press and public

Meetings of the BC&C Partnership Board will be open to the public.

The Partnership Board may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

The chair of the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Partnership Board's business shall be conducted without interruption and disruption.

As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) the public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.

Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Partnership Board.

A public notice of the time and place of the meeting and how to access the meeting shall be given by posting it electronically at least 7 calendar days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.

The agenda and papers for meetings will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.

13. Declarations of interest

If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The

individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

14. Support to the Partnership Board

The Partnership Board's lead manager is the BD&C Partnership Development Director. Administrative support will be provided to the Partnership Board by officers of the ICB. This will include:

- agreement of the agenda with the Chair in consultation with the Lead Manager, taking minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward
- maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions
- sending out agendas and supporting papers to members five working days before the meeting
- drafting minutes for approval by the Chair and ICB Lead Manager within five working days of the meeting and then distribute to all attendees following this approval within 10 working days and
- an annual work plan to be updated and maintained on a quarterly basis

15. Authority

The Partnership Board is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the Partnership Board.

The Partnership Board is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

The Partnership Board is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this

is necessary. In doing, so, the Partnership Board must follow procedures put in place by the ICB for obtaining legal or professional advice.

The Partnership Board is authorised to create sub-committees or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Partnership Board may not delegate executive powers delegated to it within these terms of reference (unless expressly authorised by the ICB Board) and remains accountable for the work of any such group.

16. Reporting

- the Partnership Board shall submit its minutes to each formal ICB Board meeting
- the Chair shall draw to the attention of the ICB Board any significant issues or risks relevant to the ICB
- the Partnership Board's minutes will be published on the ICB website once ratified
- the Partnership Board shall submit an annual report to the ICB Audit Committee and the ICB Board and
- the Partnership Board will receive for information the minutes of other meetings which are captured in the Partnership Board work plan e.g. sub-committees

17. Conduct of the Partnership Board

- All members will have due regard to and operate within the Constitution of the ICB, standing orders, standing financial instructions and other financial procedures
- Members 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
- Members of the Partnership Board will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct
- The Partnership Board shall agree an Annual Work Plan with the ICB Board

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- The Partnership Board shall undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the Partnership Board.
- Any resulting changes to the terms of reference shall be submitted for approval by the ICB Board

18. Amendments

These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, membership and reporting arrangements of this Committee (the BD&C Partnership Board) and may only be changed with the approval of the ICB Board.

19. Review Date

After 1 year.

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Terms of reference – Bradford District and Craven People Committee

Version control

Version:	0.1 (final approved version to be 1.0)
Approved by:	West Yorkshire Health and Care Integrated Care Board ICB
Date Approved:	1 July 2022
Responsible Officer:	James Drury, Partnership Development Director
Date Issued:	12 July 2022
Date to be reviewed:	After 1 year

Change history

Version number	Changes applied	By	Date
0.1	Initial draft	James Drury	8 June 2022
1.0	Approved	ICB	1 July 2022
1.0	Approved	BD&C Partnership Board	12 July 2022

1. General

This BD&C management forum, the 'People Committee' is part of the West Yorkshire Integrated Care System, which has four core purposes:

- improving population health and healthcare;
- tackling unequal outcomes and access;
- enhancing productivity and value for money; and
- helping the NHS to support broader social and economic development.

The ICS has identified a set of guiding principles that shape everything we do:

- 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 build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- 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.

The ICS has committed 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; and

We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

2. Remit and responsibilities

The remit of this BD&C Committee is to:

a) Make the following decisions on behalf of the ICB, following delegation of this responsibility from the ICB to the Partnership Board and from the Partnership Board to this BD&C Committee:

Agree implementation in place of people priorities (as per SoRD)

b) Provide advice and/or recommendations in the following areas to the Partnership Board, for the benefit of the ICB ((a) and (b) together "ICB Business"); and

c) Provide advice to other members of the Partnership Board "Partnership Business"

The responsibilities of this BD&C Committee are to:

i. Consider and further develop the 4 pillars of the BD&C Integrated People Plan and associated delivery /implementation plans; ensuring alignment with national, regional, ICS and place priorities and recommending it to the Partnership Board.

ii. Agree and approve a programme structure that enables the effective delivery of the agreed priorities within the 4 pillars of the Integrated People Plan; considering and recommending any key workforce metrics and outcomes for Place.

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iii. Obtain ongoing assurance of the delivery of the BD&C Integrated People Plan through the associated programmes of work and delivery/implementation plans

iv. Receive regular highlight reports to gain assurance that these outcomes are being achieved and to request and receive exception reports where this is not the case.

v. Request and receive reviews and analysis of Place based workforce issues and make recommendations to the Partnership Board on next steps.

vi. Receive, review and monitor any reported workforce risks and issues emerging from the Integrated People Plan programmes of work and/or other identified workforce risks relevant to Place and ensure recording of the same in the PBP risk register and reporting within the agreed subcommittee cycle.

vii. Seek to unblock any barriers to change and mitigate any risks through its collective membership and networks prior to escalating to the Partnership Board

viii. Identifying any areas where there are wider implications/trends of these risks and issues or where additional assurance is required, and escalating to the Partnership Board where appropriate

ix. Support the work of the Integrated People Plan programmes and their leads to further develop and implement their plans by endorsing decisions and facilitating the removal of barriers where appropriate and necessary.

x. Provide oversight and assurance of the workforce elements of the system planning process and associated workforce narrative for the BD&C Place.

xi. Seek assurance on the connectivity with programmes of work with health and care workforce partners across Place, the ICS and across relevant transformational change programmes; encouraging collective buy in and development of shared programmes of work where it is mutually beneficial.

xii. Provide the necessary advice and guidance, as required, on specific workforce strategies/plans of other programmes - including supporting workforce redesign

xiii. Engage with key stakeholders to ensure the Integrated People Plan work programmes are inclusive, current and well informed; ensuring effective communication of changing priorities and evaluating the effectiveness of interventions.

xiv. Encourage and seek assurance on the inclusion of horizon scanning and sharing the learning from the wider health, care and education systems, locally, regionally and nationally in order ensure best practice and economies of scale are realised and to maximise funding opportunities.

xv. Approve the development and submission of Place based workforce bids where appropriate

xvi. Seek and provide assurance on the spending of such funds to achieve agreed programme outcomes and receive associated evaluation reports.

xvii. Investigate any activity within its Terms of Reference and obtain independent specialist advice as it considers necessary

3. Membership

Members contribute to discussion, participate in decision making and are accountable for decisions made. If a matter goes to a vote, then each Member has one vote save that the Chair shall have a casting vote, as set out in section 6.

The Members of this Committee are:

- Two non-executive directors selected by the BD&C Partnership Board, with each director from a different NHS Foundation Trust Partner. One of whom will be the Chair of the Committee, and one of whom will be the deputy Chair

Members appointed by virtue of their role

- The Act as One People Director (Joint SRO)
- The Dean - Faculty of Health Studies, University of Bradford (Joint SRO)
- The BD & C Workforce Place Lead (Operational)
- The BD & C Director of Partnership Development
- The nominated Equality, Diversity and Inclusion BD&C Place Lead
- Chief Nurse, Airedale NHS FT as H & SC CTE Board Chair and BD & C Clinical representative
- The programme leads for each of the 4 pillars of the Integrated People Plan (as per Directors of Workforce below)

- One person from each provider organisation and/or sector selected by the BD&C Partnership Board

  - The Director of Workforce and OD ('HRD') of Airedale NHS FT
  - The Director of Workforce and OD ('HRD') of Bradford District Care NHS FT
  - The Director of Workforce and OD ('HRD') of Bradford Teaching Hospitals NHS FT

- The Director of Workforce and OD ('HRD') of City of Bradford Metropolitan District Council
- Chief Operating Officer - Primary Care Workforce & Training Hub
- Nominated Representative, Bradford and District Voluntary Services Alliance
- Bradford Care Association – Workforce lead (tbc)

- BD & C Locality Manager – Representing Skills for Care
- Nominated representative of North Yorkshire County Council
- Nominated representative of North Yorkshire Voluntary Services

4. Required attendees

The following individuals will be invited to attend each meeting of this BD&C Committee as Attendees. Attendees attend meetings and may be invited by the Chair to participate in discussions from time to time. They do not vote. The attendees of this Committee are:

- Business Administration Support
- Programme Manager Support

The Chair may invite such other Attendees to attend any meeting of this BD&C Committee as the Chair considers appropriate.

5. Deputies

Members may nominate a deputy to attend a meeting of the Committee that the Member is unable to attend. The deputy may speak and vote on their behalf. The decision of the meeting Chair regarding acceptance of nominated deputies is final.

Any requests for a deputy to be appointed should be made to the Chair at least five Working Days before the meeting. The Chair shall have discretion to accept requests made after this time if the Chair considers there is good reason for the late notification.

Any reference to Member in these terms of reference includes a deputy appointed in accordance with this paragraph.

6. Chair

The Chair of this BD&C Committee shall be one of the non-executive directors from an NHS Foundation Trust Partner that is a Member and selected as follows.

- The first Chair of this BD&C Committee shall be appointed by the BD&C Partnership Board and shall be appointed for a term of eighteen months.
- Subsequent Chairs shall be appointed for a term of eighteen months. Such Chairs shall be appointed by the BD&C Partnership Board.

One person may not serve more than three consecutive terms as Chair.
If the Chair is unable to attend a meeting or carry out the role of the Chair between meetings this shall be taken on by the Deputy Chair.

The Deputy Chair of this BD&C Committee shall be one of the non-executive directors from an NHS Foundation Trust Partner that is a Member and selected as follows.

The first Deputy Chair of this BD&C Committee shall be appointed by the BD&C Partnership Board and shall be appointed for a term of eighteen months. Subsequent Deputy Chairs shall be appointed for a term of eighteen months. Such Deputy Chairs shall be appointed by the BD&C Partnership Board.

One person may not serve more than three consecutive terms as Deputy Chair.
If both the Chair and the Deputy Chair are absent then the Members present at the meeting shall appoint a temporary Chair for the purposes of that meeting and if they wish any preparation needed in advance of the next meeting.

References to Chair shall be read accordingly.

7. Quoracy

No decisions shall be made unless at least half the Members are present and at least one Member representing each of the ICB and the three NHS Foundation Trusts within the BD&C Partnership.

If a meeting is or becomes inquorate, this will be minuted. Members may discuss matters but no formal decisions will be made. Any discussions will be summarised at the start of the next meeting of this BD&C Committee.

The expectation of the Partners is that this BD&C Committee will meet regularly as scheduled. The Partners recognise that even if a meeting is not quorate, useful discussions may take place. However, if the Chair has received apologies for a meeting in advance that indicate that a quorum will not present, the Chair may cancel the meeting if they are satisfied that this is the more appropriate use of Members' time.

An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

8. Conduct of meetings

Meetings of this BD&C Committee will be run by the Chair.
The expectation is that Members will attend meetings in person.

However, in accordance with Standing Order [4.8], the Chair shall have discretion to permit a Member or Attendee to participate in a meeting by telephone, video or by other electronic means where they are available and the Chair is satisfied that there is good reason for the request, such as clinical commitments. Participation by any of these means shall be constitute presence in person at the meeting provided all Members and Attendees in attendance can be heard and hear one another.

Any request to participate in a meeting by telephone, video or by other electronic means should be made to the Chair at least five Working Days before the meeting. The Chair shall have discretion to accept requests made after this time if the Chair considers there is good reason for the late notification.

The Chair may also require that a meeting take place entirely by telephone, video or by other electronic means where there is good reason to do so, for example the difficulties of managing hybrid meetings or public health concerns.

In line with the Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each Member will have one vote, the process for which is set out in the section below:

a. All Members of this BD&C Committee who are present at the meeting will be eligible to cast one vote each.
b. Absent members may not vote by proxy. Absence is defined as 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. However, they are able to appoint a deputy in accordance with paragraph 8.
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 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.

If the Chair considers it appropriate, decisions may also be taken through the Written Resolution Procedure set out below:

a. The Chair will arrange for an email to be written that:

- confirms the resolution(s) that the Members are being asked to approve;
- includes, by way of an attachment, all of the relevant information to enable the Member to reach a decision on the proposal(s);
- contains the deadline (date and time) for response that shall be at least ten Working Days from the date of the email; and
- confirms the email address to which the Member's vote should be sent.

b. The Chair will arrange for the email and accompanying documents to be sent by e-mail to all Members on the same date.

c. Each Member shall reply to the designated email address by the deadline given setting out whether they accept, reject or abstain in relation to each resolution set out in the email. Once a Member has responded stating they accept, reject or abstain in relation to a resolution they may not amend or retract their vote.

If the Chair considers it appropriate, decisions may also be taken through the Written Resolution Procedure set out below:

a) The Chair will arrange for an email to be written that:

- confirms the resolution(s) that the Members are being asked to approve;
- includes, by way of an attachment, all of the relevant information to enable the Member to reach a decision on the proposal(s);
- contains the deadline (date and time) for response that shall be at least ten Working Days from the date of the email; and
- confirms the email address to which the Member's vote should be sent.

b) The Chair will arrange for the email and accompanying documents to be sent by e-mail to all Members on the same date.

c) Each Member shall reply to the designated email address by the deadline given setting out whether they accept, reject or abstain in relation to each resolution set out in the email. Once a Member has responded stating they accept, reject or abstain in relation to a resolution they may not amend or retract their vote.

Exceptions:

d. The following decisions may not be taken by way of the Written Resolution Procedure:

none

Passing the written resolution:

e. In order for the written resolution to be passed the quorum rules must be complied with. If any Member does not respond to a resolution proposed by the

Written Resolution Procedure by the deadline given, they are not present for the purpose of the quorum. Responses received after the deadline will be disregarded.

f. Provided the quorum requirements have been complied with a resolution will be passed if the majority of Members responding by the deadline approve the resolution.

g. The Chair will arrange for Members to be notified of the outcome of the Written Resolution Procedure within five Working Days of the deadline.

h. The outcome of all uses of the Written Resolution Procedure will be recorded in the papers for the next meeting. This will include details of votes approving or rejecting each resolution, any abstentions and details of any Member that did not respond by the deadline.

9. Frequency of meetings

This BD&C Committee will meet formally at least once in any two-month period initially to align with the BD&C Partnership Board meeting frequency. This BD&C Committee will, in addition, sponsor Integrated People Plan workshops aligned to the 4 Pillars to further the development of the People priorities.

The Chair may call an additional meeting at any time by giving not less than 10 Working Days' notice in writing to all Members and Attendees.

The Partnership Board may require that this BD&C Committee meet within a reasonable timeframe to discuss a particular matter. Such requests should be submitted to the Chair.

Members and Attendees shall be given at least ten Working Days' notice of any meeting save that in emergency situations the Chair may call a meeting with three Working Days' notice by setting out the reason for the urgency and the decision to be taken. Papers shall be circulated at least two Working Days before the meeting.

10. Urgent decisions

In the case of urgent decisions needed in extraordinary circumstances, every attempt will be made for this BD&C Committee to meet. Where this is not possible the following will apply:

a) The decision-making responsibilities which are delegated to this BD&C Committee, may for an urgent decision be exercised by the Chair, a member of the ICB and the HRDs of the three Foundation Trusts within the BD & C Partnership (or where not available a representative of that Trust).
b) The exercise of such powers shall be reported to Members by email within 2 Working Days.
c) The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification, where the Chair will explain the reason for the action taken, and report the decision to the Partnership Board for oversight.

Extraordinary circumstances will usually be unforeseen and be such that either calling an extraordinary meeting or using the Written Resolution Procedure will not be appropriate.

11. Admission of the press and public

Not relevant - This BD&C Committee will be advisory and will not take any decisions on behalf of the ICB and will meet in private.

12. Declarations of interest

If any Member or Attendee has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible before the meeting and act in accordance with the Conflicts of Interests Policy.

The Chair will determine how a conflict of interest should be managed in accordance with the Conflicts of Interests Policy, taking into account any previously agreed arrangements for managing a conflict of interest. The Chair may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

13. Support to the committee

Administrative support will be provided to this BD&C Committee by the BD&C place-based team of the ICB. This will include:

- Agreement of the agenda with the Chair

- Sending out agendas and supporting papers to Members and Attendees at least five Working Days before the meeting.
- Taking minutes of the meetings, including an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.
- Drafting minutes for comment and approval by the Chair within five Working Days of the meeting. Following Chair's approval, distributing the minutes to all Members and Attendees within five Working Days of the approval. Updating minutes in accordance with any amendments agreed at subsequent meetings
- Maintaining an on-going list of actions, specifying the Member(s) responsible for each action, due dates, progress and completion.
- Maintaining an annual work plan.
- Receiving notifications and requests on behalf of the Chair, including notifications relating to conflicts of interest, requests for meetings and/or nomination of deputies

It is the responsibility of Members and Attendees to ensure that they provide their contact details to the Chair (email and direct dial telephone number) and keep these up to date.
Papers will be circulated electronically. Members or Attendees wishing to receive the papers in a particular format (e.g., large print, hard copy) should make a request to the Chair. The Chair has discretion as to whether to meet the request.

14. Authority

This BD&C Committee is authorised to investigate any activity within these terms of reference. It is authorised to seek any information it requires within its remit, from any member of staff of a Place Partner and Place Partners will ensure that their staff are directed to co-operate with any such request made by this BD&C Committee.

This BD&C Committee is authorised to commission any reports or surveys it considers necessary to help it fulfil its obligations. In doing, so, this BD&C Committee must follow procedures put in place by the ICB and the Partnership Board for obtaining legal or professional advice.

This BD&C Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, this BD&C Committee must follow procedures put in place by the ICB and the Partnership Board for obtaining legal or professional advice.

This BD&C Committee is authorised to create and dissolve time limited task and finish groups as are necessary to fulfil its responsibilities. When doing so, this BD&C Committee must set clear a clear scope of work and deadline for completion for such groups. Such groups shall not be able to take decisions on behalf of this BD&C Committee.
This BD&C Committee has the agreed leadership groups listed below, which report to it. These groups exist to support this BD&C Committee and are not time-limited.

This BD&C Committee shall determine their membership, scope and work programme and ensure that these are recorded in writing, regularly reviewed and understood by all participants. A leadership group may be dissolved by the BD&C Committee but permanent leadership group cannot be created by this BD&C Committee without the agreement of the Partnership Board, as outlined below.

- 'Looking After Our People' Leadership Group
- 'Creating and Instilling a Sense of Belonging' Leadership Group
- 'Transforming our Workforce' Leadership Group
- 'Growing our Workforce' Leadership Group

This BD&C Committee may not create any formal sub-committees, delegate any of its decision-making responsibilities or establish any permanent working groups unless expressly authorised by the Partnership Board. Even if any delegation is approved, this BD&C Committee remains accountable for the work that is delegated.

15. Reporting

This BD&C Committee shall submit its minutes to each Partnership Board meeting. These shall be published by the Partnership Board as part of its meeting papers.

The Chair shall draw to the attention of the Partnership Board any significant issues or risks relevant to the Place Partnership or the ICB.

This BD&C Committee shall submit an annual report to the Partnership Board.

This BD&C Committee shall propose an annual work plan to the Partnership Board for approval by the Partnership Board. The Partnership Board may make such changes to the annual work plan as it considers appropriate in consultation with the Chair.

This BD&C Committee will receive for information the minutes of other meetings which are captured in the Committee's work plan e.g., minutes of its working groups.

16. Conduct of the Committee

All Members and Attendees will operate within the Constitution of the ICB, standing orders, standing financial instructions, other financial procedures and ICB Policies provided always that this requirement may be disapplied by the Partnership Board in relation to Partnership Business, such authorisation to be given in advance and in writing.

All Members and Attendees will operate in accordance with the SPA and any other relevant policies or documents agreed by the Place Board.

All Members and Attendees will attend and complete any training required by the Chair or the Partnership Board.

Members and Attendees must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new decision or recommended approach achieves positive change around inclusion, equality and diversity.

Members and Attendees will abide by the 'Principles of Public Life' (The Nolan Principles).

The requirements listed above in relation to conduct of Members and Attendees shall also apply to members of any working groups or task and finish groups reporting to this BD&C Committee.

The Committee shall undertake an annual self-assessment of its own performance against the annual work plan, these terms of reference and the SPA. This self-assessment shall form the basis of the annual report from this BD&C Committee to the Partnership Board.

The Partnership Board may remove an individual Member from this BD&C Committee if:

- That individual fails to comply with these terms of reference;
- That individual has behaved in a way, or is threatening to behave in a way, that is likely to bring this BD&C Committee, the Partnership Board and/or the ICB into disrepute;
- That individual has attended less than 75% of the meetings of this BD&C Committee in any 12-month period;
- The individual no longer meets the relevant membership requirement set out at paragraph 6, for example because they no longer hold a particular post or work for a particular organisation; or

They qualify for membership of this BD&C Committee through their host organisation and that host organisation leaves the Place Partnership

17. Amendments

This BD&C Committee may propose changes to its terms of reference to the Partnership Board.

Any changes to these terms of reference must be approved by the Partnership Board.

18. Review date

These terms of reference shall be reviewed annually.

Terms of reference – Bradford District and Craven Quality Committee

Version control

Version:	0.1 (final approved version to be 1.0)
Approved by:	West Yorkshire Health and Care Integrated Care Board ICB
Date Approved:	1 July 2022
Responsible Officer:	James Drury, Partnership Development Director
Date Issued:	12 July 2022
Date to be reviewed:	After 1 year

Change history

Version number	Changes applied	By	Date
0.1	Initial draft	James Drury	8 June 2022
1.0	Approved	ICB	1 July 2022
1.0	Approved	BD&C Partnership Board	12 July 2022

1. General

This BD&C committee, the Quality Committee is part of the West Yorkshire Integrated Care System, which has four core purposes:

- improving population health and healthcare;
- tackling unequal outcomes and access;
- enhancing productivity and value for money; and
- helping the NHS to support broader social and economic development.

The ICS has identified a set of guiding principles that shape everything we do:

- 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 build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- 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.

The ICS has committed 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; and

We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

In these Terms of Reference the following capitalised terms are given the meaning set out in the NHS West Yorkshire Integrated Care Board Constitution as updated from time to time, unless the context otherwise requires:

- Conflict of Interest Policy
- Constitution
- Standing Order or Standing Orders

Other capitalised terms have the meaning set out below:

- "Attendee" refers to a participant of this BD&C Committee as listed in section 6
- "BD&C Committee" refers to this Committee
- "Chair" means the chair of this BD&C Committee
- "ICB" means the NHS West Yorkshire Integrated Care Board, including any individual, organisation or committee to which its powers or responsibilities are delegated
- "ICB Business" has the meaning given to it at section 6 "ICB Committee" means a committee of the ICB
- "ICB Policies" means any policy, process or procedure formally adopted by the ICB
- "Member" refers to a member of this BD&C Committee as listed in section 5
- "NHS Foundation Trust Partner" means Airedale NHS Foundation Trust, Bradford District Care NHS Foundation Trust and/or Bradford Teaching Hospitals NHS Foundation Trust
- "Partner" refers to a partner organisation in the Place Partnership which is also a party to the SPA
- "Partnership Business" has the meaning given to it at section 6
- "Partnership Board" means the Bradford District and Craven ICB Committee as described in the Constitution
- "Place Lead" means that individual appointed by the ICB to oversee and help develop the Place Partnership
- "Place Partnership" means the partnership of organisations described in the SPA
- "SPA" means the Strategic Partnering Agreement entered into by the Partners for the transformation and better integration of health and care services for the population of Bradford District and Craven
- "Working Days" means a weekday that is not a bank holiday in England

"Written Resolution Procedure" is the written resolution procedure described at section 10.

This BD&C Committee shall operate in accordance with the vision, objectives and principles set out in the terms of reference of the BD&C Partnership Board. When advising or making decisions on behalf of the ICB, it will comply with relevant ICB policies.

The ICB Standing Orders shall apply to this BD&C Committee unless these Terms of Reference expressly make alternative provision that they do not.

2. Reports to

This BD&C Committee reports to the BD&C Partnership Board and the ICB Quality Committee. Members and Attendees may also report back to their respective Partner organisations.

3. Purpose

This BD&C Committee has been established to provide the Partnership Board with assurance that is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care.

The Committee exists to scrutinise the robustness of, and gain and provide assurance to the Partnership Board, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high quality care.

The Committee will provide regular assurance updates to the Partnership Board in relation to activities and items within its remit"

This BD&C Committee has two roles:

- The first is to support the ICB on issues within its remit. If this BD&C Committee makes decisions on behalf of the ICB (see section 4 below) this is done in accordance with the authority delegated from the ICB to the Partnership Board, and from the Partnership Board to this BD&C Committee.

- The second is to support the wider Place Partnership, which comprises the ICB and various other organisations, on issues within the BD&C Committee's remit. This support is provided by advising and working collaboratively with all members of the BD&C Partnership, who come from these other organisations.

If this BD&C Committee considers that there is or may be a conflict between these two roles then the Chair shall notify the Place Lead.

In practice, this BD&C Committee carries out both roles by reporting to the Partnership Board, which comprises senior leaders from the Place Partnership and is a committee of the ICB.

4. Remit and Responsibilities

The remit of this BD&C Committee is to:

a) **Make the following decisions on behalf of the ICB, following delegation of this responsibility from the ICB to the Partnership Board and from the Partnership Board to this BD&C Committee:**

This BD&C Committee has an assurance role and will not be making decisions on behalf of the ICB.

b) **Provide advice and/or recommendations in the areas listed below to the Partnership Board, for the benefit of the ICB ("ICB Business"); and**

c) Provide advice and/or recommendations in the areas listed below to other members of the Partnership Board ("Partnership Business")

There is a significant overlap between the work that the BD&C Committee will carry out as ICB Business and the work it will carry out as Partnership Business. Any business conducted by this BD&C Committee will be both ICB Business and Partnership Business unless expressly stated otherwise in writing (for example in the agenda and/or minutes),

i. Provide assurance to the Partnership Board of the quality, safety, and effectiveness of services for BD&C, and the contribution services make to improving health outcomes for local people.

ii. The development and maintenance of a strategic approach to quality assurance, reporting and monitoring, sharing learning and improvement activity across the system.

iii. Ensure concerns regarding clinical outcomes within BD&C services are identified and managed and that wider implications and trends are addressed.

iv. Ensure that services are reflective of and responsive to local populations and people's experiences.

v. Advise the Partnership Board in the formulation of overall clinical strategy including how decisions are made and the scrutiny of subsequent plans to ensure quality is not compromised by financial imperatives. This will include quality impact assessments.

vi. Test, challenge, inquire and explore intelligence evidencing the quality, safety, effectiveness and impact on clinical health outcomes of services. Commission and approve action plans and other initiatives in relation to areas of concern.

vii. Oversee and monitor delivery of the key statutory requirements relating to quality and patient safety and the Partnership's response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSEI and other regulatory bodies / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained. This will include the Patient Safety Incident Response Framework (PSIRF).

viii. Ensure effective communication with regulators and maintain an overview of changes in the methodology employed and changes in legislation/regulation, and assure the Partnership Board that these are disseminated and implemented across all sites.

ix. Receive assurance that the Partnership identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded.

x. Identify issues relating to data quality, completeness or accuracy of intelligence in all forms, and commission improvements.

xi. Undertake such quality surveillance activity for commissioned services as from time to time required by the West Yorkshire Quality Group.

xii. To support at all times the creation, maintenance and development of a patient-focused culture within the BD&C Partnership.

xiii. Review and monitor the Partnership Risk Register in respect of quality and safety risks. Request action by accountable individuals to manage aforementioned risks and variation in performance, ensuring plans are put in place to address the achievement of objectives and targets. Ensure that variance against target performance levels is reflected in the Risk Register reports and Partnership Assurance Framework as appropriate.

xiv. Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into this Committee.

5. Members

Members contribute to discussion, participate in decision making and are accountable for decisions made. If a matter goes to a vote, then each Member has one vote save that the Chair shall have a casting vote, as set out in paragraph 9.

The Members of this Committee are:

- Two non-executive directors to be selected by the BD&C Partnership Board, with each director to be from a different NHS Foundation Trust Partner. One of whom will be the Chair of the Committee, and one of whom will be the deputy Chair.
- The BD&C Partnership Director of Quality and Nursing
- The Chief Nurse of Airedale NHS FT

- The Chief Nurse of Bradford District Care NHS FT
- The Chief Nurse of Bradford Teaching Hospitals NHS FT
- The Medical Director of Airedale NHS FT
- The Medical Director of Bradford District Care NHS FT
- The Medical Director of Bradford Teaching Hospitals NHS FT
- A Consultant in Public Health - City of Bradford MDC The Assistant Director of Health and Wellbeing - City of Bradford MDC
- The Assistant Director of Children's Services - City of Bradford MDC
- The Assistant Director of Adult Social Care - North Yorkshire County Council
- Strategic Service Development Manager (Craven Locality / Care Market Portfolio) – North Yorkshire County Council
- Chief Executive of Healthwatch Bradford District
- Chief Executive of The VCS Alliance
- Chief Executive of Project 6
- Chief Executive of Community Action Bradford & District
- Chief Executive of Bradford Care Association
- Medical Director Local Medical Committee
- Chair of Citizen's Forum

6. Attendees

The following individuals will be invited to attend each meeting of this BD&C Committee as Attendees. Attendees attend meetings and may be invited by the Chair to participate in discussions from time to time. They do not vote.

- Associate Director of Quality and Nursing – BD&C Partnership
- Assistant Director Quality Improvement – BD&C Partnership
- Senior Head of Patient Safety – BD&C Partnership
- Senior Head of Communications and Engagement – BD&C Partnership
- Strategic Communications and Stakeholder Engagement Lead - BD&C Partnership
- Deputy Director of Patient Safety, Compliance and Risk – Bradford District Care NHS Foundation Trust

- Contracting, Procurement & Quality Assurance Manager – North Yorkshire County Council
- Associate Director of Quality – Bradford Teaching Hospitals NHS Foundation Trust
- Deputy Chief Medical Officer - Quality – Bradford Teaching Hospitals NHS Foundation Trust

The Chair may invite such other Attendees to attend any meeting of this BD&C Committee as the Chair considers appropriate.

Any individual wishing to attend a meeting of this BD&C Committee should make request to the Chair by writing to the committee administrator, to be received at least three Working Days to the meeting. Attendance is at the Chair's discretion.

7. Deputies

In accordance with the Standing Orders, with the permission of the Chair, a Member may nominate a deputy to attend a meeting of the Committee that the Member is unable to attend. The deputy may speak and vote on their behalf. The decision of the meeting Chair regarding acceptance of nominated deputies is final.

Any requests for a deputy to be appointed should be made to the Chair at least five Working Days before the meeting. The Chair shall have discretion to accept requests made after this time if the Chair considers there is good reason for the late notification.

Any reference to Member in these terms of reference includes a deputy appointed in accordance with this paragraph.

8. Chair

The Chair of this BD&C Committee shall be one of the non-executive directors from an NHS Foundation Trust Partner that is a Member and selected as follows.

The first Chair of this BD&C Committee shall be appointed by the BD&C Partnership Board and shall be appointed for a term of eighteen months.

Subsequent Chairs shall be appointed for a term of eighteen months. Such Chairs shall be appointed by the BD&C Partnership Board.

One person may not serve more than three consecutive terms as Chair. If the Chair is unable to attend a meeting or carry out the role of the Chair between meetings this shall be taken on by the Deputy Chair.

The Deputy Chair of this BD&C Committee shall be one of the non-executive directors from an NHS Foundation Trust Partner that is a Member and selected as follows.

The first Deputy Chair of this BD&C Committee shall be appointed by the BD&C Partnership Board and shall be appointed for a term of eighteen months.

Subsequent Deputy Chairs shall be appointed for a term of eighteen months. Such Deputy Chairs shall be appointed by the BD&C Partnership Board.

One person may not serve more than three consecutive terms as Deputy Chair.
If both the Chair and the Deputy Chair are absent then the Members present at the meeting shall appoint a temporary Chair for the purposes of that meeting and if they wish any preparation needed in advance of the next meeting.
References to Chair shall be read accordingly.

9. Quoracy

No decisions shall be made unless at least 50% of the Members are present and at least one Member representing each of the ICB and at least one of the three NHS Foundation Trusts within the BD&C Partnership

If a meeting is or becomes inquorate, this will be minuted. Members may discuss matters but no formal decisions will be made. Any discussions will be summarised at the start of the next meeting of this BD&C Committee.

The expectation of the Partners is that this BD&C Committee will meet regularly as scheduled. The Partners recognise that even if a meeting is not quorate, useful discussions may take place. However, if the Chair has received apologies for a meeting in advance that indicate that a quorum will not present, the Chair may cancel the meeting if they are satisfied that this is the more appropriate use of Members' time.

An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

10. Conduct of meetings

Meetings of this BD&C Committee will be run by the Chair. The expectation is that Members will attend meetings in person. However, in accordance with the Standing Orders, the Chair shall have discretion to permit a Member or Attendee to participate in a meeting by telephone, video or by other electronic means where they are available and the Chair is satisfied that there is good reason for the request, such as clinical commitments. Participation by any of these means shall be constitute presence in person at the meeting provided all Members and Attendees in attendance can be heard and hear one another. Any request to participate in a meeting by telephone, video or by other electronic means should be made to the Chair at least five Working Days before the meeting. The Chair shall have discretion to accept requests made after this time if the Chair considers there is good reason for the late notification.

The Chair may also require that a meeting take place entirely by telephone, video or by other electronic means where there is good reason to do so, for example the difficulties of managing hybrid meetings or public health concerns.

In line with the Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each Member will have one vote, the process for which is set out in the section below:

a. All Members of this BD&C Committee who are present at the meeting will be eligible to cast one vote each.

b. Absent members may not vote by proxy. Absence is defined as 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. However, they are able to appoint a deputy in accordance with paragraph 8.
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 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.

If the Chair considers it appropriate, decisions may also be taken through the Written Resolution Procedure set out below:

a. The Chair will arrange for an email to be written that:

- confirms the resolution(s) that the Members are being asked to approve;
- includes, by way of an attachment, all of the relevant information to enable the Member to reach a decision on the proposal(s);
- contains the deadline (date and time) for response that shall be at least ten Working Days from the date of the email; and
- confirms the email address to which the Member's vote should be sent.

b. The Chair will arrange for the email and accompanying documents to be sent by e-mail to all Members on the same date.

c. Each Member shall reply to the designated email address by the deadline given setting out whether they accept, reject or abstain in relation to each resolution set out in the email. Once a Member has responded stating they accept, reject or abstain in relation to a resolution they may not amend or retract their vote.

Exceptions:

d. The following decisions may not be taken by way of the Written Resolution Procedure:

Passing the written resolution:

e. In order for the written resolution to be passed the quorum rules must be complied with. If any Member does not respond to a resolution proposed by the Written Resolution Procedure by the deadline given they are not present for the purpose of the quorum. Responses received after the deadline will be disregarded.

f. Provided the quorum requirements have been complied with a resolution will be passed if the majority of Members responding by the deadline approve the resolution.

g. The Chair will arrange for Members to be notified of the outcome of the Written Resolution Procedure within five Working Days of the deadline.

h. The outcome of all uses of the Written Resolution Procedure will be recorded in the papers for the next meeting. This will include details of votes approving or rejecting each resolution, any abstentions and details of any Member that did not respond by the deadline.

11. Frequency of meetings

This BD&C Committee will meet at least once in any three month period.

The Chair may call an additional meeting at any time by giving not less than 10 Working Days' notice in writing to all Members and Attendees.

The Partnership Board may require that this BD&C Committee meet within a reasonable timeframe to discuss a particular matter. Such requests should be submitted to the Chair. Members and Attendees shall be given at least ten Working Days' notice of any meeting save that in emergency situations the Chair may call a meeting with three Working Days' notice by setting out the reason for the urgency and the decision to be taken. Papers shall be circulated at least two Working Days before the meeting.

12. Urgent decisions

In the case of urgent decisions needed in extraordinary circumstances, every attempt will be made for this BD&C Committee to meet. Where this is not possible the following will apply:

a) The decision-making responsibilities which are delegated to this BD&C Committee, may for an urgent decision be exercised by the Chair and the BD&C Partnership Director of Quality and Nursing. The Chair shall also consult the Deputy Chair.

b) The exercise of such powers shall be reported to Members by email within 2 Working Days.

c) The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification, where the Chair will explain the reason for the action taken, and report the decision to the Partnership Board for oversight.

Extraordinary circumstances will usually be unforeseen and be such that either calling an extraordinary meeting or using the Written Resolution Procedure will not be appropriate.

13. Declarations of Interest

If any Member or Attendee has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible before the meeting and act in accordance with the Conflicts of Interests Policy.

The Chair will determine how a conflict of interest should be managed in accordance with the Conflicts of Interests Policy, taking into account any previously agreed arrangements for managing a conflict of interest. The Chair may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

14. Support to the Committee

Administrative support will be provided to this BD&C Committee by the BD&C place based team of the ICB. This will include:

- Agreement of the agenda with the Chair
- Sending out agendas and supporting papers to Members and Attendees at least five Working Days before the meeting.
- Taking minutes of the meetings, including an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.
- Drafting minutes for comment and approval by the Chair within five Working Days of the meeting. Following Chair's approval, distributing the minutes to all Members and Attendees within five Working Days of the approval. Updating minutes in accordance with any amendments agreed at subsequent meetings
- Maintaining an on-going list of actions, specifying the Member(s) responsible for each action, due dates, progress and completion.
- Maintaining an annual work plan.
- Receiving notifications and requests on behalf of the Chair, including notifications relating to conflicts of interest, requests for meetings and/or nomination of deputies

Notifications and requests to the Chair must be sent to the committee administrator.
It is the responsibility of Members and Attendees to ensure that they provide their contact details to the Chair (email and direct dial telephone number) and keep these up to date.

Papers will be circulated electronically. Members or Attendees wishing to receive the papers in a particular format (e.g. large print, hard copy) should make a request to the Chair. The Chair has discretion as to whether to meet the request.

15. Authority

This BD&C Committee is authorised to investigate any activity within these terms of reference. It is authorised to seek any information it requires within its remit, from any member of staff of a Place Partner and Place Partners will ensure that their staff are directed to co-operate with any such request made by this BD&C Committee.

This BD&C Committee is authorised to commission any reports or surveys it considers necessary to help it fulfil its obligations. In doing, so, this BD&C Committee must follow procedures put in place by the ICB and the Partnership Board for obtaining legal or professional advice.

This BD&C Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, this BD&C Committee must follow procedures put in place by the ICB and the Partnership Board for obtaining legal or professional advice.

This BD&C Committee is authorised to create and dissolve time limited task and finish groups as are necessary to fulfil its responsibilities. When doing so, this BD&C Committee must set clear a clear scope of work and deadline for completion for such groups. Such groups shall not be able to take decisions on behalf of this BD&C Committee.

This BD&C Committee may not create any formal sub-committees, delegate any of its advisory responsibilities or establish any permanent working groups unless expressly authorised by the Partnership Board. Even if any delegation is approved, this BD&C Committee remains accountable for the work that is delegated.

16. Reporting

This BD&C Committee shall submit its approved minutes to each Partnership Board meeting. These shall be published by the Partnership Board as part of its meeting papers.

The Chair shall draw to the attention of the Partnership Board any significant issues or risks relevant to the Place Partnership or the ICB.

This BD&C Committee shall submit an annual report to the Partnership Board.

This BD&C Committee shall propose an annual work plan to the Partnership Board for approval by the Partnership Board. The Partnership Board may make such changes to the annual work plan as it considers appropriate in consultation with the Chair.

This BD&C Committee will receive for information the minutes of other meetings which are captured in the Committee's work plan e.g. minutes of its working groups.

17. Conduct of the Committee

All Members and Attendees will operate within the Constitution of the ICB, standing orders, standing financial instructions, other financial procedures and ICB Policies provided always that this requirement may be disapplied by the Partnership Board in relation to Partnership Business, such authorisation to be given in advance and in writing.

All Members and Attendees will operate in accordance with the SPA and any other relevant policies or documents agreed by the Place Board.

All Members and Attendees will attend and complete any training required by the Chair or the Partnership Board.

Members and Attendees must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new decision or recommended approach achieves positive change around inclusion, equality and diversity.

Members and Attendees will abide by the 'Principles of Public Life' (The Nolan Principles).

The requirements listed above in relation to conduct of Members and Attendees shall also apply to members of any working groups or task and finish groups reporting to this BD&C Committee.

The Committee shall undertake an annual self-assessment of its own performance against the annual work plan, these terms of reference and the SPA. This self-assessment shall form the basis of the annual report from this BD&C Committee to the Partnership Board.

The Partnership Board may remove an individual Member from this BD&C Committee if:

- That individual fails to comply with these terms of reference;

- That individual has behaved in a way, or is threatening to behave in a way, that is likely to bring this BD&C Committee, the Partnership Board and/or the ICB into disrepute;
- That individual has attended less than [75%] of the meetings of this BD&C Committee in any [12 month] period;
- The individual no longer meets the relevant membership requirement set out at paragraph 6, for example because they no longer hold a particular post or work for a particular organisation; or
- They qualify for membership of this BD&C Committee through their host organisation and that host organisation leaves the Place Partnership.

18. Amendments

This BD&C Committee may propose changes to its terms of reference to the Partnership Board.

Any changes to these terms of reference must be approved by the Partnership Board.

19. Review date

These terms of reference shall be reviewed annually.

20. Implementation

These terms of reference come into effect on 01/07/2022

Terms of reference – Bradford District and Craven System Finance and Performance Committee

Version control

Version: 0.1 (final approved version to be 1.0)

Approved by: Bradford District and Craven Health and Care Partnership Board

Date Approved:

Responsible Officer:

Date Issued:

Date to be reviewed: After 1 year

Change history

Version number	Changes applied	By	Date
0.1	Initial draft	Robert Maden	12.05.22
0.2	Review comments	Robert Maden	23.05.22
1.0	Approved	ICB	01.07.22
1.0	Approved	BD&C Partnership Board	12.07.22

1. Introduction and Context.

1.1 The Bradford District and Craven System Finance and Performance Committee (the Committee) is established by the NHS Bradford District and Craven Health and Care Partnership Board (The Partnership Board) as part of the Bradford District and Craven Place Based Partnership governance arrangements.

1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Partnership Board. The Committee has no executive powers, other than those specifically delegated to it under the Scheme of Reservation and Delegation and specified in these terms of reference.

1.3 The Bradford District and Craven health and care system (the system) has agreed to work towards a common vision which is that:

- People will be healthier, happier, and have access to high quality care that is clinically, operationally and financially stable.
- People will take action, and be supported to stay healthy, well and independent through their whole life and will be supported by their families and communities through prevention and early intervention with greater focus on healthy lifestyle choices and self-care.
- When people need access to care and support it will be available to them through a proactive and joined up health, social care and wellbeing service designed around their needs and as close to where they live as possible.

  In short … Happy, Healthy at Home.

1.4 Our partnership is built on the core principles that we should:

- Be ambitious for our people - focused on better outcomes for all – tackling inequalities, and driving the left shift at every point on the pathway;
- Keep our staff and public safe;

- Have clinically and community led change with empowered people and engaged clinical expertise;
- Have agile, fast, iterative change; which is focused on the whole person; and
- Act as one - system by default - bureaucracy light – integrated by design.

1.5 The Partnership Board has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisations and of our health and care system.
- 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.

2. Purpose.

2.1 The Committee provides the collective focus on financial and performance outcomes for the Bradford District and Craven Health and Care system. It will support the Partnership Board in delivering its strategic objectives by providing oversight and assurance on the:

- Development and delivery of a viable and sustainable Place financial plan;
- Financial and operational robustness of business case proposals and impact on Place partners;
- Performance of the Bradford District and Craven Health and Care System in relation to operational plan delivery, NHS System Oversight Framework requirements and local standards, targets and priorities; and
- Management of risks affecting plan delivery.

2.2 The Committee will be an advisory body and make recommendations to the Partnership Leadership Executive and the Partnership Board as appropriate.

2.3 The Committee will be supported by the Finance Deputies working group and the Performance Leads working group.

3. Responsibilities.

The Committee will advise and support the Partnership Board as follows:

3.1 Financial Planning

- Support the development of an operational finance and activity plan for the Place.
- Support the development of a medium and long-term Place financial plan which demonstrates ongoing value and sustainability.
- Consider business cases (in conjunction with the System Quality Committee) for major investments / disinvestments for material service change or efficiency schemes and make recommendations to the Partnership Board.

3.2 Financial Performance

- Provide assurance and reporting on the delivery of Place financial plan targets, including the associated efficiency and waste reduction programmes.
- Provide assurance and reporting on the use of Service Development Funding and programme funding to ensure that resources are used efficiently across the Place to deliver the required outcomes.
- Agree and monitor performance against any actions required to address financial performance issues, including the application of any local risk management arrangements.
- Maintain oversight of the underlying organisational run rates and advise on actions to improve.

3.3 Service Transformation

- Maintain oversight of Place transformation programmes and provide assurance on business case implementation and delivery of the expected benefits.
- Consider the evaluation of business cases (in conjunction with the System Quality Committee) and make recommendations as appropriate to the Partnership Board.

- Make recommendations to the Partnership Board on resource shifts to support service change in line with Place Resource Principles and the Place Strategic Partnering Agreement.

3.4 Performance

- Provide assurance and reporting on performance against operational plan trajectories and NHS System Oversight Framework requirements.
- To take an overview of Place performance and transformation in relation to ICS objectives and priorities.
- To develop and maintain connections with other Place forums which have a role in performance development and improvement, including the System Quality Committee.

3.5 Risk

- Review and monitor those risks on the Place Risk Register which relate to finance and performance.
- Ensure that the Partnership Board is kept informed of significant risks and mitigation plans in a timely manner

4. Membership.

4.1 The membership will comprise:

- Chair – Local NHS Trust Non-Executive Director
- Vice-Chair – Local NHS Trust Non-Executive Director
- Airedale NHS FT – Chief Operating Officer, Director of Finance
- Bradford District Care NHS FT – Chief Operating Officer, Director of Finance
- Bradford Hospitals NHS FT – Chief Operating Officer, Director of Finance
- Bradford Metropolitan District Council – Director of Adult Social Services, Senior Operational Director, Director of Finance
- Primary Care – Federation / LMC Representative
- Bradford District and Craven Place Based Partnership – Chief Operating Officer,

- Director of Strategy and Transformation, Director of Finance, Associate Director of Performance.

Attendees

- Finance Deputies Working Group Representative
- Performance Leads Working Group Representative

4.2 The Committee may invite others to attend meetings of the Committee, including attendance for specific agenda items. The Chair shall retain discretion to determine the extent to which additional attendees shall participate in discussions. Additional attendees will not participate in decisions.

5. Arrangements for the conduct of business.

Chairing meetings

The meetings will be run by the chair. In the event of the chair of the committee being unable to attend all or part of the meeting, the vice-chair shall chair the meeting.

Quoracy

5.1 For meetings to be quorate, a minimum of 50% of members is required, including the Chair or Vice-Chair and a member from each organisation.

5.2 For the sake of clarity:

a) No person can act in more than one capacity when determining the quorum.

b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

5.3 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available. 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.

5.4 Members of the committee may nominate a deputy to attend a meeting that they are unable to attend. The deputy may speak and vote on their behalf.

Voting

5.5 In line with the ICB's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each voting 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 4.1; 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 (or in their absence, the person presiding over the meeting) 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.

Frequency of meetings

5.6 The Committee will normally meet every two months. The Chair may call an additional meeting at any time by giving not less than 14 calendar days' notice in writing to members of the Committee.

5.7 One third of the members of the Committee may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting, If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Committee members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Committee specifying the matters to be considered at the meeting.

5.8 In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

Declarations of interest

5.9 Each member must abide by all policies of the organisation it represents in relation to conflicts of interest.

5.10 Where any Committee member (or any other attendee present) 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 (or attendee) may participate in meetings (or parts of meetings) in which the relevant matter is discussed. The action taken to manage the conflict of interest will be recorded in the minutes.

Support to the Committee

5.11 The Committee's lead manager is the Place Based Partnership Finance Director. Administrative support will be provided to the Committee by officers of the Place Based Partnership. This will include

- Agreement of the agenda with the Chair in consultation with the Lead Manager, taking minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.

- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Sending out agendas and supporting papers to members five working days before the meeting.
- Drafting minutes for approval by the Chair and ICB Lead Manager within five working days of the meeting and then distribute to all attendees following this approval within 10 working days.
- An annual work plan to be updated and maintained as required.

6. Reporting

6.1 The Committee is accountable to Partnership Board, which provides the formal leadership and coordination of the local health and care system.

6.2 The Committee shall submit its minutes to each formal Partnership Board meeting.

6.3 The Chair shall draw to the attention of the Partnership Board any significant issues or risks relevant to the BD&C Health and Care Partnership.

6.4 The Committee shall submit an annual report to the Partnership Board.

6.5 The Committee will receive for information the minutes of other meetings which are captured in the Committee work plan.

7. Conduct of the committee

7.1 All Members and Attendees will operate in accordance with the SPA and any other relevant policies or documents agreed by the Partnership Board.

7.2 Members of the Committee will abide by the ‘Principles of Public Life’ (The Nolan Principles) and the NHS Code of Conduct.

7.3 The Committee shall undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the Committee.

7.4 Any resulting changes to the terms of reference shall be submitted for approval by the Partnership Board.

Terms of reference – Bradford District and Craven Partnership Leadership Executive

Version control

Version:	0.1 (final approved version to be 1.0)
Approved by:	West Yorkshire Health and Care Integrated Care Board ICB
Date Approved:	1 July 2022
Responsible Officer:	James Drury, Partnership Development Director
Date Issued:	12 July 2022
Date to be reviewed:	After 1 year

Change history

Version number	Changes applied	By	Date
0.1	Initial draft	James Drury	8 June 2022
1.0	Approved	ICB	1 July 2022
1.0	Approved	BD&C Partnership Board	12 July 2022

1. General

This BD&C management forum, the 'Partnership Leadership Executive' is part of the West Yorkshire Integrated Care System, which has four core purposes:

- improving population health and healthcare;
- tackling unequal outcomes and access;
- enhancing productivity and value for money; and
- helping the NHS to support broader social and economic development.

The ICS has identified a set of guiding principles that shape everything we do:

- 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 build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.
- 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.

The ICS has committed 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; and

We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

In these Terms of Reference the following capitalised terms are given the meaning set out in the NHS West Yorkshire Integrated Care Board Constitution as updated from time to time, unless the context otherwise requires:

- Conflict of Interest Policy
- Constitution
- Standing Order or Standing Orders

Other capitalised terms have the meaning set out below:

- "Attendee" refers to a participant of this BD&C Management Forum as listed in section 6
- "Chair" means the chair of this BD&C management forum
- "ICB" means the NHS West Yorkshire Integrated Care Board, including any individual, organisation or committee to which its powers or responsibilities are delegated
- "ICB Business" has the meaning given to it at section 4
- "ICB Policies" means any policy, process or procedure formally adopted by the ICB
- "Member" refers to a member of this BD&C Management Forum as listed in section 5
- "NHS Foundation Trust Partner" means Airedale NHS Foundation Trust, Bradford District Care NHS Foundation Trust and/or Bradford Teaching Hospitals NHS Foundation Trust
- "Partner" refers to a partner organisation in the Place Partnership which is also a party to the SPA
- "Partnership Business" has the meaning given to it at section 4
- "Partnership Board" means the Bradford District and Craven ICB Committee as described in the Constitution
- "Place Lead" means that individual appointed by the ICB to oversee and help develop the Place Partnership
- "Place Partnership" means the partnership of organisations described in the SPA
- "SPA" means the Strategic Partnering Agreement entered into by the Partners for the transformation and better integration of health and care services for the population of Bradford District and Craven

- "Working Days" means a weekday that is not a bank holiday in England

  "Written Resolution Procedure" is the written resolution procedure described at section 10.

This BD&C Management Forum shall operate in accordance with the vision, objectives and principles set out in the terms of reference of the BD&C Partnership Board. When advising or making decisions on behalf of the ICB, it will comply with relevant ICB policies.

The ICB Standing Orders shall apply to this BD&C Management Forum unless these Terms of Reference expressly make alternative provision that they do not.

2. Reports to

This BD&C Management Forum reports to the BD&C Partnership Board. Members and Attendees may also report back to their respective Partner organisations.

3. Purpose

This BD&C Management Forum has two roles.
The first is to support the ICB on issues within its remit. If this BD&C Management Forum makes decisions on behalf of the ICB (see section 4 below) this is done in accordance with the authority delegated from the ICB to the Partnership Board, and from the Partnership Board to this BD&C Management Forum.
The second is to support the wider Place Partnership, which comprises the ICB and various other organisations, on issues within the BD&C Management Forum's remit. This support is provided by advising and working collaboratively with all members of the BD&C Partnership, who come from these other organisations.
If this BD&C Management Forum considers that there is or may be a conflict between these two roles then the Chair shall notify the Partnership Board Chair.

In practice, this BD&C Management Forum carries out both roles by reporting to the Partnership Board, which comprises senior leaders from the Place Partnership and is a committee of the ICB.

4. Remit and responsibilities

The remit of this BD&C Management Forum is to:

a) Make the following decisions on behalf of the ICB, following delegation of this responsibility from the ICB to the Partnership Board and from the Partnership Board to this BD&C Management Forum:

i. Approve the operating structure in each place.

ii. Agree place action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.

iii. Agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money in place and support wider goals of development and sustainability.

iv. Develop joint working arrangements with partners in place that embed collaboration as the basis for delivery within the ICB and place plan.

v. Develop arrangements for risk sharing and /or risk pooling with other organisations (for example pooled budget arrangements under section 75 of the NHS Act 2006), for approval by the ICB Board

vi. Make arrangements to implement in place ICB risk management arrangements.

vii. Agree implementation in place of the arrangements for complying with the NHS Provider Selection Regime.

viii. Arrange for the provision of health services in line with the allocated resources across the ICS through a range of activities including:

a) putting contracts and agreements in place to secure delivery of its plan by providers

b) convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes.

c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships, including through investment in PCN management support, data and digital capabilities, workforce development and estates.
d) working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care

b) Provide advice and/or recommendations in the following areas to the Partnership Board, for the benefit of the ICB ((a) and (b) together "ICB Business"):
i Establish governance arrangements to support collective accountability between partner organisations for place-based system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations
ii Agree a plan to meet the health and healthcare needs of the population within each place, having regard to the Partnership integrated care strategy and place health and wellbeing strategies
iii Allocate resources to deliver the plan in each place, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital)
iv Approve decisions on the review, planning and procurement of primary medical care services (to reflect the terms of the delegation agreement with NHS England).

5. Members

Members contribute to discussion, participate in decision making and are accountable for decisions made. If a matter goes to a vote, then each Member has one vote save that the Chair shall have a casting vote, as set out in section 10.

The Members of this Management Forum are:

- The BD&C Partnership Place Lead, who shall be the Chair of the Partnership Leadership Executive.
- The Chief Executive of Airedale NHS FT

- The Chief Executive of Bradford District Care NHS FT
- The Chief Executive of Bradford Teaching Hospitals NHS FT (who is also the Place Lead)
- The Chief Executive of City of Bradford Metropolitan District Council
- The Strategic Director of Health and Wellbeing of City of Bradford Metropolitan District Council
- The Director of Public Health of City of Bradford Metropolitan District Council
- The Director of Children's Services of City of Bradford Metropolitan District Council
- The Chair of the BD&C Clinical Advisory Board
- The Medical Director of the Local Medical Committee
- The Chair of the Clinical Forum
- The Chief Executive of the Bradford Care Association
- The Voluntary, Community, and Social Enterprise Sector System Lead.

6. Attendees

The following individuals will be invited to attend each meeting of this BD&C Management Forum as Attendees. Attendees attend meetings and may be invited by the Chair to participate in discussions from time to time. They do not vote.

The Attendees are:

- The Chief Operating Officer of the BD&C Partnership
- The Director of Partnership Development of the BD&C Partnership
- The Strategic Communications and Engagement Lead of the BD&C Partnership
- PLE Administrative Support

The Chair may invite such other Attendees to attend any meeting of this BD&C Committee as the Chair considers appropriate.
Any individual wishing to attend a meeting of this BD&C Management Forum should make a request to the Chair by writing to Beverley.Denton@bradford.nhs.uk, to be received at least three Working Days to the meeting. Attendance is at the Chair's discretion.

7. Deputies

With the permission of the Chair, a Member may nominate a deputy to attend a meeting of the Management Forum that the Member is unable to attend. The deputy may speak and vote on their behalf. The decision of the meeting Chair regarding acceptance of nominated deputies is final.

Any requests for a deputy to be appointed should be made to the Chair at least five Working Days before the meeting. The Chair shall have discretion to accept requests made after this time if the Chair considers there is good reason for the late notification.

Any reference to Member in these terms of reference includes a deputy appointed in accordance with this paragraph.

8. Chair

The Chair of this BD&C Management Forum shall be the BD&C Place Leader.

If the Chair is unable to attend a meeting or carry out the role of the Chair between meetings then the Members present at the meeting shall appoint a temporary Chair for the purposes of that meeting and if they wish any preparation needed in advance of the next meeting.

References to Chair shall be read accordingly.

9. Quoracy

No decisions shall be made unless at least 50% of the Members are present.

If a meeting is or becomes inquorate, this will be minuted. Members may discuss matters but no formal decisions will be made. Any discussions will be summarised at the start of the next meeting of this BD&C Management Forum.

The expectation of the Partners is that this BD&C Management Forum will meet regularly as scheduled. The Partners recognise that even if a meeting is not quorate, useful discussions may take place. However, if the Chair has received apologies for a meeting in advance that indicate that a quorum will not present, the Chair may cancel the meeting if they are satisfied that this is the more appropriate use of Members' time.

An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

10. Conduct of meetings

Meetings of this BD&C Management Forum will be run by the Chair.

The expectation is that Members will attend meetings in person.

However, the Chair shall have discretion to permit a Member or Attendee to participate in a meeting by telephone, video or by other electronic means where they are available and the Chair is satisfied that there is good reason for the request, such as clinical commitments. Participation by any of these means shall be constitute presence in person at the meeting provided all Members and Attendees in attendance can be heard and hear one another.

Any request to participate in a meeting by telephone, video or by other electronic means should be made to the Chair at least five Working Days before the meeting. The Chair shall have discretion to accept requests made after this time if the Chair considers there is good reason for the late notification.

It is expected that decisions will be reached by consensus. Should this not be possible, each Member will have one vote, the process for which is set out in the section below:

a. All Members of this BD&C Management Forum who are present at the meeting will be eligible to cast one vote each.

b. Absent members may not vote by proxy. Absence is defined as 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. However, they are able to appoint a deputy in accordance with paragraph 8.

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 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.

If the Chair considers it appropriate, decisions may also be taken through the Written Resolution Procedure set out below:

a. The Chair will arrange for an email to be written that:

- confirms the resolution(s) that the Members are being asked to approve;
- includes, by way of an attachment, all of the relevant information to enable the Member to reach a decision on the proposal(s);
- contains the deadline (date and time) for response that shall be at least ten Working Days from the date of the email; and
- confirms the email address to which the Member's vote should be sent.

b. The Chair will arrange for the email and accompanying documents to be sent by e-mail to all Members on the same date.

c. Each Member shall reply to the designated email address by the deadline given setting out whether they accept, reject or abstain in relation to each resolution set out in the email. Once a Member has responded stating they accept, reject or abstain in relation to a resolution they may not amend or retract their vote.

The Chair may also require that a meeting take place entirely by telephone, video or by other electronic means where there is good reason to do so, for example the difficulties of managing hybrid meetings or public health concerns.

Exceptions:

d. The following decisions may not be taken by way of the Written Resolution Procedure:
none
Passing the written resolution:

e. In order for the written resolution to be passed the quorum rules must be complied with. If any Member does not respond to a resolution proposed by the Written Resolution Procedure by the deadline given they are not present for the purpose of the quorum. Responses received after the deadline will be disregarded.

f. Provided the quorum requirements have been complied with a resolution will be passed if the majority of Members responding by the deadline approve the resolution.

g. The Chair will arrange for Members to be notified of the outcome of the Written Resolution Procedure within five Working Days of the deadline.

h. The outcome of all uses of the Written Resolution Procedure will be recorded in the papers for the next meeting. This will include details of votes approving or rejecting each resolution, any abstentions and details of any Member that did not respond by the deadline.

11. Frequency of meetings

This BD&C Management Forum will meet at least ten times per year. Usually it will meet on a monthly basis.

The Chair may call an additional meeting at any time by giving not less than 10 Working Days' notice in writing to all Members and Attendees.

The Partnership Board may require that this BD&C Management Forum meet within a reasonable timeframe to discuss a particular matter. Such requests should be submitted to the Chair.

Members and Attendees shall be given at least ten Working Days' notice of any meeting save that in emergency situations the Chair may call a meeting with three Working Days' notice by setting out the reason for the urgency and the decision to be taken. Papers shall be circulated at least two Working Days before the meeting.

12. Urgent decisions

In the case of urgent decisions needed in extraordinary circumstances, every attempt will be made for this BD&C Management Forum to meet. Where this is not possible the following will apply:

a) The decision-making responsibilities which are delegated to this BD&C Management Forum, may for an urgent decision be exercised by the Place Lead. The Chair shall also consult the Chair of the Partnership Board.

b) The exercise of such powers shall be reported to Members by email within 2 Working Days.

c) The exercise of such powers shall be reported to the next formal meeting of this BD&C Management Forum for formal ratification, where the Chair will explain the reason for the action taken, and report the decision to the Partnership Board for oversight.

Extraordinary circumstances will usually be unforeseen and be such that either calling an extraordinary meeting or using the Written Resolution Procedure will not be appropriate.

13. Admission of the press and public

This BD&C Management Forum shall meet in private. Minutes of its proceedings will be reported to the Partnership Board.

14. Declarations of interest

If any Member or Attendee has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible before the meeting and act in accordance with the Conflicts of Interests Policy.

The Chair will determine how a conflict of interest should be managed in accordance with the Conflicts of Interests Policy, taking into account any previously agreed arrangements for managing a conflict of interest. The Chair may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.

15. Support to the Management Forum

Administrative support will be provided to this BD&C Management Forum by the BD&C place team of the West Yorkshire ICB. This will include:

- Agreement of the agenda with the Chair
- Sending out agendas and supporting papers to Members and Attendees at least five Working Days before the meeting.
- Taking minutes of the meetings, including an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.
- Drafting minutes for comment and approval by the Chair within five Working Days of the meeting. Following Chair's approval, distributing the minutes to all Members and Attendees within five Working Days of the approval. Updating minutes in accordance with any amendments agreed at subsequent meetings
- Maintaining an on-going list of actions, specifying the Member(s) responsible for each action, due dates, progress and completion.
- Maintaining an annual work plan.
- Receiving notifications and requests on behalf of the Chair, including notifications relating to conflicts of interest, requests for meetings and/or nomination of deputies

Notifications and requests to the Chair must be sent to beverley.denton@bradford.nhs.uk.

It is the responsibility of Members and Attendees to ensure that they provide their contact details to the Chair (email and direct dial telephone number) and keep these up to date.

Papers will be circulated electronically. Members or Attendees wishing to receive the papers in a particular format (e.g. large print, hard copy) should make a request to the Chair. The Chair has discretion as to whether to meet the request.

16. Authority

The Partnership Leadership Executive is authorised to commit finances of the BD&C Partnership up to the value prescribed in the Standing Financial Instructions. Financial decisions taken by the Partnership Leadership Executive shall be reported to the Partnership Board at least annually.

Where decisions are required on values in excess of the limit set out in the SFIs, the Partnership Leadership Executive shall make a recommendation to the Partnership Board, and the Partnership Board shall take the decision.

This BD&C Management Forum is authorised to investigate any activity within these terms of reference. It is authorised to seek any information it requires within its remit, from any member of staff of a Place Partner and Place Partners will ensure that their staff are directed to co-operate with any such request made by this BD&C Management Forum.

This BD&C Management Forum is authorised to commission any reports or surveys it considers necessary to help it fulfil its obligations. In doing, so, this BD&C Management Forum must follow procedures put in place by the ICB and the Partnership Board for obtaining legal or professional advice.

This BD&C Management Forum is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, this BD&C Management Forum must follow procedures put in place by the ICB and the Partnership Board for obtaining legal or professional advice.

This BD&C Management Forum is authorised to create and dissolve time limited task and finish groups as are necessary to fulfil its responsibilities. When doing so, this BD&C Management Forum must set clear a clear scope of work and deadline for completion for such groups. Such groups shall not be able to take decisions on behalf of this BD&C Management Forum.

This BD&C Management Forum has the working groups listed below, which report to it. These working groups exist to support this BD&C Management Forum and are not time-limited. This BD&C Management Forum shall determine their membership, scope and work programme and ensure that these are recorded in writing, regularly reviewed and understood by all participants. A working group may be created or dissolved by this BD&C Management Forum.

- Planning and Commissioning Forum
- Community Partnership Steering Group
- Partnership Leadership Team
- Mental Health, Learning Disabilities and Neuro-Diversity Health and Care Partnership Board
- Children, Young People and Families Health and Care Partnership Board
- Airedale Wharfedale and Craven Health and Care Partnership Board
- Bradford Health and Care Partnership Board

17. Reporting

This BD&C Management Forum shall submit its minutes to each Partnership Board meeting. These shall be published by the Partnership Board as part of its meeting papers.

The Chair shall draw to the attention of the Partnership Board any significant issues or risks relevant to the Place Partnership or the ICB.
This BD&C Management Forum shall submit an annual report to the Partnership Board.

This BD&C Management Forum shall submit an annual report to the Partnership Board.

This BD&C Management Forum shall propose an annual work plan to the Partnership Board for approval by the Partnership Board. The Partnership Board may make such changes to the annual work plan as it considers appropriate in consultation with the Chair.

This BD&C Management Forum will receive for information the minutes of other meetings which are captured in the Management Forum's work plan e.g. minutes of its working groups.

18. Conduct of the Committee

All Members and Attendees will operate within the Constitution of the ICB, standing orders, standing financial instructions, other financial procedures and ICB Policies provided always that this requirement may be disapplied by the Partnership Board in relation to Partnership Business, such authorisation to be given in advance and in writing.

All Members and Attendees will operate in accordance with the SPA and any other relevant policies or documents agreed by the Partnership Board.
All Members and Attendees will attend and complete any training required by the Chair or the Partnership Board

Members and Attendees must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new decision or recommended approach achieves positive change around inclusion, equality and diversity.

Members and Attendees will abide by the 'Principles of Public Life' (The Nolan Principles)

The requirements listed above in relation to conduct of Members and Attendees shall also apply to members of any working groups or task and finish groups reporting to this BD&C Management Forum.

The Management Forum shall undertake an annual self-assessment of its own performance against the annual work plan, these terms of reference and the SPA. This self-assessment shall form the basis of the annual report from this BD&C Management Forum to the Partnership Board.

The Partnership Board may remove an individual Member from this BD&C Management Forum if:

- That individual fails to comply with these terms of reference;
- That individual has behaved in a way, or is threatening to behave in a way, that is likely to bring this BD&C Management Forum, the Partnership Board and/or the ICB into disrepute;
- That individual has attended less than [75%] of the meetings of this BD&C Management Forum in any [12 month] period;
- The individual no longer meets the relevant membership requirement set out at paragraph 6, for example because they no longer hold a particular post or work for a particular organisation; or
- They qualify for membership of this BD&C Management Forum through their host organisation and that host organisation leaves the Place Partnership

19. Amendments

This BD&C Management Forum may propose changes to its terms of reference to the Partnership Board.
Any changes to these terms of reference must be approved by the Partnership Board.

20. Review date

These terms of reference shall be reviewed annually.

21. Implementation

These terms of reference come into effect on 01/07/2022

Bradford District and Craven
Health and Care Partnership

ACTasONE

Openness and transparency for the Partnership Board

Partnership Board July 2022

Bradford District and Craven
Health and Care Partnership

Our objective

Establish arrangements that ensure openness and transparency for the Partnership Board and encourage active involvement with the population we serve.

Getting the foundations in place

At a minimum we commit to the following

- Papers for the meeting will be made available on our place based partnership website seven days in advance
- We will issue a press notice confirming date of meeting and include a link to the website, this will also be shared on social media
- All meetings will be held in public either online or, where safe to do so, face to face in accessible venues
- Online meetings will use an existing meeting platform such as Zoom or Microsoft Teams, will be recorded and saved as a video file that can be shared on our place based partnership website (video hosted on our YouTube channel)
- For face to face meetings a live stream option will be used, again with this being recorded and available on our place based partnership website
- Establishing a process for collecting questions ahead of as well as during meetings with a facility in place to share responses after the meeting through our engagement platform 'Engage BDC (www.engagebdc.com)'
- Facilitating a meaningful connection between Partnership Board and our developing 'citizen's forum' and partnership involvement framework

Grassroots and Engage BDC

We will use our existing platforms to share intelligence and insight from our communities as well as facilitating a process to capture questions from the public

- Engage BDC is our online platform that will help us provide a central point for system wide involvement and engagement activities. The platform can provide a feedback loop from our partnership board meetings offering people a chance to ask questions and see responses. This offers a transparent process that we can share through our social media channels and include in any minutes.

- Interactive forum on Engage BDC – this would give members of the public as well as our networks a chance to ask our board members questions as part of an open dialogue that is not restricted by a wider meeting agenda and can be run at different times to offer greater flexibility for people to join.

Leading the way

We can go further than this, by being brave and ambitious in our commitment to being open and transparent

- As part of our commitment to including the ‘voice of the child’ in our partnership we could work with our Healthy Minds Apprentices and SEND ambassadors to ask them to table a question for discussion at each board meeting. This would give young people a platform to be involved in the decision making process
- Similarly we could ask members of our staff network to bring a question to each partnership board meeting which then links back to our wider OD and system development work, bringing the idea of acting as one to life, creating a sense of belonging and showing how we want to look after our people
- ‘Board on tour’ would involve a rotational process where a member of the board spends time with a community organisation, where possible linked to one of our community partnerships, and bring questions from those community groups to the Partnership Board. That board member would then return to the community organisation and provide an update on the question(s) raised. This would be a unique way of demonstrating our community-centred approach and link to our place based strategy’s focus on ‘inverting the power to act’

Leading the way

With sufficient resource to enable this work to be prioritised, we could connect our governance and decision-making closely to our partnership framework for involving people and communities

- By effectively forward planning agendas, we could ensure that our involvement networks are able to bring lived experience and insight to give context to discussions and influence decisions.

- Through our ‘network of networks’ approach to developing citizen engagement, each Board member could be reverse-mentored by an involvement partner with lived experience related to a strategic priority.

Bradford District and Craven
Health and Care Partnership

Developing our ‘Citizen’s Forum’

We want to create opportunities for people to be involved in our decision-making processes and do this in innovative ways.

- We have a steering group drawn from across our partnership which is developing a shared framework for how we involve people and communities
- Our first project is to design, test and continually improve, a way of bringing people together to influence decision-making – this is currently being described in governance diagrams as our ‘citizen’s forum’ but its title will change
- This will be an inclusive, dynamic, and accessible space, hosting both virtual and in-person events – not limited to a static group of people. Everyone who lives or works in Bradford District and Craven is welcome.
- We will be intentional about diversity and inclusion, and work to ensure that our forum is welcoming and relevant to people from marginalised communities.
- This will operate as a network of networks, bringing together the wide range of involvement activity that happens in Bradford District and Craven.
- The forum should be an opportunity for people to influence and engage with decision-makers, make connections, and initiate community-led action to improve health and wellbeing.

Roles and responsibilities

	Comms & Involvement	Governance & Assurance
Papers for the meeting will be made available on our place based partnership website seven days in advance – governance colleagues to collate the pack, comms and involvement team to add to website	✓	✓
We will issue a press notice confirming date of meeting and include a link to the website, this will also be shared on social media	✓	
All meetings will be held in public either online or, where safe to do so, face to face in accessible venues (comms and involvement will explore appropriate tech options however running of event will be through governance and assurance)		✓
Establishing a process for collecting questions ahead of as well as during meetings with a facility in place to share responses after the meeting through our engagement platform 'Engage BDC (www.engagebdc.com)'	✓ **(only to post to online site)**	✓
Using an existing process we will share feedback that is collected through our Grassroots database and demonstrate how we have responded to this as a system 'you said, we did'.	✓	
Interactive forum on Engage BDC – this would give members of the public as well as our networks a chance to ask our board members questions	✓	
As part of our commitment to including the 'voice of the child' in our partnership we could work with our Healthy Minds Apprentices and ask them to table a question for discussion at each board meeting	✓	✓
Members of our staff network to bring a question to each partnership board meeting – linking with EDI leads across our partnership	✓	✓
'Board on tour' would involve a rotational process where a member of the board spends time with a community organisation, where possible linked to one of our community partnerships, and bring a question(s) from those community groups to the Partnership Board.	✓	
Facilitating meetings, capturing questions and sharing minutes as well as notes from meetings with groups as outlined above and with comms and involvement colleagues		✓

Bradford District and Craven
Health and Care Partnership

ACTasONE

Bradford District and Craven Health and Care Partnership

Name of meeting	BDC Partnership Board	**Meeting date**	12th July 2022
Title of report	Place Lead's Update	**Agenda item**	7
Report prepared by:	Mel Pickup	**Report presented by:**	Mel Pickup
Previous considerations			
Place Lead's Update June 2022			

Executive summary and / or key discussion points including focus on our 'spotlight' priority area

This report summarises key activities and points to note arising from the activity of the BD&C Place Partnership and the wider West Yorkshire Health and Care Partnership. Where relevant, connections are made to national policy developments.

The report seeks to inform the Partnership Board of progress made by the Executive and the whole Partnership in response to our key issues and in pursuit of our strategic goals.

Outline how this supports our partnership vision and strategy

Our Purpose - all working to the same goal, for our population to have more chances to lead healthier lives.

Our Population - supporting the delivery of our priorities and a better experience of health and care prioritising those with the worst outcomes.

Our Place - making our district a great place to live, work and thrive.

Our Partnership - greater value through the best use of our collective resources, minimising duplication and waste.

The activity of our Partnership noted in this months update touches on all aspects of our vision and strategy: our work to focus on five priorities relates to our purpose and our population. Our contribution to good jobs and clean air relate to our place, and it is all enabled by working together.

Purpose

assurance	**decision**	**action**
☐	☐ approve / recommend / support / ratify	☒ review / consider / comment / discuss/ escalate

Recommendation(s)

The Partnership Board is asked to receive and note the Place Lead's Update

Which risks on the risk register or assurance framework does this report relate to:

To be completed in future editions as the Partnership Assurance Framework is developed

Appendices
none

Place Lead's Update – July 2022

1. National context and policy development

We have been working hard over the last year to prepare for the formal establishment of statutory Integrated Care Systems, a cornerstone of the Health and Care Act which focuses on integration and collaboration. Regionally 1 July was when the NHS West Yorkshire Integrated Care Board was formally established, a significant milestone in our integration journey. This date also signalled the end of clinical commissioning groups, I want to place on record my thanks to colleagues and partners who contributed to the work of NHS Bradford District and Craven CCG, laying the foundations for our place based partnership as well as playing key roles in our West Yorkshire Integrated Care System.

Our Bradford District and Craven Health and Care Partnership Board takes on delegated responsibilities as a formal committee of the NHS West Yorkshire Integrated Care Board. With thanks to our colleagues we have ensured a safe transfer of responsibilities from our CCG, while maintaining our focus on what we are here to achieve together, and who we are working for – the people who live and work in our place and across our region.

Our aim is to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS to support broader social and economic development.

Nationally the NHS and Department of Health and Social Care have embarked on a discussion to refresh the NHS Long Term Plan, making sure it reflects the progress made and the current circumstances of our Country. The NHS Confederation has called on this refresh to embrace the positive learning from the Covid 19 pandemic, and apply it to the challenges ahead. That includes truly partnering with communities, trusting local leaders and their teams, and galvanising a broad partnership with a diverse range of skills and capabilities, in order to tackle the most complex and enduring issues faced by people

Here in Bradford District and Craven we have also begun reflecting on learning from recent place based reviews and a programme of work that will help us reset priorities while ensuring we understand and capture the views of our communities and our colleagues. Item 8 on today's agenda will say more about our progress and plans.

We have a number of areas to focus on, while making sure we understand wider issues that affect our communities and our colleagues. Our communities and our colleagues are experiencing the challenge of rapidly increasing prices, putting added pressure to stretched household budgets. It is often those with least to spare who are most impacted. We want to ensure we offer attractive jobs, equal opportunities for career progression and wherever possible reduce the impact of the cost of living crisis on our colleagues. We will of course contribute to discussions and play our role in any decision making that improves the living standards of our colleagues and our communities.

Working together as a partnership, we've shown ingenuity on these issues before, and that should give us hope that by staying focused on our purpose and being led by our values, we'll be able to

find a way through. The Health Foundation recently published an analysis of Integrated Care Systems and concluded that there is much variation in the extent of the challenges they face, and the approaches they are taking to tackle them. It calls for a permissive and flexible policy context in response. This would be a helpful environment for a creative and inclusive place partnership like ours to flourish.

2. West Yorkshire Health and Care Partnership activity and implications for Bradford District & Craven Place Partnership

The West Yorkshire Integrated Care Board held its first official meeting in public on the 1 July 2022. At the meeting the Chair, Chief Executive and board members were appointed, and the ICB constitution and policies were approved. It also triggered the establishment of the Integrated Care Partnership, which is founded jointly by NHS West Yorkshire ICB and all the local authorities serving West Yorkshire (this includes Craven which will be part of a single unitary authority covering North Yorkshire in 2023).

The establishment of NHS West Yorkshire ICB also marks the transition from five CCGs, with 1,200 people now being employed by the new body. Locally, on 23 June we celebrated and recognised the many achievements of NHS Bradford District and Craven CCG team, who are now fully embedded in the Partnership. ICB Chief Executive Rob Webster attended the celebration event and said, “Bradford District and Craven is at the forefront of issues like managing flow, partnerships with communities and tackling inequalities through its Reducing Inequalities in Communities (RIC) programme. We should be very proud of the accomplishments made by each of our CCGs and places.”

Some key updates from our West Yorkshire Health and Care Partnership are outlined below.

- Partnership hosts ‘Health Inequalities Academy – one year on’ reflecting on the progress made by the academy in our efforts to tackle health inequalities.
- A report into the findings of the West Yorkshire Health and Care Partnership’s Planned Care Citizens’ Panel has been published. The feedback from all the panel meetings has been summarised in the report Seeking patients’ views on delays to planned care caused by the pandemic. The report is a stark reminder of how extremely difficult things were one year ago. The report does highlight the significant progress being made in tackling the backlog
- On Monday 27 June the Partnership launched a new website that provides consistent, accurate and trustworthy healthcare advice to parents, carers, young people, and professionals. West Yorkshire Healthier Together has been developed by local healthcare professionals to help parents and carers keep their children safe and healthy. Information has been reviewed by local paediatricians, GPs, community pharmacists, health visitors and other professionals across the region to ensure it is the most current, and up to date information available.

3. Bradford District & Craven Partnership progress and issues to note

Some key updates from our Bradford District and Craven Health and Care Partnership:

We have appointed an independent chair for our Board. We are excited to welcome Elaine Appelbee as the Independent Chair of our Partnership Board. Elaine is currently embarking on an induction process and is keen to connect with our place based partnership.

We said goodbye to Helen Hirst who retired from her role as Accountable Officer for NHS Bradford District and Craven CCG. We are proud to recognise the work Helen has done to develop our health and care system across Bradford District and Craven and her direct involvement in establishing our strong place based partnership. Helen has now taken up the role of Chair of Calderdale and Huddersfield Foundation Trust, I and my fellow colleagues wish her the best.

On 23 June the Bradford Children's Improvement Board received proposals to respond to the Joint Area Special Educational Needs and Disabilities (SEND) Inspection in Bradford by OFSTED and CQC. The Inspection report concluded that there are significant gaps in specialist provision and services for children and young people with SEND in Bradford, and a written statement of action is required to clarify how the issues will be addressed. Issues include collaborative commissioning, communications between operational teams and fair access to services. The inspection did also highlight strengths in our system including better support for young people's mental health needs, language support for children in early years, effective further and higher education and training provision for young people with SEND, multi-lingual approaches to assessment, and closer working with parents' groups.

Local partners across health, local authority and education are working together at pace to implement change. Additional resources have already been agreed to support the work, and the health and care partnership's re-set of priorities includes Children and Young People as one of five priorities for the whole system.

On 24 June our Partnership Leadership Executive met to drive forward the work of our place based partnership on behalf of the Partnership Board. Highlights to note include:

- Agreement in principle of proposals to invest additional resources to reduce health inequalities in all community partnerships, with a particular emphasis on neighbourhoods with the highest level of need. Further work now progressing to ensure alignment of related resources, avoiding duplication.
- Agreement of funding of a new VCSE system leadership role to strengthen participation in the health and care system, working in conjunction with existing arrangements.
- Development of practical implementation arrangements for the re-set of priorities (as per item 8 on the Partnership Board agenda)

Bradford Council is set to implement a Clean Air Zone to achieve compliance with legal limits for air quality. The Clean Air Zone will start on 26th September and will help to improve air quality for everyone. Health research in Bradford has indicated that the largest health benefits will be felt by the most deprived communities in the City. The extended lead time allows IT systems to be fully tested and businesses more time to use the Clean Air Zone funding available and upgrade their vehicles prior to the launch. It also provides Bradford district businesses and households more time to apply for local exemptions. Read more about the Clean Air Zone

Following the success of our first ever Act as One Festival in 2021, we did it all over again in 2022. From Monday 27 June until Friday 8 July, we ran a series of interactive workshops as well as bringing the festival to people with stalls dotted across our place. The final act of the festival will be our Recognition Day on Thursday 28 July, 3-5pm. If you want to nominate a team or project that demonstrates our 'Act as One' ethos you can download the nomination form from our website – closing date for return of forms is close of play Monday 18 July.

Two projects put forward by the Bradford District and Craven Health and Care Partnership made the shortlist for this year's NHS Parliamentary Awards, to mark the NHS's 74th birthday, after taking home the regional prize for North East and Yorkshire. The Bradford District and Craven multi-agency support team (MAST) was shortlisted for the Excellence in Urgent and Emergency Care Award. The Modality Community Health Partnership, a group of GP practices working together as a primary care network, was nominated in the Health Equalities category. Read more

4. Conclusion

We are proud to have reached the milestone of statutory establishment of our NHS West Yorkshire Integrated Care Board, and to have established our Partnership Board as a committee of the ICB. We are excited by the potential we have together and committed to really make a difference for our communities.

Bradford District and Craven
Health and Care Partnership

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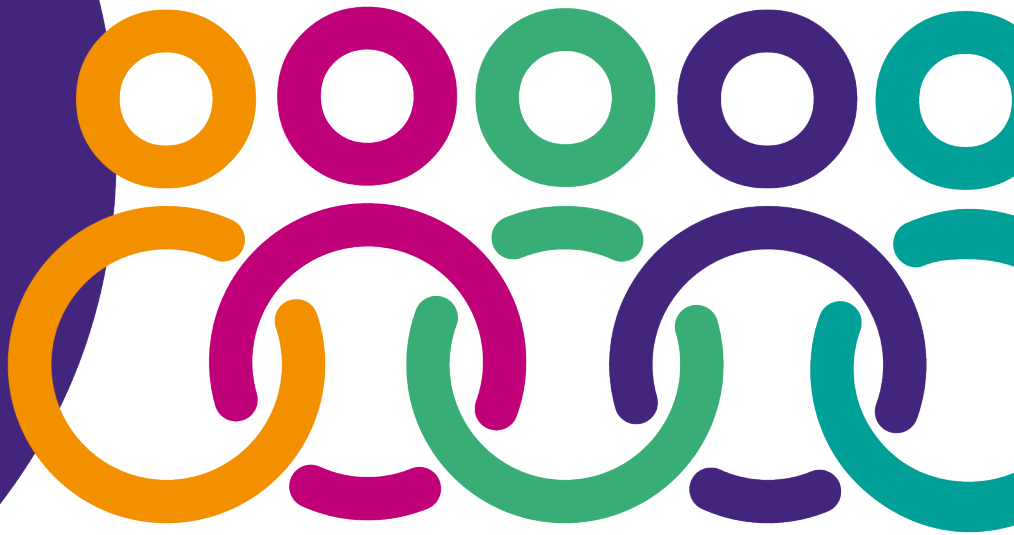
Bradford District and Craven Health and Care Partnership Priorities



Bradford District and Craven
Health and Care Partnership

Contents

Why do things differently?

Five priorities

Things to consider

How to contribute

Timeframes

Why do things differently?

Our partnership strategy

External reviews

Mike Farrar, April 2022

- Improved provider collaboration
- Supercharge communities
- Don't try and do everything

David Hambleton, April 2022

- Communities better represented in our work
- Shift in focus of work to more local level

Better governance

- Boards should take on responsibility for initiatives across the whole place

Why does this matter?

The Health Foundation

More than a quarter of GP and general practice nursing posts could be vacant in 10 years

30 June 2022

Children's COMMISSIONER

An inconsistent approach to SEND, findings from analysis of Education Health and Care Plans (EHCP) from two local authorities in England

FEBRUARY 2022

Children's Mental Health Services 2020/21

The King's Fund

NHS hospitals, mental health services and community providers are now reporting a shortage of nearly 94,000 FTE staff, of which 39,000 vacancies are in nursing (one in ten posts).

Overall satisfaction with the NHS fell to 36 per cent – an unprecedented 17 percentage point decrease on 2020. The main reason people gave was waiting times for GP and hospital appointments (65 per cent) followed by staff shortages (46 per cent)

Our priorities

Bradford District and Craven
Health and Care Partnership

Purpose

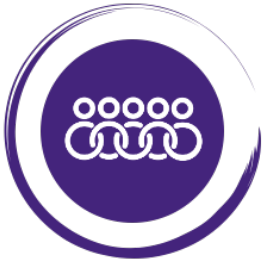
Inverting the Power to Act

Population

Recovery from COVID

Place

Prevention of Ill health



Partnership

Workforce and OD

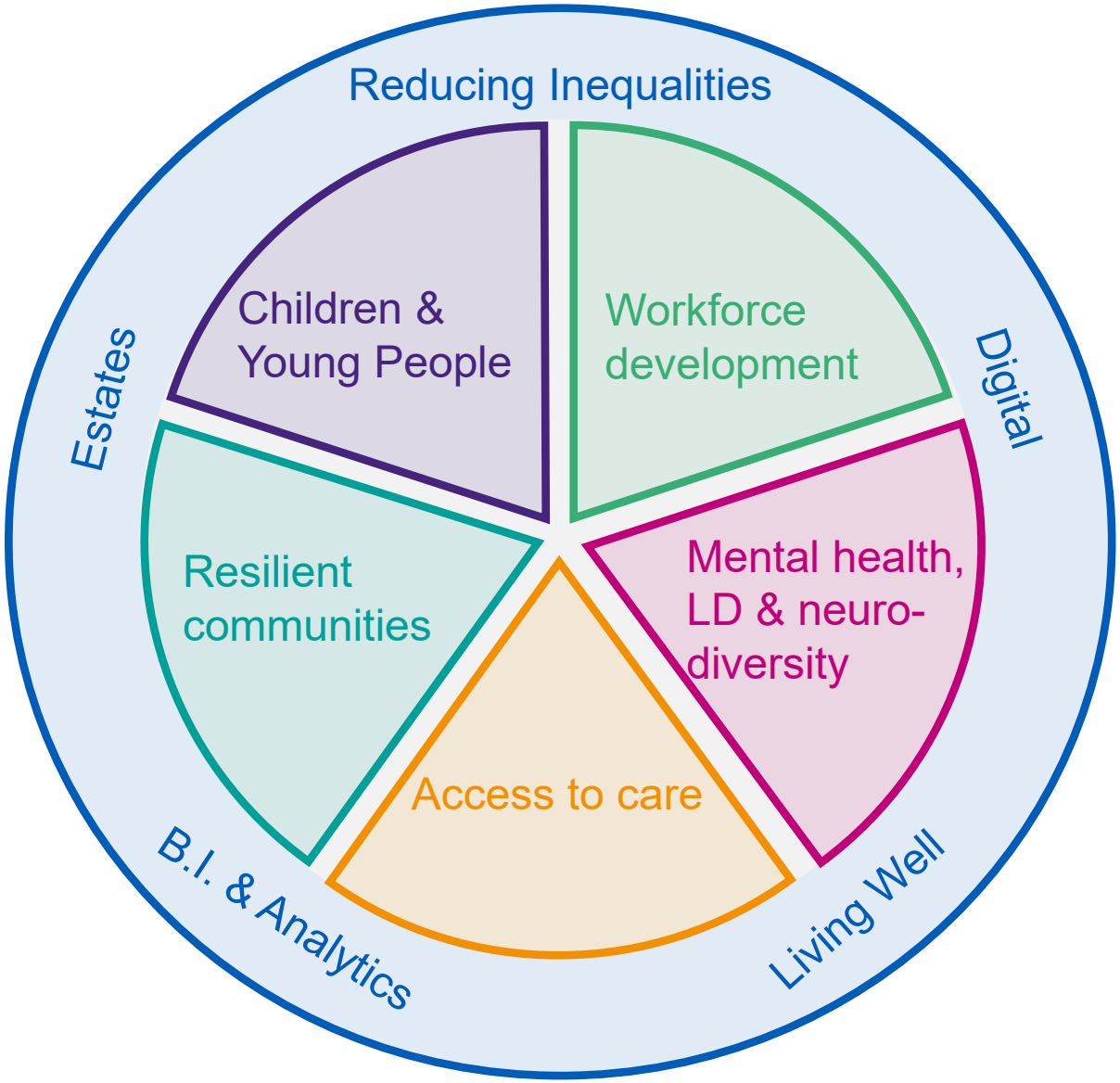
Spotlight

Children and Young People

Resilient Communities	Access To Care	Mental Health, LD and ND	Workforce Development	Children and Young People

Our BD&C operating model

Bradford District and Craven
Health and Care Partnership

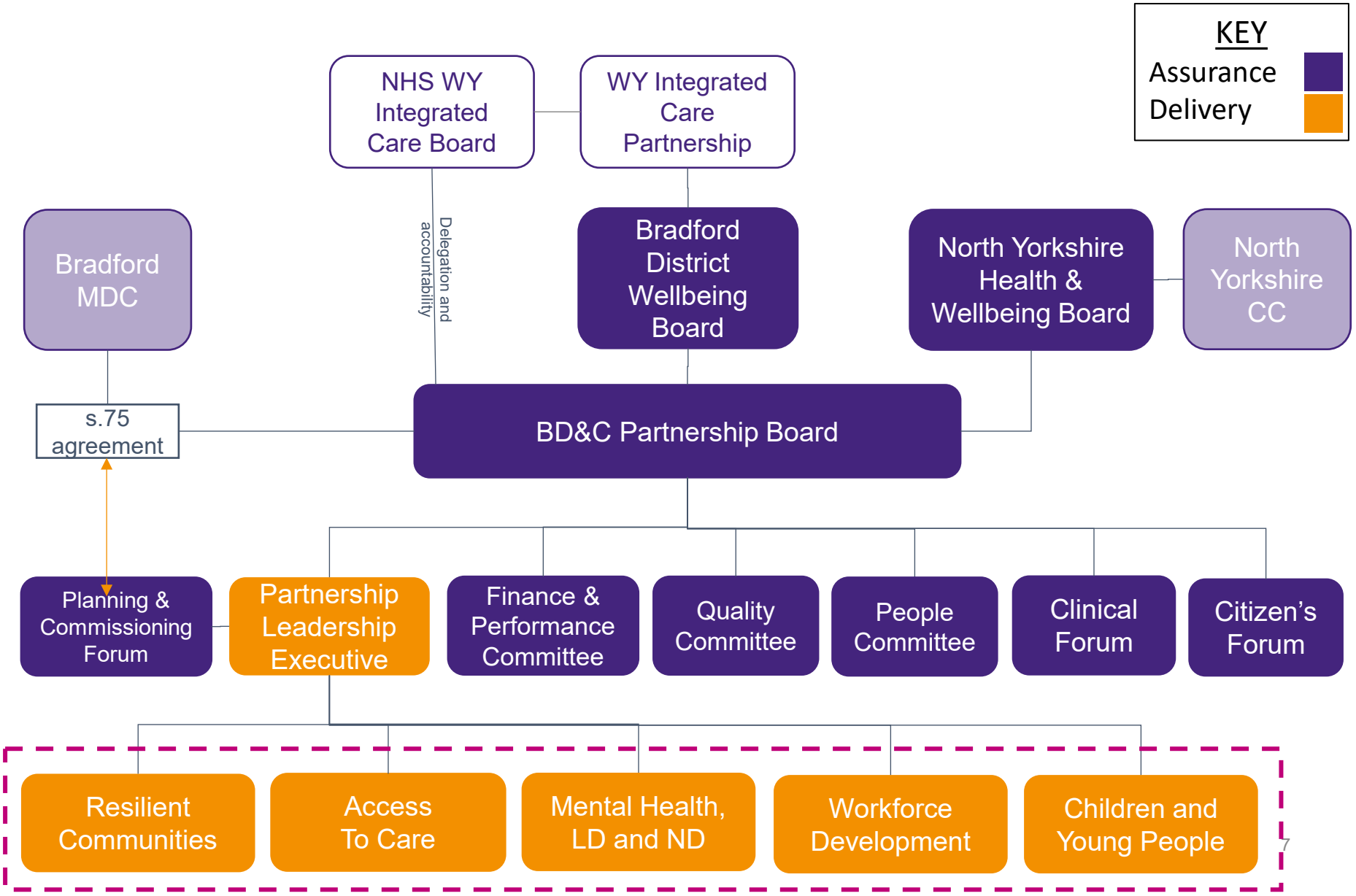


Partnership Functions

- Communications
- Contracting
- Finance
- Governance
- Partnership delivery
- Partnership development
- Personalised commissioning
- Primary care
- Quality
- Safeguarding
- Strategy

Possible governance

Bradford District and Craven
Health and Care Partnership



Some things to consider

Bradford District and Craven
Health and Care Partnership

Destination

Engaging providers, VCS & others in leading partnership work

How does this link to West Yorks priorities?

Single unitary authority for North Yorkshire?

What do we want to retain from previous HCPBs?

What should we do with existing programmes?

Links into CBMDC arrangements – especially Children's?

What does this mean for the agendas of the enablers?

How to incorporate important existing work, e.g. 1%

What happens to other existing forums?

What exactly will the scope be of each of the five priorities?

Where we are now

How to contribute

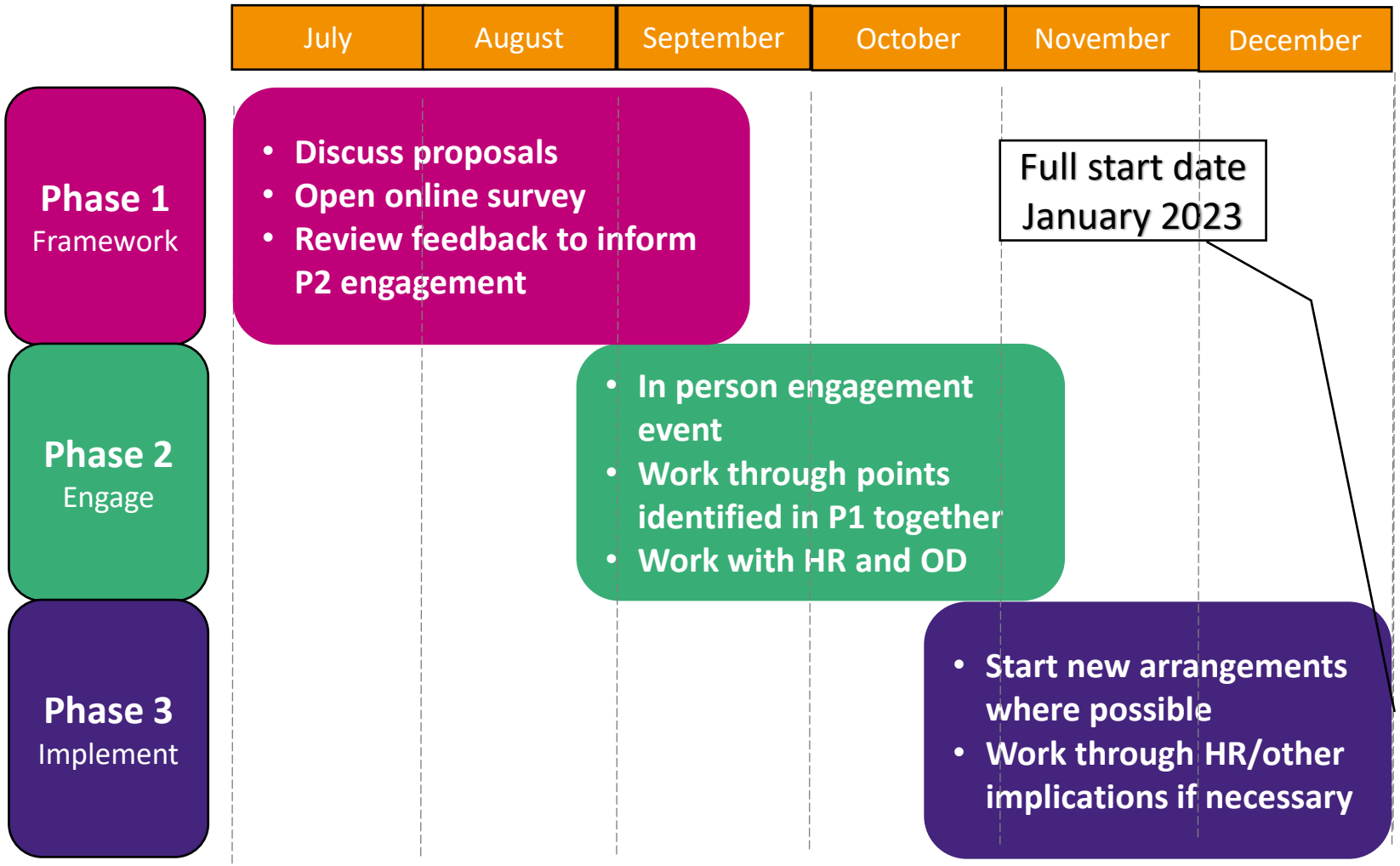
Existing forums

- Discuss with existing forums, teams and leads to identify issues to work through

Online survey

- Please complete the online anonymous survey
- INSERT LINK

Draft timeline



Actions for you to take – Partnership Board

Today at Partnership Board:

1. What learning and suggestions would you wish to share with the teams leading the scoping of each of the five priorities?

After today:

1. Use this slide deck to brief your stakeholders (during July and August)
2. Ask them to contribute too

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Sub Committee Escalation and Assurance Report to the BD&C Partnership Board

Report from: Update in lieu of formal Committee meeting.
Date of the meeting: N/A

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert:
• Nothing to raise.
Advise:
• Place financial plan submitted in June 2022 as part of the West Yorkshire ICS financial plan. Place target surplus of £2.85m (ICB surplus of £2.85m, Trusts – break-even). • Month 2 (May) financials as per WY ICS reporting: - ICB budgets – very limited activity information available to inform the position due to normal time lags for elective activity and prescribing information. Performance reported in line with plan. - Trusts – performance reported in line with plan. - Overall Place position – performance reported in line with plan. • Financial risks emerging in relation to lower levels of elective activity and reduced Elective Recovery Fund income, and the achievement of waste reduction plans which are weighted more towards the second half of the financial year. These risks will continue to be monitored by the Committee and escalated for action as appropriate. • Key current activity is the close-down of the former Bradford District and Craven CCG's Accounts for the three months to June 2022. This will enable us to confirm the value of ICB resource allocation that is available for the remainder of the financial year to enable us to meet our 2022/23 plan targets.
Assure
• No issues arising from the audit of the former Bradford District and Craven CCG's Accounts for 2021/22 that have an impact on 2022/23 financial performance. • As previously advised, the next meeting will take place on the 28th July 2022 and will be part orientation (plan walk-through), performance review, including the Quarter 1 financial position, and consideration of relevant Place risks.
Risks discussed: • N/A
New risks identified:

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- N/A

Report completed by: Robert Maden – BD&C Place Director of Finance
Date: 05/07/2022

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Health and Care Partnership

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Sub Committee Escalation and Assurance Report to the BD&C Partnership Board

Report from: People Committee
Date the meeting: 30 June 2022

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert:
• No matters noted
Advise:
• Proposed frequency of meetings to be monitored and re-aligned if necessary to any changes in frequency of Partnership Board meetings • Terms of Reference to be reviewed mid-year to allow time to sense check fitness for purpose
Assure
• A newly formed committee - transitioning from a well-established Integrated People Board with responsibility for delivery of our Place based Integrated People Plan and the HSCEP, aligned to elements of the 'Growing our Workforce' pillar • First meeting took place 30 June 2022: - Draft Terms of Reference discussed and amendments agreed - Meeting schedule agreed – bi monthly People Committee meetings with an additional 5 sponsored development sessions aligned to the Partnership priorities refresh and People Plan 4 pillars - Meeting format, standing items and ideas for forward agenda discussed and agreed • Chair, Deputy Chair, Joint SROs and CEO portfolio lead for People Committee and the Integrated People Plan all in place • HRD Programme Leads identified for all 4 Pillars of the Integrated People Plan • Partnership development, refresh of PBP priorities and leadership changes are providing an opportunity for pausing, reflection, refresh and re-alignment of our People and OD functions and priorities with revisions to and establishment of the governance, reporting and leadership arrangements for all programmes of work (aligned to 4 pillars of Integrated People Plan and expectations of the ICB/ICS)
Risks discussed: • N/A
New risks identified: The following new risks were also discussed: • N/A

Report completed by: Melanie Hudson - Chair of People Committee
Date: 5/7/2022

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Health and Care Partnership

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Sub Committee Escalation and Assurance Report to the BD&C Partnership Board

Report from: System Quality Committee
Date the meeting: 12th July 2022

Key discussion points and matters to be escalated from the discussion at the meeting:
Alert:
• **CQC & Ofsted SEND system inspection** of the local area, the draft feedback letter has been received and comments returned. Inspectors identified 5 written statements of action for the CCG/ICS and BMDC. The joint final action plan will be submitted in September 2022. Senior officers from both organisations attended a progress update with Ofsted and NHSE 30th June 2022. This resulted in positive feedback about the progress made. Effective partnership working was reinforced at this meeting. • The N**ational review into Star Hobson and Arthur Labinjo-Hughes** on 26th May 2022. The Bradford Partnership and the National Panel held a Webinar on June 28th for Bradford staff with 200+ attendees. A draft system wide improvement plan will be presented at the next Partnership Board • A single item **Quality Surveillance Group** (QSG) pertaining to **Cygnet Hospitals** was hosted by NHSE on 25th May 2022. Cygnet Bierley has been rated inadequate by the recent CQC inspection and has been placed in special measures for 6 months. NHSE will convene a Quality Improvement Board for Cygnet and local partners in West Yorkshire.
Advise:
• **Fees charged by Care Home providers** have increased above agreed local authority and CHC rates. Overall annual average cost per person has seen an increase of approx. 8% between 2019/20 and 2021/22. • The **joint (CCG/BMDC) service review of Personalised commissioning** (including CHC),whilst not yet complete, demonstrates significant areas where service redesign is imperative to ensure improvements to the quality of the service provision and achieve financial prudence. The outcome of the review will be considered by the SFC and SQC.
Assure
Items discussed at the **June SQC meeting** included; • SEND Inspection Actions • System Quality Update • Our Approach to Patient Safety • Our approach to Quality Care Sector A **planning workshop** was held on the 17th June 2022 to inform the future ways of working and priorities for the SQC for 2022/23. Outputs included

Bradford District and Craven
Health and Care Partnership

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• Overarching themes for the committee and how it operates within the system • What new approaches should be added? • What should we change/ stop? • What's good that should continue/ develop further? The areas of focus for 2022/3 will be signed off at the July SQC. • A workshop was held by ANHSFT and BTHFT clinicians to look at stroke outcomes on 27/6/22. This has led to collaborative working to address solutions to challenges using current resources, focus group providing the basis of a report to tackle longer term issues and to deliver a single stroke service across Bradford District and Craven. The report will be published by July 30th 2022.
Risks discussed: • Not applicable on this update (see below)
New risks identified: The following new risks were also discussed: • The current risks identified by the SQC are in the process of transitioning to the new risk register and assurance framework to ensure risks are identified, managed and mitigated in partnership with the ICS and at place.

Report completed by: [Chair of committee]

Michelle Turner Director of Quality and Nursing
Carol Pantelli Chair of SQC

Date: 29th June 2022

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Health and Care Partnership

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Bradford District and Craven Health and Care Partnership

Name of meeting	BDC Partnership Board	**Meeting date**	12/07/2022
Title of report	Citizen's Forum	**Agenda item**	9
Report prepared by:	Helen Rushworth	**Report presented by:**	Helen Rushworth
Previous considerations			

Executive summary and / or key discussion points including focus on our 'spotlight' priority area

The citizen's forum has strong levels of engagement from a steering group which includes broad representation from statutory and VCSE partners charged with ensuring representation across all our communities.

We have agreed Terms of Reference and have met to workshop our next steps and identify 3 priority actions:

- To develop a strong and easily accessible online presence.
- To identify gaps in involvement whilst building on existing structures and good practice.
- To design and timetable a series of 'roadshow' events over the next 12 months involving system leaders meeting people in 'their' space.

The support of the Partnership Board is welcomed re the development and delivery of this forum.

Outline how this supports our partnership vision and strategy

Our Purpose - all working to the same goal, for our population to have more chances to lead healthier lives.

Our Population - supporting the delivery of our priorities and a better experience of health and care prioritising those with the worst outcomes.

Our Place - making our district a great place to live, work and thrive.

Our Partnership - greater value through the best use of our collective resources, minimising duplication and waste.

This forum allows people to be engaged with and to influence decisions regarding their health and wellbeing in the hope that this will promote greater trust in the system and have a positive impact on self-care.

The Partnership Board will have regular feedback on the issues affecting the local population to enable prioritisation based on lived experience.

Purpose		
assurance ☒	**decision** ☐ approve / recommend / support / ratify	**action** ☐ review / consider / comment / discuss/ escalate

Recommendation(s)

Note the paper and to demonstrate ‘inverted power’ by Board colleagues committing themselves and their organisations to ‘feet on the ground’ to meet people in their communities on a regular basis.

Which risks on the risk register or assurance framework does this report relate to:

Appendices

See attached slides.

Bradford District and Craven
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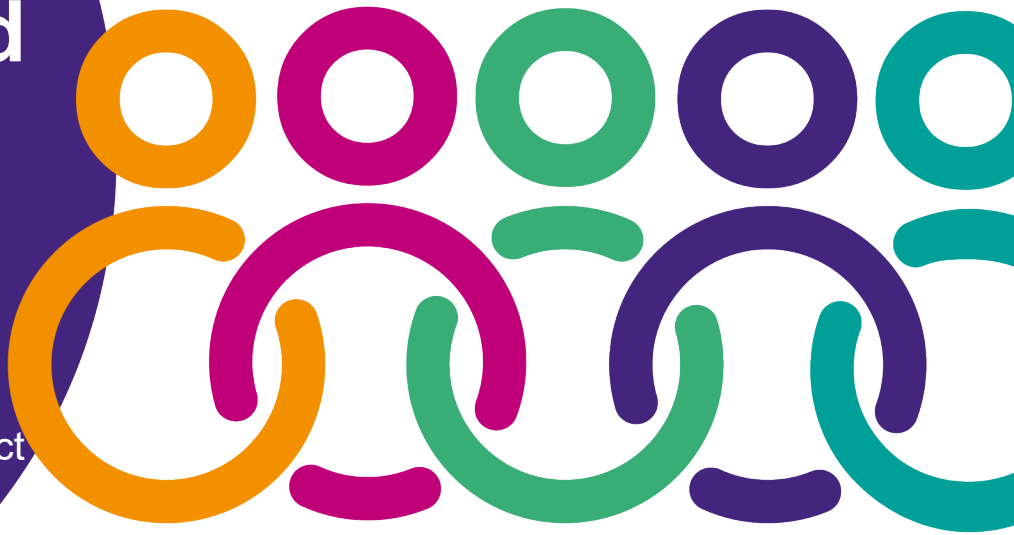
Our 'Citizen's Forum' involving people and communities

Victoria Simmons
Senior head of communications and involvement
Helen Rushworth
Chief Executive Healthwatch Bradford & District



Why?

Bradford District and Craven
Health and Care Partnership

We know that our communities have the most power to create health and wellbeing. They should be equal partners in our system.

We want to create opportunities for people to be involved in our decision-making processes and do this in innovative ways.

We need to change the way we involve people and communities (sometimes referred to as engagement, participation or co-production) in order to make progress on health inequalities and achieve our aims.

We need a more dynamic and inclusive way of bringing people together to influence decision-making.

This is currently being described as our ‘citizen’s forum’ but the title will change.

Developing our ‘citizen’s forum’

We want to create opportunities for people to be involved in our decision-making processes and do this in innovative ways.

- We have a steering group drawn from across our partnership which is developing a shared framework for how we involve people and communities
- Our first project is to design, test and continually improve, a way of bringing people together to influence decision-making – this is currently being described in governance diagrams as our ‘citizen’s forum’ but its title will change
- This will be an inclusive, dynamic, and accessible space, hosting both virtual and in-person events – not limited to a static group of people. Everyone who lives or works in Bradford District and Craven is welcome.
- We will be intentional about diversity and inclusion, and work to ensure that our forum is welcoming and relevant to people from marginalised communities.
- This will operate as a network of networks, bringing together the wide range of involvement activity that happens in Bradford District and Craven.
- The forum should be an opportunity for people to influence and engage with decision-makers, make connections, and initiate community-led action to improve health and wellbeing.

Connections

Our steering group is drawn from:

- Healthwatch (Bradford & NY)
- Our partnership communications & involvement team
- Experience/Involvement leads from each of our local NHS Trusts
- Innovation Hub programme
- VCSE citizen engagement workstream
- Act Early BiB research team
- Community Partnerships
- Bradford Council teams – policy, health and wellbeing, neighbourhoods
- North Yorks council teams (rep tbc)
- Representatives from Trust involvement group/panel/governors
- Representatives from VCSE engagement networks
- Race Equality Network
- Primary care involvement groups
- Healthy Minds youth apprentices

Bradford District and Craven Health and Care Partnership

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NHS West Yorkshire Integrated Care Board

Meeting name:	Bradford District and Craven Partnership Board
Agenda item no:	10
Meeting date:	12th July 2022
Report title:	Bradford District and Craven Partnership Board Forward Plan 2022/23
Report presented by:	James Drury, director of partnership development
Report approved by:	James Drury, director of partnership development
Report prepared by:	Catherine Smith, corporate governance manager

Purpose and Action			
Assurance ☐	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

N/A

Executive summary and points for discussion:

The next two meetings of the Bradford District and Craven Partnership Board in public will take place on 13th September and 8th November 2022. Alongside the current standing business items of the place lead's update and the reports from the committees, the agendas for the meetings will include the following items - quarter 1 reports on finance, performance and quality, the system oversight framework, progress on the priorities described in today's meeting and sustainability. There will be an invitation to the chair of the bid team for the City of Culture 2025 award to attend a future meeting and the chair of the Bradford children's trust, Eileen Milner, will also be invited to attend a future meeting to provide an update on the establishment of the trust. An invitation is also going to be extended to Cathy Elliott, Chair of the West Yorkshire Integrated Change Board, to meet the Board.

Development sessions of the Board will take place on 9th August and 11th October 2022 and current items for discussion include a briefing on the 1% shift and the Core20PLUS5 plans for Bradford District and Craven, an update on the partnership risks and the development of the Partnership Assurance Framework.

Outline how this supports our partnership vision and strategy

Our Purpose - All working to the same goal, for our population to have more chances to lead healthier lives. **Our Population -** Supporting the delivery of our priorities and a better experience of health and care prioritising those with the worst outcomes. **Our Place -** Making our district a great place to live, work and thrive. **Our Partnership –** Greater value through the best use of our collective resources, minimising duplication and waste.
Recommendation(s)
The Bradford District and Craven Partnership Board is asked to: 1. Note the future agenda items for the Bradford District and Craven Partnership Board
Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:
N/A
Appendices
N/A
Acronyms and Abbreviations explained
N/A

What are the implications for?

Residents and Communities	N/A
Quality and Safety	Future agenda items – report on quality in quarter 1, update from the Finance and Performance Committee
Equality, Diversity and Inclusion	Future agenda item – 1% shift and Core20PLUS5 plan for Bradford District and Craven
Finances and Use of Resources	Future agenda items – report on finance and performance in quarter 1, update from the Finance and Performance Committee
Regulation and Legal Requirements	N/A
Conflicts of Interest	Any potential conflicts of interest raised in each meeting of the Partnership Board
Data Protection	N/A
Transformation and Innovation	N/A
Environmental and Climate Change	Future agenda item on sustainability
Future Decisions and Policy Making	N/A

Citizen and Stakeholder Engagement	N/A