Blackburn with Darwen Place Based Partnership Board (Interim)

Terms of Reference

1. PURPOSE OF THE BOARD

The purpose of the Board is two-fold:

1) To provide a vehicle for collaborative working and delivery of health and care services within Blackburn with Darwen, connecting all partners to make joint recommendations as to the effective deployment of resources to drive integration and improved health outcomes.

2) To promote collective responsibility across all partners for the planning and delivery of health and care services within Blackburn with Darwen, in order to achieve the following aims:
    - Improve the health and wellbeing of the population and reduce inequalities
    - Provide services that are of consistently high quality, and that remove unwarranted variation in outcomes
    - Achieve national standards / targets consistently across the sectors within the partnership
    - Maximise the use of a place-based financial allocation and resources

The Board will provide regular assurance updates to the ICB, the Health and Wellbeing Board and partner organisations in relation to activities and items within its remit.

2. DELEGATED AUTHORITY

In this development phase the Place Based Partnership Board (Interim) has no formal delegations in terms of decision making or resources and, at all stages of its operation, individual organisational Boards and Governing Bodies retain statutory status (where applicable) and existing accountability. The Place Based Partnership Board (Interim) will, therefore, be a forum where partners will agree recommendations to statutory organisations, for those matters that require financial, service or workforce changes that are essential for the furthering of the aims and the vision of the Partnership.

3. MEMBERSHIP AND ATTENDANCE

The Board members shall be appointed by the constituent partner organisations, to act as their nominated representatives.

The Board will have seniority of representation so that Members may hold each other and constituent organisations to account for delivering the agreed objectives of the Place Based Partnership.

When determining the membership of the Board, active consideration will be made to equality, diversity and inclusion, including:

- the perspectives of all sectors and types of provider within the place area
- the views and perspectives of patients, carers and the public, along with those from clinical and professional groups, under-represented communities and different geographical perspectives.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Members

- Place based Partnership Board (Interim) Chair
- Director of Health and Care Integration, LSC Integrated Care Board
- Place-based Partnership Clinical and Care Professional Lead, LSC Integrated Care Board
- Director of Adult Social Care, Blackburn with Darwen Borough Council
- Director of Children's Social Care, Blackburn with Darwen Borough Council
- Director of Public Health, Blackburn with Darwen Borough Council
- A Voluntary, Community and Faith Sector Member
- A Primary Care Member drawn from Primary Care Providers or PCN clinical directors
- A Community Services Provider Member
- An Acute Trust Member
- A Mental Health Provider Member
- A Healthwatch Member
- Place Finance Lead, LSC Integrated Care Board

The Board may invite specified individuals to be participants at its meetings in order to inform its recommendations and the discharge of its functions as it sees fit. Such participants will receive advanced copies of the notice, agenda and papers for Board meetings. They may be invited to attend any or all of the Board meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting but may not vote.

A Vice-Chair will be nominated and confirmed by the Board at the start of each annual meeting cycle. If the Chair is not in attendance, the Vice-Chair will take on the responsibility of Chair, if neither the Chair nor Vice-Chair are in attendance, then a Chair will be appointed from the floor of those Members present.

4. MEETING QUORACY AND DECISIONS

The Place Based Partnership Board (Interim) shall meet every month. Additional meetings may be convened on an exceptional basis at the discretion of the Chair.

Quoracy

There will be a minimum of one Local Authority member, the Chair or the Director of Health and Care Integration, plus at least one VCFSE Member and one provider representative from either primary, community or acute care.

Where members are unable to attend they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.

Decision making

Decisions will only be undertaken within a Board meeting if they are within the scope of the delegated powers given to those Chief/Senior Officers present at the meeting, in line with those officer's organisational delegation frameworks.

Formal decision making on those matters that require financial, service or workforce changes, that sit outside of those delegated powers given to the Chief/Senior Officers present, must be taken through the agreed decision-making process for the relevant organisation(s).

As efficiently as possible following the meeting, for those decisions which are outside the scope of individual officer powers, it is the relevant Chief/Senior Officers who will take responsibility for expediting the decision through their organisational decision-making process.

It is recognised that it is not always possible for those Members who attend on behalf of a whole sector or network, e.g. the VCFSE and primary care, to take decisions on behalf of their network/sector. In instances where decisions are required which would have a direct impact on such a sector/network, the Place Based Partnership and its Members commit to undertaking engagement with a broader range of representatives in order to canvas views and opinions prior to any decision being taken.

Voting

The Board will ordinarily reach conclusions and agree its recommendations by consensus. When this is not possible the Chair may call a vote. Only members of the Board may vote, each member will be allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Board will hold the casting vote. The result of the vote will be recorded in the minutes.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

5. RESPONSIBILITIES OF THE BOARD

It is the responsibility of the Place Based Partnership Board, working as a collective of member organisations, to oversee seek assurances of the development and delivery of the following, within the Blackburn with Darwen place:

Collaborative leadership – Creation of a collaborative leadership culture, bringing partners together and building strong working relationships, respecting and valuing unique abilities and contributions, holding each other to account for delivery of agreed outcomes

Collaborative planning – Creation of a shared vision, shared ambitions/objectives and joint delivery plans, aligned to the needs of the communities and the required delivery targets/standards and the Integrated Care Strategy. Enacting the principle of subsidiarity, with decisions taken as close to local communities as possible

Prevention, population health and wellbeing - Ensuring a population health and care based culture, with increased emphasis on wellbeing and prevention. Using a population health and care management approach to address current needs and inequalities, predict future challenges and design anticipatory support

Integrated delivery and transformation - Integrate, with redesign and change where needed, community-based health creation and service delivery across sectors, organisations and professions, improving quality and outcomes, and maximising the use of resources (physical and financial)

Listening to our communities - Listening to the voice of communities to understand their diverse health and care needs, concerns, aspirations and 'what good looks like' from their perspective. Embedding the lived experience of our residents and our workforce and ensure a co-production approach to design, delivery and transformation of all our programmes

Developing our workforce - Ensuring an integrated workforce plan for community-based service delivery across the place. Supporting the development of our workforce as we move to a population health and care based culture, with increased emphasis on wellbeing and prevention

Collective use of resources - Maximising opportunities for collective use of resources through aligning and pooling of budgets to support integrated delivery and maximise the use of community assets. Proactively manage place resources within an agreed financial envelope, moving resources into wellbeing and prevention

Monitoring our progress - Monitoring performance and quality, with a clear focus on outcomes, inequalities and resident experience of health and care services. Being proactive in making use of data and intelligence from all partners to ensure we know where we are making a difference and to support collaborative decision-making.

The Board will also ensure that adequate provision is made to secure the breadth of clinical and care professional leadership advice and influence across the discharge of its functions, in line with the agreed Clinical and Care Professional Leadership Framework for Lancashire and South Cumbria.

6. ACCOUNTABILITY and REPORTING ARRANGEMENTS

The Place Based Partnership Board (Interim) is established locally and jointly by the relevant local organisations as equal partners and accountability is maintained through statutory and local frameworks.

It will report regularly to the Blackburn with Darwen Health and Wellbeing Board and the LSC Integrated Care Board, on its activities relating to collaborative delivery and on-going partnership development. Update reports will be made available to other organisational Boards and networks as required.

The Board will receive scheduled assurance report from its delivery groups, which include but are not limited to:

- Children's Partnership Board
- Live Well Board (TBC)
- Age Well Partnership
- Dying Well Board (TBC)
- PCN Delivery Group

The Board will also assure itself that adequate arrangements are in place to involve people and communities in the work of the Place Based Partnership and that such arrangements are in line with the ICB Working with People and Communities Strategy.

7. BEHAVIOURS AND CONDUCT

In acting as a Member of the Place Based Partnership Board (Interim) each member will share accountability for the delivery of the responsibilities, priorities and plans of the Partnership. Members will create a leadership model that is collaborative, distributed and democratic, ensures equity of voice from all partners and engenders high levels of trust.

It is expected that Members will ensure they have access to and have appropriately engaged with, relevant networks, in a timely manner so as to ensure they are able to take informed decisions as part of the Board.

Members will also commit to conducting their business in line with the values, objectives and ways of working in line with the Nolan Principles of Public Life and in accordance with their own professional or clinical Codes of Conduct.

Members will put the interests of residents, patients, carers first and be prepared to challenge and change organisational, or individual, role restrictions where this is required to secure the greatest benefit whilst observing the current legal framework and their statutory obligations.

Equality and diversity

Members must demonstrably consider the equality, diversity and health equity implications of decisions they make.

8. DECLARATIONS OF INTEREST

Members are expected to declare any interests in line with the Partnership's Management of Conflicts of Interest Guidance (Appendix A).

Anyone with a relevant or material interest in a matter under consideration may be excluded from the discussion at the discretion of the Board Chair.

9. ADMINISTRATION

The Board shall be supported with an administration function which will include ensuring that:

- The agenda and papers are prepared and distributed in a minimum of one week prior to the meeting date, having been agreed by the Chair with the support of the relevant executive lead
- A forward plan of up-coming decision and discussion items is maintained and provided to Members, so as to ensure Members have advance awareness of future business, in order to most effectively consider their input alongside that of the networks or organisations they may represent
- Good quality minutes are taken and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Board is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings by the nominated Member and progress against those actions is monitored and recorded.

10. REVIEW

The Board will review its effectiveness at least annually and complete an annual report submitted to the Integrated Care Partnership, the Integrated Care Board, and the Health and Well Being Board, alongside the Boards of member organisations and other relevant bodies.

In the development phase of the Partnership, the Board will review these terms of reference prior to moving into its next phase of maturity (approximately six months) and then at least annually, or more frequently if required.

The Board will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

Date of approval: 23rd May 2023

Date of review: 1st April 2024