



HEALTHIER TOGETHER PARTNERSHIP BOARD Terms of Reference FINAL

Version	Date	Author/Reviewer	Comment
0.1	05/04/2019	Gemma Self	Initial draft based upon West Yorkshire and Humber Partnership Board
0.2	09/04/2019	Gemma Self	Updates further to conversation with RW, JR and RK
0.3	09/04/2019	Gemma Self	Incorporating feedback from RW and JR
0.4	10/04/2019	Gemma Self	Incorporating feedback from RK
0.41 & 0.42	12/06/2019	Gemma Self	Incorporation of minor points from Boards & updated membership
1	25/06/2019	Gemma Self	Incorporation of recommendations as discussed at Partnership Board

1 Background and Purpose

Context

- 1.1 Healthier Together (Bristol, North Somerset and South Gloucestershire STP) was formed in 2016 as one of 44 Sustainability and Transformation Partnerships (STPs), in response to the *NHS Five Year Forward View*. It brings together 13 health and care organisations
 - Avon and Wiltshire Mental Health Partnership NHS Trust
 - Bristol City Council
 - Bristol Community Health
 - Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group (CCG)
 - North Bristol NHS Trust
 - North Somerset Community Partnership
 - North Somerset Council
 - One Care
 - Sirona care & health
 - South Gloucestershire Council
 - South Western Ambulance Service NHS Foundation Trust
 - University Hospitals Bristol NHS Foundation Trust
 - Weston Area Health NHS Trust
- 1.2 The partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.
- 1.3 The Partnership Board is a key element of the leadership and governance arrangements for Healthier Together (the BNSSG STP).

2 Role and Responsibilities

Purpose

- 2.1 The Partnership Board will provide the formal leadership for the Partnership. It will be responsible for setting strategic direction. It will provide oversight for all Partnership business and a forum to make decisions together as Partners which are related to the progress of the Partnership.
- 2.2 The Partnership Board will work by building agreement with leaders across Partner organisations to drive action around a shared vision and direction of travel.
- 2.3 This Board will be the point of collective decision making on behalf of the system and will include decisions required as the result of any shifts in authority for the system, performance monitoring or resource allocated to the system.

2.4 These Terms of Reference describe the scope, function and ways of working for the Partnership Board. They should be read in conjunction with the Memorandum of Understanding for Healthier Together [to be developed over the course of 2019], which describes the wider governance and accountability arrangements.

2.5 The responsibilities of the Partnership Board are to:

- i. Agree the vision, outcomes and objectives for the Partnership
- ii. Provide leadership and oversight in our progress to becoming a mature Integrated Care System.
- iii. Consider recommendations from the Executive Group and make decisions on:
 - The objectives of priority work programmes and workstreams
 - The apportionment of transformation monies from national bodies
 - Priorities for investment of system-level capital funds across the Partnership
 - Operation of the single NHS financial control total (for NHS bodies)
 - Challenges highlighted through a system performance framework including defining actions when organisations become distressed
- iv. Act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities
- v. Provide a mechanism for joint action and joint decision-making where issues are best tackled on a wider scale
- vi. Develop a shared understanding of the financial resources of NHS partners, maximise the system-wide efficiencies necessary to manage within this share of the total NHS budget and pursue opportunities for creation of a single system budget over time.
- vii. Support the development of our six Localities, which bring together primary care, community-based providers and local authorities, as well as voluntary and community groups, and interface with secondary care providers and commissioners to establish community-based systems of care at local level
- viii. Ensure that, through partnership working in each place and across BNSSG, there is a greater focus on population health management, integration between providers of services around individual people's needs, and a focus on care provided in primary and community settings
- ix. Oversee a mutual accountability framework which provides a

single, consistent approach for assurance and accountability between partners

- x. Reach agreement in relation to recommendations made by other governance groups within the Partnership on the need to take action for managing collective performance, resources and the totality of population health
- xi. Adopt an approach to making joint decisions and resolving any disagreements, which follows the principle of subsidiarity and is in line with the shared values and behaviours of the Partnership
- xii. Appointment and review of the performance of the Independent Chair for the system. The Independent Chair is responsible for the appraisal of joint executive leads, on behalf of the partnership.

3 How we work together in Bristol, North Somerset and South Gloucestershire

Our vision

- 3.1 We have worked together to develop a shared vision for health and care services across Bristol, North Somerset and South Gloucestershire. Our vision is to meet our citizens' needs by working together within our joint resources, as one health and care system. This will be achieved by:
 - i. Reducing inequality by working together across our local health and care and our wider civic responsibilities to tackle wider determinants of health and also by lobbying for this approach at a national level.
 - ii. Focusing on improving wellbeing and prevention poor health, demonstrated by improvements in wellbeing measures and slowing the decline in healthy life expectancy
 - iii. Sharing information and risk across our system.
 - iv. Delivering a value-based approach to health and care delivery by improving personal value through embedding person-centred holistic care, allocative value (how we allocate resources to different groups equitably to maximise the value for the whole population) and technical value, the quality and safety of health and care.
 - v. Co-designing and co-delivering our services and support with the community, citizens and staff.
 - vi. Offering the most effective possible intervention at the earliest opportunity to help people become and stay well and be supported to live independently.
 - vii. Supporting people to take care of their own health and well-being and refrain from over-medicalising.
 - viii. Providing more services and support closer to where people live, harnessing the power of local communities in supporting local citizens.

- ix. Providing timely, responsive inpatient and specialist care when this is required – considering this as “out of community” care
- x. Designing new models of care that can be enabled and delivered digitally.
- xi. Supporting our staff to try new things, take risks and work differently for the benefit of service users and citizens
- xii. Ensuring parity of esteem across our system, including valuing mental health equally with physical health

Principles for our partnership

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

- i. This work can only be done by each of us taking responsibility for making it so, talking together and taking action. We will be active in our commitment to one health and care system and promote it with staff and communities.
- ii. We will engage in honest, respectful, and open dialogue, seeking to understand all perspectives and recognising individual organisations agendas and priorities.
- iii. We will commit time together and take responsibility for ensuring it is spent meaningfully to drive forward change.
- iv. We accept that diverse perspectives may create dissonance. We will seek to understand and work through any disharmony, and move to conclusions and action in service of our citizens.
- v. Learning together and deep inquiry are the only ways for the system to become smarter.
- vi. We will be insatiably curious about what is holding the current status quo in place and what is shaping current behaviours to create the current reality.
- vii. We will share information transparently and early and develop a shared approach to risk management, taking collective responsibility for driving necessary change while mitigating the risks of that change for individual organisations.
- viii. We will commit ourselves and our staff to learn system leadership skills and support leadership at all levels to ensure our vision for one health and care system is achieved.
- ix. We believe citizens are integral to the design, co-production and delivery of services and will result in better outcomes. We will work with our citizens to co-produce services and support that works for them.
- x. We will find smarter ways for all our staff to do the right thing, at the right time, in the right place.
- xi. We will take collective, considered risks to cease specific activity that releases funds for prevention and earlier intervention.

Our shared values and behaviour

3.3 Members of the Partnership Board commit to behave consistently as leaders and colleagues in ways that model and promote our shared values:

- We are leaders of our organisation, our place and of Bristol, North Somerset and South Gloucestershire
- 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
- We will represent our population, our staff and be a conduit between the Partnership Board and individual organisational Boards / Cabinets

Decision Making

3.4 The key principle for making decisions will be based upon what is best for the population residing across BNSSG.

3.5 The Partnership Board will generally operate on the basis of forming a consensus on issues considered, taking account of the views expressed by members.

3.6 The Chair will seek to ensure that any lack of consensus is resolved amongst members.

4 Accountability and reporting

4.1 The Partnership Board is accountable for the delivery of any business related to the development of the system.

4.2 The Partnership Board has a key role within the wider governance and accountability arrangements for the BNSSG partnership

4.3 Constituent Boards remain accountable for all aspects of their business in line with statutory frameworks; the Partnership Board has no formal delegated authority. Whilst the current landscape of statutory functions is as it is constituent Partner Organisation Boards remain accountable for all aspects of their business in line with statutory frameworks. Sovereign boards may delegate a service, budget or items for decision making to the Partnership Board in line with their statutory frameworks. Any delegation would need to be agreed by all Boards. This will happen on a case by case basis.

- 4.4 All members have a responsibility to ensure regular two-way communication between their Sovereign Board and the Partnership Board. The minutes, and a summary of key messages will be submitted to all Partner organisations after each meeting.

5 Membership

Chair and Vice Chair arrangements

- 5.1 The Independent Chair of the STP will chair the meeting
- 5.2 A Vice Chair will be agreed from among the chairs of constituent bodies

Membership

5.3

Role	Numbers
Independent Chair of the STP	1
Chairs and Chief Executives from each partner organisation including Chairs of Health and Wellbeing Boards	26
Chair of Clinical Cabinet	1
GPs representing each area (Bristol, North Somerset, South Gloucestershire)	3
Chief Executives or Chairs of Healthwatch Organisations	3
One representative from NHS England / Improvement	1
Director of Public Health	1

A list of members is set out at **Annex 1**.

Deputies

- 5.4 It is anticipated that Members would be expected to attend all meetings, if they are unable they may send a deputy by arrangement with the Chair.

Additional attendees

- 5.5 Additional attendees will routinely include:
- The Healthier Together Programme Director
 - The Healthier Together Finance Lead

- 5.6 At the discretion of the Chair, additional representatives may be requested to attend meetings to participate in discussions or report on particular issues.

6 Quoracy

- 6.1 The Partnership Board will be quorate when 75% or more of Partner organisations are present.
- 6.2 If a consensus decision cannot be reached, then it may be referred to the dispute resolution procedure (which will be documented in the Memorandum of Understanding) by any of the affected Partners for resolution.

7 Conduct and Operation

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

Managing Conflicts of Interest

- 7.6 Each member must abide by all policies of the organisation it represents in relation to conflicts of interest and excuse themselves as necessary from discussion or decisions at the Partnership Board.
- 7.7 Where any Partnership Board Member has an actual or potential personal conflict of interest in relation to any matter under consideration at any meeting, the Chair has the final discretions on inclusion. The Chair shall decide, based upon the nature of the potential or actual conflict of interest, whether or not that Member may participate in meetings (or parts of meetings) in which the relevant matter is discussed.
- 7.8 Where the Chair decides to exclude a Member, the relevant organisation represented by that Member may send a deputy to take the place of the conflicted Member in relation to that matter.

Secretariat

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

8 Review

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

9 Annex One: Members

Name	Job Title	Organisation	Healthier Together Role
Ron Kerr	Independent Chair	Healthier Together	Independent Chair
Charlotte Hitchings	Chair	Avon & Wiltshire Partnership NHS FT	Chairs Reference Group Member
Steve Hughes	Chair	Bristol Community Health	Chairs Reference Group Member
Jonathan Hayes	Clinical Chair	BNSSG CCG	Chairs Reference Group Member
Michele Romaine	Chair	North Bristol Trust	Chairs Reference Group Member
Linda Nash	Chair	NSCP	Chairs Reference Group Member
Simon Bradley	Chair	One Care	Chairs Reference Group Member
Simon Knighton	Chair	Sirona Care and Health	Chairs Reference Group Member
Cllr Ben Stokes	Chair	South Gloucestershire Health & Wellbeing Board	Chairs Reference Group Member
Cllr Helen Holland	Chair	Bristol Health & Wellbeing Board	Chairs Reference Group Member
Cllr Mike Bell	Chair	Deputy Leader and Executive Member for Adult Social Care and Health	
Jeff Farrar	Chair	University Hospitals Bristol NHS FT	Chairs Reference Group Member
Grahame Paine	Chair	Weston Area Health Trust	Chairs Reference Group Member
Simon Truelove	Interim Chief Executive	Avon & Wiltshire Partnership NHS FT	Executive Group Member
Jacqui Jensen	Exec Director of Adults, Children and Education	Bristol City Council	Executive Group Member, Sponsor for Children and Families Programme
Julia Clarke	Chief Executive	Bristol Community Health	Executive Group Member, Co-chair of Integrated Care Steering Group
Julia Ross	Chief Executive	BNSSG CCG	Executive Group Member, STP Exec Lead, Co-chair of Integrated Care Steering Group, Sponsor for Urgent Care, Integrated Care and

Name	Job Title	Organisation	Healthier Together Role
			Mental Health Programmes
Andrea Young	Chief Executive	North Bristol NHS Trust	Executive Group Member, Sponsor for Acute Care Collaboration Programme
Judith Brown	Chief Executive	North Somerset Community Partnership	Executive Group Member, Sponsor for Workforce Programme
Jo Walker	Chief Executive	North Somerset Council	Executive Group Member
Ruth Taylor	Chief Executive	One Care	Executive Group Member, Sponsor for Primary Care Resilience & Transformation Programme
Janet Rowse	Chief Executive	Sirona Care and Health	Executive Group Member
Dave Perry	Chief Executive	South Gloucestershire Council	Executive Group Member
Jennifer Winslade	Executive Director of Nursing and Quality	SWAST	Executive Group Member
Robert Woolley	Chief Executive	University Hospitals Bristol NHS FT	Executive Group Member, STP Exec Lead, Sponsor for Digital Programme
James Rimmer	Chief Executive	Weston Area Health Trust	Executive Group Member, Sponsor for Estates and Corporate Facilities Programme
Martin Jones	Medical Director	BNSSG CCG	Chair, Clinical Cabinet
<i>To be confirmed by Localities</i>			Locality Chair
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<i>To be confirmed by Localities</i>			Locality Chair
Morgan Daly / Rowan Williams	CEO / Strategy Manager	Healthwatch / Healthwatch North Somerset	
Sara Blackmore	Director of Public Health	South Gloucestershire Council	Executive Group Member, Sponsor for Prevention, SRO for Population Health Management
<i>To be confirmed</i>	<i>To be confirmed</i>	NHS England / Improvement Regional Office	

