

SANDWELL HEALTH AND CARE PARTNERSHIP**Place Board****TERMS OF REFERENCE: Version 12****RATIFIED****NEXT REVIEW DUE: 12 months max****1. Context**

- 1.1. The main Health, Care and Voluntary organisations in Sandwell have been working together to form an integrated Place Based partnership, Sandwell Health and Care Partnership (SHCP)
- 1.2. As the national and local context develops there is a clear route for the SHCP to gain greater autonomy to plan and deliver services for local people, including improving outcomes through the planning and utilisation of resources.
- 1.3. SHCP to date have progressed with an operating model to improve care and reduce inequalities.
- 1.4. We are focussed on providing integrated care that tackles inequalities, strengthening advocacy and driving change for our community.
- 1.5. As a partnership, we have committed to:
 - Improve patient care by integrating frontline services - primary, community, mental health, secondary, social care and voluntary care services.
 - Co-design any future models of delivery with citizens, patients, primary, community,
 - Enhanced emotional resilience across our population and achieving parity of esteem across mental and physical health.
 - Re-engineer resources to get the best outcomes/results/outputs as per the outcome's framework within the wider balance scorecard.
 - Ensure a sustainable health and care economy.
 - Tackle health inequalities inclusive of the wider determinants of health.
- 1.6. Members of the partnership include:
 - Sandwell and West Birmingham NHS Trust
 - Black Country Healthcare NHS Foundation Trust
 - Black Country ICB (Sandwell)
 - Sandwell Metropolitan Borough Council
 - Sandwell Council of Voluntary Organisations
 - Citrus Health Primary Care Network
 - Newcomen Primary Care Network

- Oldbury and Langley Primary Care Network
- Central Healthcare Partnership
- Caritas Primary Care Network
- Together4Healthcare Primary Care Network
- Health Vision Partnerships Primary Care
- Your Health Partnership Primary Care Network
- Healthwatch Sandwell
- Sandwell Childrens Trust

1.7. All partners have agreed to:

“Work together as one team so that together we can improve the Health and Wellbeing of the people in Sandwell”.

- 1.8. Monitor the progress of the overall programme and collectively hold members accountable for agreed timelines.
- 1.9. Oversee the progress of each of the agreed workstreams that form the basis of the operating model.
- 1.10. To link together leaders from member organisations to share good practice and foster collaborative and integrated working.
- 1.11. Hold delegated authority, to ensure that partner organisations are achieving key objectives and KPIs as agreed by the partnership Board.
- 1.12. Facilitate change and champion the programme to partners, stakeholders and service users.
- 1.13. Recommend to SMT the prioritisation of the projects based upon the information provided by all partners.
- 1.14. Resource the delivery of the programme appropriately and seek direction from SMT for resource not currently agreed within the scope of the programme.
- 1.15. Work in collaboration to produce resources and solutions where necessary.
- 1.16. To ensure the delivery of equitable high-quality services for the population of Sandwell
- 1.17. To support the delivery of the out of hospital work
- 1.18. To oversee the achievement of system and national targets appropriate to Place
- 1.19. Escalate areas of concerns and under-performance that cannot be rectified by the Group to the SMT
- 1.20. Oversee the efficient and effective use of resources for Sandwell.

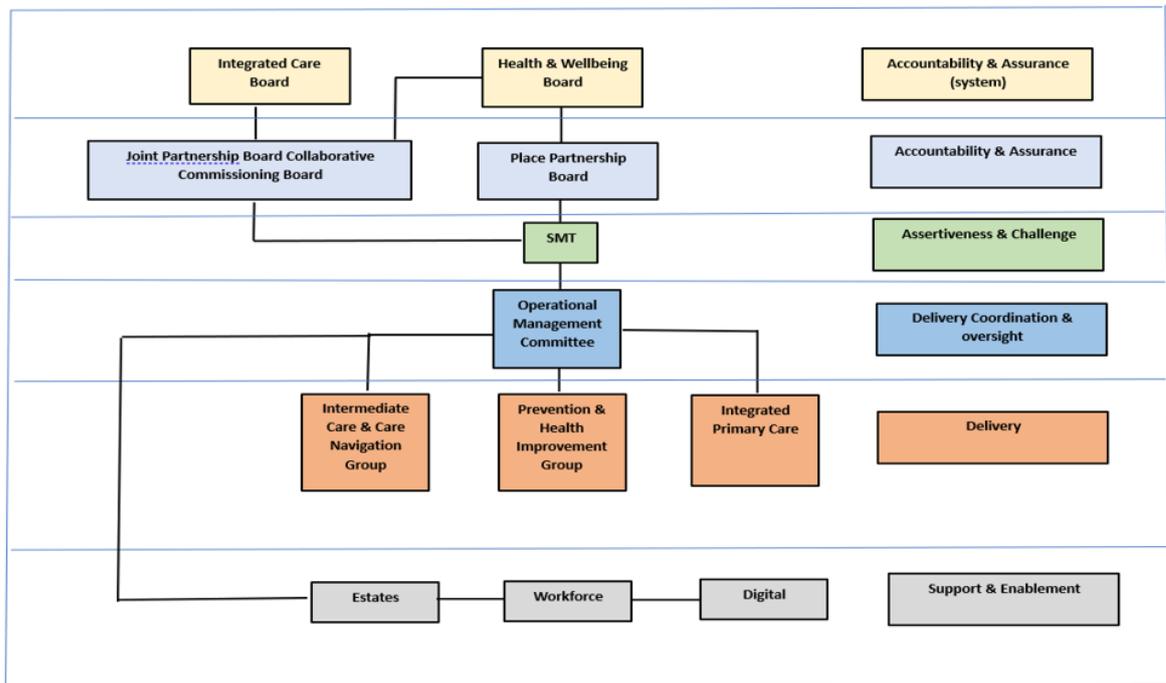
- 1.21. Make recommendations to SMT regarding future priorities for the partnership.
- 1.22. Ensure the citizens of Sandwell are at the centre of all processes and transformation.
- 1.23. Ensure ongoing wider communication and engagement within partnership organisations.
- 1.24. Provide a forum for the escalation of issues for partner organisations.
- 1.25. To oversee the workforce issues across the system
- 1.26. To promote the digital agenda to support positive outcomes for Sandwell citizens.

2. Role of the Board

- 2.1. The Board will hold partners to account to ensure delivery of the agreed outcomes.
- 2.2. The board will oversee the delivery of new and existing services, challenging all partners to continuously work together to ensure citizens of Sandwell are at the centre of any transformation and delivery.
- 2.3. Provide scrutiny to any recommendations by the partnership for transformation or alteration of services that have a material impact on partners and / or citizens of Sandwell.
- 2.4. Set strategic direction, following recommendations from members of the Place Senior Management Team (SMT)
- 2.5. Oversee the delivery of the partnerships agreed outcome measures.
- 2.6. Ensure public accountability and transparency.
- 2.7. Support and steward partners to adopt an integration and partnership approach.

3. Governance Structure

- 3.1 The following diagram depicts the agreed governance structure for the partnership. However, it is acknowledged that there are substantial interactions with wider system governance and partner organisation core governance.



4. Membership

- 4.1. At least one representative from each core organisation should be present at each meeting.
- 4.2. Decisions about services for organisations that are not represented cannot be made by the group; however, this will not preclude the group from discussing the pertinent issues.
- 4.3. Members will have delegated authority to take decisions on behalf of their organisations within the boundaries of the partnership.
- 4.4. Members will be divided into core members (with key decision-making rights) and associate members as follows:

Chair – the chair will be an independent lay member / Non-executive.

Vice Chair – to be elected by the Board.

Core members:

Organisation	Primary Role / member
Sandwell & West Birmingham NHS Trust	Chief Integration Officer
Sandwell & West Birmingham NHS Trust	Deputy Chief Integration Officer
Sandwell Metropolitan Borough Council	Director of Adult Social Care
Sandwell Metropolitan Borough Council	Assistant Director of Commissioning & Integration

Sandwell Metropolitan Borough Council	Director of Childrens' Services
Sandwell Metropolitan Borough Council	Director of Public Health
Black Country ICB	Managing Director Sandwell Place
Black Country ICB	Head of Primary Care and Place Development
General Practice	PCN Director for Sandwell Place
General Practice	Chair of Sandwell Primary Care Collaborative
General Practice	PCN Director (1 as agreed by the PCC)
Black Country Healthcare Foundation Trust	Chief Strategy and Partnership Officer
Sandwell Council of Voluntary Organisations	Chief Executive Officer
Sandwell Children's Trust	Chief Executive Officer or Deputy
Healthwatch Sandwell	Chair or nominated deputy

4.5. Each member will need to nominate an appropriate deputy to attend on their behalf with delegated authority for decision making.

4.6. **Quoracy** – The Board will be Quorate when at least 90% of organisations are represented and must include representation from SWBT, SMBC, BC ICB and General Practice

5. Accountability

5.1 The Board will demonstrate transparency and accountability to local people, partners and stakeholders in the following ways:

- Publishing these Terms of Reference and the future partnership agreement.
- Publishing each year an annual report sharing the work, achievements, challenges, and future focus of the Board.
- Complying with local authority health and scrutiny requirements

6. FREQUENCY OF MEETINGS

6.1. The Board will meet on a monthly basis.

7. REVIEW AND REVISION

7.1. The Terms of Reference will be reviewed on an annual basis.

8. ADMINISTRATIVE ARRANGEMENTS

8.1. The chair shall be supported administratively by the Executive Assistant to the Chief Integration Officer at SWBT and duties in this respect will include:

- Collation of agenda with Chair and attendees and collation of papers.
- Taking the minutes.
- Keeping a record of matters arising and issues to be carried forward.

- Advising the committee on pertinent issues/areas from previous papers
- 8.2. All papers presented to the OLG should be prefaced by a summary of key issues and clear recommendations setting out what is required.

9. REPORTING ARRANGEMENTS

- 9.1. The SHCP Board will receive a highlight report monthly from the Senior Management Team (SMT) outlining key actions taken, assurances given and areas of risk.
- 9.2. The Board will receive a monthly paper outlining progress against the agreed Board level metrics.
- 9.3. The Board will receive papers and presentations relating to the progress of the workstreams at a frequency agreed by the Board.

10. Managing Conflicts of Interest

- 10.1 Individual members of the Board or members from groups that report to the Board must:
- comply with the arrangements determined by the Board for managing conflicts of interest.
 - This includes individuals directly involved with the business or decision making of the Board.
 - The process for managing conflicts of interest will be:
 - Conflicts of interest should be declared in advance of the meeting to the Chair once the
 - agenda is published.
 - For every interest declared, it will be the responsibility of the Chair to manage the conflict of interest or potential conflict of interests, to ensure the integrity of the Boards decision making processes.
 - Members are requested to follow the Nolan principles (Appendix 1) for managing behaviour, which is in line with statutory guidance. As a next step, local government and NHS corporate leads will work together to review local government and the NHS policies and ensure the
 - Board is appropriately informed by any policies.

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