Bradford District and Craven Health and Care Partnership

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

Version control

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Responsible Officer:	Matt Sandford, Director of Partnership and Place, NHS WY ICB (BD&C)
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Change history

Version number	Changes applied	By	Date
1.0	Approved	ICB	1 July 2022
1.0	Approved	BD&C Partnership Board	12 July 2022
1.1	Membership changes, alignment with Scheme of Reservation and Delegation (SORD) and further minor changes	BD&C Partnership Board and WY ICB Board	21 July 2023 17 July 2023
1.2	Membership changes following discussion at Partnership Board on 21 July 2023	James Drury & Sue Baxter	for ICB approval – approved by WY ICB Board on 19 September 2023

Version number	Changes applied	By	Date
1.3	Changes to secretariat support and publication of approved minutes	Carrie Haywood	ICB Board to approve on the 25 June 2024
2.0	Annual review following end of year effectiveness self-assessment	Approved by Board	25.06.2024
2.1	Annual review following end of year effectiveness self-assessment and review of membership to reflect current membership	Catherine Smith / Lesley Tillotson / Matt Sandford	Reviewed by the BD&C Partnership Board on 23.05.2025 – recommended approval to the NHS WY ICB Board on 24.06.25
3.0	Annual review	Approved by the NHS WY ICB Board	24.06.2025

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

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 Health and Care 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 Health and Care Partnership in accordance with the Bradford District and Craven Strategic Partnering Agreement (SPA), and in accordance with the Constitution of the NHS West Yorkshire Integrated Care Board.

Its responsibilities are to:

i. establish governance arrangements to support collective accountability between partner organisations for Bradford District and Craven Health and Care Partnership (Partnership) delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations
ii. agree a plan to meet the health, wellbeing and care needs of the population within Bradford District and Craven, having regard to the partnership's integrated care strategy and health and wellbeing strategies across Bradford District and Craven
iii. allocate resources to deliver the plan in Bradford District and Craven, determining what resources should be available to meet population need and underpinned by the partnership's financial and risk management principles (SPA schedule 5), for how they should be allocated across services and providers (both revenue and capital)
iv. arrange for the provision of health and care services in Bradford District and Craven in line with the resources allocated across the Integrated Care System (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 Bradford District and Craven Health and Care Partnership

vii. agree implementation of the people priorities across the Partnership

viii. agree place action on digital, data, intelligence and insight: 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

x. develop joint working arrangements with partners in place that embed collaboration as the basis for delivery within NHS West Yorkshire ICB and the Bradford District and Craven Health and Care Partnership 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 NHS West Yorkshire ICB Board and the Councils

xii. Approve arrangements for senior / executive staff appointments (for PB and sub-PB level posts)

xiii. Agree clinical pathways, clinical thresholds, service specifications and service standards for matters that **do not** meet one or more of the '3 tests' for working at scale

xiv. Approve **partnership**-level arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.

xv. make arrangements to implement in place NHS West Yorkshire ICB and Partnership risk management arrangements and

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

xvii. Approve place tenders and contracts

xviii. Review all strategic risks on the Place Board Assurance Framework and provide to the NHS WY Integrated Care Board on the management of these risks.

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 H&C Partnership

- non-executive chair of the Quality Committee of the BD&C H&C Partnership
- chair of the BD&C H&CP Clinical Forum
- chair of the BD&C H&CP Citizens Forum
- BD&C H&CP Partnership place lead (note this role is currently held by the chief executive of Bradford District Care NHS FT and is not an additional member of the Board for quoracy purposes)
- Deputy accountable officer / Director of Partnership and Place of NHS West Yorkshire ICB (BD&C)
- 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
- chief executive of the City of Bradford Metropolitan District Council
- strategic director adult social care and health 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
- corporate director health and adult services of North Yorkshire Council
- director of public health of North Yorkshire Council
- chief executive of Bradford Care Association
- the chief executive officer of North Yorkshire Independent Care Group
- The VCSE sector lead for the Bradford District and Craven Health and Care Partnership
- senior representative of the VCSE sector in Craven
- Bradford University representative

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:

- lead finance director of the BD&C Health & Care Partnership
- director of quality and nursing of the NHS WY ICB (BD&C) (also holds the role of director of nursing at Bradford District Care NHS Foundation Trust)
- strategic communications and stakeholder engagement lead of the BD&C Health & Care Partnership
- associate director of partnership delivery of the NHS West Yorkshire ICB (BD&C)
- head of partnership governance of the NHS West Yorkshire ICB (BD&C)

NHS West Yorkshire 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 15 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

In exceptional circumstances the chair may choose to hold the partnership board meeting via video conference. 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 NHS West Yorkshire 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 section 4; 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
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 deputy chair 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 meet quarterly. 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 Health and Care Partnership 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 NHS West Yorkshire ICB's Audit Committee will be notified, for oversight.

12. Admissions of the press and public

Meetings of the Bradford District and Craven Health and Care 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 they 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 or 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 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, they will declare that interest as early as possible and act in accordance with the NHS West Yorkshire 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 Director of Partnership and Place / Deputy Accountable Officer of the NHS West Yorkshire ICB (BD&C). Administrative support will be provided to the Partnership Board by officers of NHS West Yorkshire 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
- agenda setting meetings to be scheduled between governance support / chair of meeting / lead director for meeting at least three weeks in advance of meeting
- Draft agenda to be issued to committee/board members and report authors two weeks before the deadline for papers
- 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 ten working days of the meeting
- chair/Lead Director to review and respond with any amendments within the next 5 working days
- draft minutes distributed to all attendees of the meeting following this – within one calendar month of the meeting (this applies to bi-monthly/quarterly meetings)
- minutes to be formally approved at the subsequent Committee/Board meeting
- 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 NHS West Yorkshire 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 NHS West Yorkshire 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 NHS West Yorkshire ICB Board as set out within the BD&C HCP Scheme of Reservation and Delegation) and remains accountable for the work of any such group.

16. Reporting

- The Partnership Board shall submit its ratified minutes to each formal NHS West Yorkshire ICB Board meeting
- report within two weeks of the Partnership Board meeting to the NHS West Yorkshire ICB Board using the committee assurance report framework 'Triple A' (alert, advise and assure summarising key items at the meeting)
- provide the NHS West Yorkshire ICB Board meeting with a copy of the Partnership Board meeting forward plan annually
- the Chair shall draw to the attention of the NHS West Yorkshire ICB Board any significant issues or risks relevant to the ICB
- the Partnership Board's minutes will be published on the NHS West Yorkshire ICB website once ratified
- the Partnership Board shall submit an annual report to the NHS West Yorkshire ICB Audit Committee and the NHS West Yorkshire ICB Board and
- the Partnership Board will receive for information the Triple A reports (alert, advise, assure) of other meetings which are captured in the Partnership Board workplan e.g. sub-committees.

17. Conduct of the Partnership Board

- All members will have due regard to and operate within the Constitution of the NHS West Yorkshire 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 NHS West Yorkshire ICB Board
- 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 NHS West Yorkshire ICB Board.

18. Amendments

These terms of reference, which must be published on the NHS West Yorkshire ICB website, set out the remit, responsibilities, membership and reporting arrangements of this Committee (the Bradford District and Craven Health and Care Partnership Board) and may only be changed with the approval of the NHS West Yorkshire ICB Board.

19. Review Date

After 1 year.