Bradford District and Craven
Health and Care Partnership

ACTasONE

Bradford District and Craven Health and Care Partnership

Closing the Gap Programme Board

Terms of Reference

Version control

Version:	Draft v2.0
Approved by:	Partnership Leadership Executive
Date Approved:	[xx] September 2024
Responsible Officer:	Accountable Officer at Place
Date Issued:	[xx] xx 2024
Date to be reviewed:	April 2025

1. Introduction

1.1 The Closing the Gap Programme Board (the Programme Board) is established as a group reporting to the Partnership Leadership Executive.

1.2 These terms of reference set out the remit, responsibilities, membership and reporting arrangements of this Programme Board and may only be changed with the approval of the Partnership Leadership Executive. The Programme Board has no executive powers, other than those specifically delegated in these terms of reference.

1.3 Bradford District and Craven Health and Care Partnership is part of the West Yorkshire Integrated Care System (ICS). The ICS has four primary purposes:

- Improving outcomes in population health, healthcare, and wellbeing;
- Tackling inequalities in outcomes, experience, and access;
- Enhancing productivity and value for money; and
- Supporting broader social and economic development.

1.4 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 Partnership belongs to its citizens and to commissioners and providers, councils, and the 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 a potential source of conflict;
- We will undertake shared analysis of problems and issues as the basis of acting; and
- 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.

1.5 The Programme Board will conduct its business in line with the Arrangements for Conflict of Interest and Standards of Business Conduct Policy, Standing Orders, Standing Financial Instructions, and Scheme of Reservation and Delegation.

2. Purpose, role, and responsibilities

2.1 The Programme Board will support the Health and Care Partnership in delivering its strategic ambition to reduce health inequalities and improve population health and wellbeing for the People of Bradford District and Craven. We are committed to our Partnership vision of keeping people 'Happy, Healthy at Home' through the actions taken to support our population to stay healthy, well, and independent throughout their whole life.

2.2 The role of the Programme Board is principally to direct the work of the Partnership's programme of work known as 'Closing the Gap: a collaborative response to our financial challenge'. We know that by approaching this challenge as a Partnership, we will get greater value through the best use of our collective resources, minimising duplication, and waste.

2.3 'Closing the Gap' is a collaborative programme in response to the extreme financial challenges that face the health and care system in Bradford District and Craven. Our goal is to deliver a balanced net system financial position.

This Board shares the imperative that is driving our Health and Care Partnership to have to scrutinise all of our services and consider what 'must' we commission and what 'must' we provide. We will consider all aspects of our health and care system open to review, while maintaining safe services. We will need to differentiate between high quality and safe.

2.4 In summary, this Programme Board will be the assurance mechanism to demonstrate that every opportunity and action to move to a balanced financial position has been taken. Its responsibilities are:

a. To make proposals that align with and uphold the values of the Health and Care Partnership, providing inclusive services for the diverse population of Bradford District and Craven.

b. To take a holistic view that reflects the values of the Partnership, working with Place, provider trusts, primary care, local authorities and the voluntary, community and social enterprise sector to inform decision-making.

c. To provide insight and support in relation to the Health and Care Partnership's approach to closing the gap on our financial challenge.

d. To ensure the effective application and implementation of the Closing the Gap programme mandate.

3. Membership and attendance

3.1 The membership will comprise:

- HCP Lead for System Finance – Chair
- HCP Lead for Strategy – Vice Chair and Lead Manager
- HCP PLE member for the VCSE sector
- HCP Lead for Health Inequalities
- HCP Lead for Public Health
- HCP Lead for Quality
- HCP Lead for Operational Delivery insight
- HCP Lead for the Priority Programmes
- HCP Lead for Communications and Involvement
- HCP Lead for Workforce
- HCP Lead for Business Intelligence
- Operational Director of Finance for Bradford District and Craven Place or their nominated deputy

The Board is supported by the Programme Manager and Programme Officer. The Board reserve the right to invite the Partnership's Accountable Officer at Place.

3.2 Attendees

Partner representatives (sector/collaborative) and subject experts may be invited to attend as required. 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.

4. Arrangements for the conduct of business.

4.1 Chairing meetings

The meeting will be run by the Chair. In the event the Chair of the Programme Board being unable to attend all or part of the meeting, the Vice-Chair shall chair the meeting.

4.2 Quoracy

No business shall be transacted unless 50 % of the membership, and including the following, are present: the Chair or the Vice-Chair.

Members may participate in meetings by telephone, video, or 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.

With the permission of the Chair, members of the Programme Board may nominate a deputy to attend a meeting of the Programme Board that they are unable to attend. The deputy may speak on their behalf.

4.3 Frequency of Meetings

The Programme Board will meet monthly and work to an agreed workplan. The Chair may call meetings at any time by giving not less that 7 calendar days' notice in writing to members of the Programme Board.

4.4 Declaration 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, they 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.

4.5 Support to the Programme Board

The Programme Board's lead manager is identified by the Programme Board.

Administrative support will be provided to the Programme Board by officers of the ICB. This will include:

a. Agreement of the agenda with the Chair in consultation with the lead manager, keeping an accurate record of attendance, key points of discussion, matters arising and issues to be carried forward.

b. Maintaining an on-going list of actions, specifying members responsible, due dates, and keeping track of these actions.

c. Sending out agendas and supporting papers to members five working days before the meeting.

d. Drafting minutes for comment and approval by the Chair and Lead Manager within five working days of the meeting, and then distributing the minutes to all Members and Attendees following this approval within 5 working days.

5. Authority

5.1 This Programme Board is authorised to seek any information it requires, within its remit, from the health and care system and they are directed to cooperate with any such request made by the Programme Board. The Programme Board is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

5.2 The Programme 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 Programme Board must follow procedures put in place by the ICB for obtaining legal or professional advice.

5.3 The Programme Board is authorised to create sub-committees or working groups as necessary to fulfil its responsibilities within its terms of reference. The Committee 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.

6. Reporting

6.1 The Closing the Gap Programme Board reports to the Partnership Leadership Executive. The Chair shall draw to the attention of PLE any significant issues or risks relevant to the Health and Care Partnership. The Programme Board will receive for information the decisions of other meetings that are captured in the Programme Board's work plan e.g. sub-committees. Members and Attendees may also report back to their respective Partner organisations.

7. Conduct of the Programme Board

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

7.2 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.

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

7.4 The group shall undertake a self-assessment of its own performance against the membership and terms of reference. This self-assessment shall form the basis of the annual report from the group if agreed appropriate by the parent group. Any resulting changes to the terms of reference shall be submitted for approval by the Partnership Leadership Executive.