

WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP AGREEMENT

Version 3

Between

West Yorkshire Integrated Care Board (ICB)

Mid Yorkshire Teaching NHS Trust (MYTT)

Wakefield Council

South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

Healthwatch Wakefield

Primary Care Networks of Wakefield District

Nova

Age UK Wakefield

Vico Homes

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SECTION A: BACKGROUND

1. Background

In Wakefield we have a long history of successful partnership and system working with people at the heart to enable genuine whole system change. There are many examples of how, by working together as a partnership, we have achieved successes and improvements to lives of people who live and work in Wakefield. Building on this success, we want to proactively create the conditions that enable and support our health and care staff from all professions to continue to work together, and with people and communities, to deliver measurable progress towards our ambition to improve outcomes and reduce inequalities for our population.

The white paper published by the Department of Health and Social Care in February 2021 (the “White Paper”) Working together to improve health and social care for all builds on the NHS Long Term Plan vision of integrated care and sets out the key components of a statutory integrated care system (“ICS”); and set out legislative proposals for a Health and Care Act 2022. One of these components is “strong and effective place-based partnerships” in local places between the NHS, local government and key local partners, interfacing with a statutory Integrated Care System for West Yorkshire and provider collaboratives established on a broader sector-based footprint.

This agreement sets out the vision, objectives and shared principles of the partners in establishing a place-based partnership for Wakefield and further developing place-based health and care provision for the people of Wakefield.

The parties agree, as set out in the West Yorkshire Integrated Care Board (ICB) constitution, to work together in partnership to realise shared ambitions to reduce health inequalities, improve the health of the people who live in the Wakefield district and improve the quality of their health and care services. Each party agrees to collaborate to deliver the vision, objectives and priorities as set out in the Wakefield District ICB plan and NHS West Yorkshire ICB constitution and 10 big ambitions, having regard to the Wakefield health and wellbeing strategy and the Partnership integrated care strategy.

The West Yorkshire Integrated Care Board is part of the West Yorkshire Integrated Care System, which has identified a set of guiding principles that shape everything we do. The Wakefield District Health and Care Partnership will work within these guiding principles:

- 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.
- 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 West Yorkshire Integrated Care System has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values. The Wakefield District Health and Care Partnership will work within these values:

- We are leaders of our organisation, our place and of West Yorkshire.
- 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; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

2. Status and Purpose of This Agreement

This Agreement is not an NHS Contract pursuant to section 9 of the National Health Service Act 2006.

We recognise that the successful implementation of the Wakefield District Health and Care Partnership will require;

- Ambition and vision articulated through a co-produced, outcome-focused Health and Wellbeing Strategy, which informs all decisions and influences beyond the partnership.
- System and governance infrastructure which mirrors ICS arrangements & provides assurance on quality, safety, financial and service performance across the partnership.
- Culture, behaviours and leadership that create an environment where all partners commit to the effectiveness of the whole system and organisational objectives are achieved through the success of the whole system.
- This agreement needs to be read in conjunction with the terms of reference for the Committees and governance groups established to undertake and support the functions of the Wakefield District Health and Care Partnership.

The terms of this Agreement are set out in the following sections:

SECTION B: sets out the purpose of the Wakefield District Health and Care Partnership Committee and the responsibilities of its members.

SECTION C: sets out the governance arrangements for the Wakefield Health and Care Partnership and its relationship with the West Yorkshire Integrated Care Board.

3. Review

This agreement will be reviewed and updated every three years (with the option to review sooner in the event of a significant change), by the Wakefield District Health and Care Partnership Committee to ensure that all information detailed in this Agreement is both relevant and correct. The next review date is by 31 March 2026, with the subsequent review date being by 31 March 2029.

SECTION B: WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP COMMITTEE

4. Purpose of the Committee

The shared vision of the Wakefield District Health and Care Partnership Committee is to facilitate an 'integrated system that enables people to live longer in good health and to be able to get the care and treatment they need, in the right place, at the right time.

The Wakefield Health and Care Partnership Committee supports the delivery of health improvement priorities identified in the Wakefield Health and Wellbeing Plan.

The ICB has delegated to the Wakefield District Health and Care Partnership the matters set out in the ICB scheme of reservation and delegation. The Wakefield District Health and Care Partnership is established as a committee of the ICB Board, in accordance with the ICB's Constitution, Standing Orders, Scheme of Reservation and Delegation, Standing Financial Instructions and Financial Scheme of Delegation. Members of the committee agree to act in accordance with the Committee's terms of reference, published on the [ICB website](#). These set out the remit, responsibilities, membership and reporting arrangements of this Committee and may only be changed with the approval of the ICB Board. The Committee has no executive powers, other than those specifically delegated in its terms of reference. The terms of this partnership agreement also apply to any Sub Committee established by the Committee.

The parties acknowledge the arrangements for the Wakefield District Health and Care Partnership and that employees of theirs may be appointed as members of the Committee. They agree to support them in doing so in line with the aims and objectives of the Committee. The parties acknowledge that any individual who is nominated as a member of the of the Committee or Sub Committees understands and agrees to bring knowledge and perspective from their sector but not be delegates or carry agreed mandates from that sector or from their organisation.

The Wakefield District Health and Care Partnership Committee will agree an Annual Work Plan to meet the health and healthcare needs of the population of Wakefield district, which reflects the Partnership integrated care strategy and the Wakefield district Health and Wellbeing Strategy

The Committee will allocate resources to deliver the plan, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital).

The Committee will approve the operating structure to deliver the Wakefield partnership priorities & plan.

The Wakefield Place structure can be found in appendix A.

Full details can be found in the terms of reference at appendix B.

5. Values

The Wakefield Health and Care Partnership is committed to abide by the following values:

- Honesty
- Integrity
- Ambition
- Mutual respect
- Be bold
- Develop unity
- Deliver what we say

6. How we will work together

- We will support each other and work collaboratively;
- We assume good intentions;

- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery and ensure our organisations develop mutual respect for all our organisations to ensure that the Integrated Care Partnership delivers what we say we will do together;
- We will ensure co-production of models of care across the system is at the heart of the way we operate together;
- We will ensure we have services that deliver against evidence-based outcomes and which demonstrate effective prevention as well as personalisation of services;
- Wakefield will achieve a vibrant and diverse provider market including the voluntary sector and small businesses;
- We will make investment decisions transparently together that optimise outcomes for our community in Wakefield to ensure that the Wakefield District Health and Care Partnership can make Wakefield a better place to live and work. Citizens and partner organisations will be able to see how the Wakefield pound is being spent;
- We will create a pro-active and dynamic Health and Care Partnership; creating an environment and model of operation that underpins clarity of purpose, constructive challenge, embracing innovation, robust & secure decision making, collective ownership; and
- Make 'every contact count' when our workforce is engaged with the public, sharing consistent messages.

7. Conflicts of interest and standards of business conduct

The Wakefield District Health and Care Partnership will follow the ICB arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by Committees or Sub Committees of the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not, and do not appear to risk the integrity of the ICB's decision-making processes.

The Wakefield District Health and Care Partnership will work within ICB agreed policies and procedures for the identification and [management of conflicts of interest](#).

Parties acknowledge that all Committee and sub-committee members will comply with the ICB policy on conflicts of interest in line with their terms of office. This will include but not be limited to declaring all interests on a [register](#) that will be maintained by the ICB.

The Parties acknowledge that all Committee and sub-committee members will comply with the ICB [Standards of Business Conduct policy](#).

8. Dispute resolution

The Wakefield District Health and Care Partnership Committee will operate within the dispute resolution procedure of the ICB.

At all times we will commit to working cooperatively to identify and resolve issues to our mutual satisfaction so as to avoid all forms of dispute or conflict in performing our obligations under our Health and Care Partnership arrangements.

We believe that by focusing on our agreed Objectives and Principles and being collectively responsible for all risks we will reinforce our commitment to avoiding disputes and conflicts arising out of or in connection with our Partnership.

SECTION C: WAKEFIELD PLACE GOVERNANCE ARRANGEMENTS

9. Accountability

The Wakefield District Health and Care Partnership Committee is accountable to the West Yorkshire Integrated Care Board for the delegated matters and the Wakefield Health and Wellbeing Board in realising the Health and Wellbeing strategy and plan.

10. Place based arrangements

The Partnership will be supported by four key committees / groups in discharging its functions, vision, values and principles;

- i. Integrated Assurance Committee
- ii. Wakefield Transformation and Delivery Collaborative
- iii. System and Professional Leadership Group
- iv. People Panel

10.1 Wakefield Integrated Assurance Sub-Committee

The purpose of the Wakefield Integrated Assurance Sub-Committee is to maintain an oversight of quality, performance and resource management across the Wakefield health and care system, to provide challenge and to seek assurance on delivery of key service national and local priorities, outcomes and targets and to facilitate collaborative solutions.

Full details of the Wakefield Integrated Assurance Sub-Committee can be found in the terms of reference at appendix C.

10.2. Wakefield Transformation and Delivery Collaborative Meeting

The purpose of the Wakefield Transformation and Delivery Collaborative (TDC) Meeting is to deliver plans to achieve inclusive service recovery, restoration and transformation across the Wakefield 'place' system, and to ensure our services are arranged in a way that is sustainable and in the best interests of the population.

The TDC will identify, establish and develop specialist programme specific provider alliances and clinical networks, as necessary, aligned to the needs of the population that deliver our local transformation priorities. Existing provider alliances/groups will work within the overarching Wakefield Transformation and Delivery Collaborative Meeting.

Full details of the Wakefield Transformation and Delivery Collaborative Meeting can be found in the terms of reference at appendix D.

10.3. Wakefield Professional Leadership Group

The Wakefield Professional Leadership Group is a networked group of clinical and professional leaders from across the Wakefield health and social care system. The purpose of this group is to define the clinical and professional leadership model for Wakefield.

It is a group for Wakefield place to influence innovation and future ways of working and support quality standards and service design.

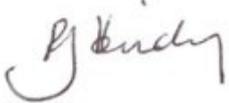
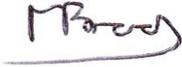
Full details of the Wakefield Professional Leadership Group can be found in the terms of reference at appendix E.

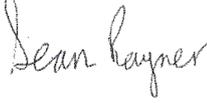
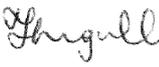
10.4. People Panel

The purpose of the People Panel is to provide meaningful engagement with our patients and communities and to give citizens a voice in creating a safe, effective and sustainable health and care system.

Full details can be found in the terms of reference at appendix F.

The following are co-signatories to this document which supports the delivery of the Wakefield District Health and Care Partnership.

Organisation/role	Name	Signature
Independent Chair	Ann Carroll	
Independent Member - Assurance	Richard Hindley	
Independent Member – Citizen Voice and Inclusion	Stephen Hardy	
West Yorkshire Integrated Care Board (ICB) Place lead and Chair of Transformation and Delivery Collaborative Meeting	Melanie Brown	
Mid Yorkshire Teaching NHS Trust Chief Executive	Brent Kilmurray	
South West Yorkshire Partnership NHS Foundation Trust Chief Executive	Mark Brooks	
Healthwatch Wakefield Chief Executive	Lewis Smith-Connell	
Wakefield Council Director of Adult Social Care	Rachel Bowes	
Wakefield Council Director of Children's Services	Vicky Schofield	
Wakefield Council Director of Public Health	Stephen Turnbull	
Primary Care Network Director representative	Dr Phillip Earnshaw	
Primary Care Network Director representative	Dr Clive Harries (retired) replacement TBC	

Organisation/role	Name	Signature
Voluntary, Community and Social Enterprise (VSCE) Representative	Sharlene Featherstone	
VSCE representative Age UK Wakefield	Paula Bee	
Vico Homes and Chair of the Health and Housing Alliance	Sarah Roxby	
Medical Director for Integrated Community Services and Chair of Wakefield Professional Leadership Group (meeting currently paused)	Dr Colin Speers	
Chair of the Planned Care Alliance	Chris Evans	
Chair of the Unplanned Care Alliance	Tim Hodgkins	
Chair of the Mental Health Alliance	Sean Rayner	
Chair of the Children and Young People's Alliance	Jenny Lingrell	
Chair of the Connecting Care Alliance	Dr Pravin Jayakumar	

APPENDIX A: WAKEFIELD PLACE GOVERNANCE DIAGRAM

**APPENDIX B: WAKEFIELD DISTRICT HEALTH AND CARE PARTNERSHIP
TERMS OF REFERENCE**

**APPENDIX C: WAKEFIELD INTEGRATED ASSURANCE SUB-COMMITTEE
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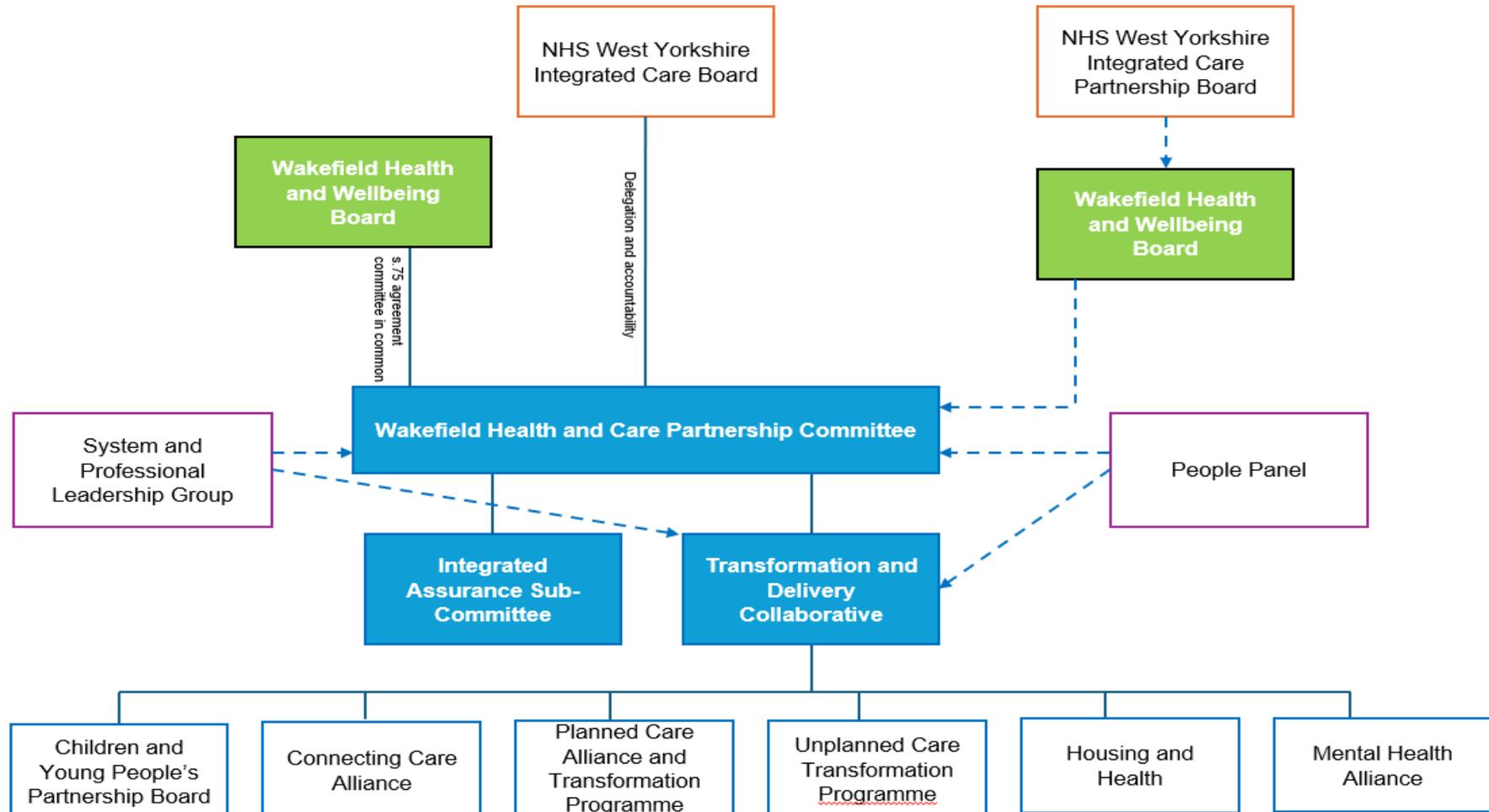
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REFERENCE**

APPENDIX F: PEOPLE PANEL TERMS OF REFERENCE

APPENDIX A: WAKEFIELD PLACE GOVERNANCE DIAGRAM

The diagram below outlines the Wakefield place governance structure.



**West Yorkshire Integrated Care Board (ICB)
Wakefield District Health and Care Partnership Committee
Terms of Reference**

Version control

Initial Issue Date: 1 July 2022

Version: 3

Approved by: West Yorkshire ICB Board

Date Approved: 24 June 2025

Latest Issue Date: 24 June 2026

Responsible Officer: Ruth Unwin, Director of Strategy, Wakefield Place

Date of Next Review: One Year, unless additional amendment required in year

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Change History:

Version number	Changes applied	By	Date of Amend
2	Agreed at WDHCP Committee for onward approval at WYICB	Joanne Lancaster/ Gemma Gamble	06.06.2024
2.1	Annual review in line with end of year committee effectiveness and amends to accessibility	Jemma Harris, Governance Manager	March 2025
3	Final version approved at the West Yorkshire ICB on 24 June 2025. Finalised and prepared for inclusion within the Wakefield Partnership Agreement	Jemma Harris Governance Manger	June 2025

1. Introduction

The Wakefield District Health and Care Partnership Committee is established as a committee of the West Yorkshire ICB Board, in accordance with the ICBs Constitution, Standing Orders and Scheme Reservation and Delegation.

These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, membership, and reporting arrangements of this Committee and may only be changed with the approval of the ICB Board. The Committee has no executive powers, other than those specifically delegated in these terms of reference.

The ICB is part of the West Yorkshire Integrated Care System (ICS), which 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
- 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
- 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; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

The shared vision of the Committee is to facilitate an integrated system that enables people to live longer in good health and to be able to get the care and treatment they need, in the right place, at the right time.

The Committee will abide by the values set out in the ICS Leadership and Behaviours Framework.

2. Membership and attendees

Core Voting Member:

Sector	Organisation and Job Role	Deputy and Job Role
Independent Member	Ann Carroll Wakefield Place, Independent Chair	Wakefield Place, Non-Executive Member (as nominated by the Independent Chair)
Independent Member	Richard Hindley Wakefield Place, Non-Executive Member and Independent Chair of the Wakefield Integrated Assurance Sub-Committee	N/A
Independent Member	Stephen Hardy Wakefield Place, Non-Executive Member and Independent Chair of the People Panel	N/A
Statutory NHS Organisations	Melanie Brown Wakefield Place Lead Officer	Ruth Unwin Wakefield Place, Director of Strategy
Statutory NHS Organisations	Brent Kilmurray Mid Yorkshire Teaching NHS Trust, Chief Executive	Chris Evans Mid Yorkshire Teaching NHS Trust, Chief Operating Officer and Deputy Chief Executive
Statutory NHS Organisations	Mark Brooks South West Yorkshire Partnership NHS Foundation Trust, Chief Executive	Sean Rayner South West Yorkshire Partnership NHS Foundation Trust, Director of Integrated Change for Wakefield
Healthwatch	Lewis Smith-Connell Healthwatch, Chief Executive	Roger Grasby Healthwatch, Chair
Local Authority	Suzy Joyner Wakefield Council, Director of Adult Social Care	Angela Hemingway Wakefield Council, Service Director for Workforce and Commissioning
Local Authority	Vicky Schofield Wakefield Council, Director of	Jenny Lingrell Wakefield Council, Service Director

Sector	Organisation and Job Role	Deputy and Job Role
	Children's Services	for Children's Health and Wellbeing
Local Authority	Stephen Turnbull Wakefield Council, Director of Public Health	No named deputy
Primary Care Networks	<ul style="list-style-type: none"> X1 vacant Dr Phillip Earnshaw General Practitioner and Primary Care Network Representative 	Dr Claire Barnsley Chair of the Wakefield Local Medical Council
Voluntary, Community and Social Enterprise (VCSE)	<ul style="list-style-type: none"> Sharlene Featherstone Second Chance, Clinical Lead and Voluntary, Community and Social Enterprise Representative Paula Bee Age UK Wakefield, Chief Executive, and Voluntary, Community and Social Enterprise Representative 	<ul style="list-style-type: none"> Elsie Heslam Nova, Networks Coordinator Natalie Tarbatt Age UK Wakefield, Chief Operating Officer
Vico Homes (previously Wakefield District Housing)	Sarah Roxby Vico Homes, Executive Director of Customer and Communities	Leanne Brown Vico Homes, Head of Health and Wellbeing
Executive Team	Dr Colin Speers Wakefield Place, Medical Director for Integrated Community Services	No named deputy
Executive Team	Penny McSorley Wakefield Place, Director of Nursing and Quality	Judith Wild Wakefield Place, Deputy Director of Nursing, and Head of Continuing Health Care

In Attendance Non-Voting Member:

Sector	Organisation and Job Role	Deputy and Job Role
Executive Team Enabler	Becky Barwick Wakefield Place, Associate Director of Partnerships and System Development	Ruth Unwin Wakefield Place, Director of Strategy
Executive Team	Ruth Unwin	Becky Barwick

Sector	Organisation and Job Role	Deputy and Job Role
Enabler	Wakefield Place, Director of Strategy	Wakefield Place, Associate Director of Partnerships and System Development
Executive Team Enabler	Ian Currell Wakefield Place, Chief Finance Officer and Senior Responsible Officer	Jenny Davies Wakefield Place, Acting Director of Operational Finance
Executive Team Enabler	Amy Whitaker Mid Yorkshire Teaching NHS Trist, Chief Finance Officer and Senior Responsible Officer	No named deputy
Executive Team Enabler	Phillip Marshall Mid Yorkshire Teaching NHS Trust, Director of Workforce and Organisational Development	<ul style="list-style-type: none"> Linda Harris Spectrum Healthcare CiC, Chief Executive Domonic Blaydon Wakefield Place, System Director for Workforce
Executive Team Enabler	Sean Rayner South West Yorkshire Partnership NHS Foundation Trust, Director of Integrated Change for Wakefield	Mark Brooks South West Yorkshire Partnership NHS Foundation Trust, Chief Executive
Wakefield Health and Wellbeing Board	<ul style="list-style-type: none"> Cllr Duncan Smith Chair of the Wakefield Health and Wellbeing Board Cllr Michelle Collins Portfolio Holder for Adult Social Care 	To be confirmed
Primary Care	Stephen Knight Conexus, Chief Executive	Debbie Brewin Connexus, Chief Strategy Officer/Deputy Managing Director
Primary Care	Dr Lyn Hall General Practitioner and Local Medical Committee Representative	Dr Claire Barnsley General Practitioner and Chair of the Local Medical Committee
Subject Experts	Jenny Lingrell Wakefield Council, Service Director for Children's Health and Wellbeing	Vicky Schofield Wakefield Council, Director of Children's Services
Subject Experts	Linda Harris Spectrum Healthcare CiC, Chief	<ul style="list-style-type: none"> Phillip Marshall Mid Yorkshire Teaching NHS

Sector	Organisation and Job Role	Deputy and Job Role
	Executive	Trust, Director of Workforce and Organisational Development <ul style="list-style-type: none"> • Domonic Blaydon Wakefield Place, System Director for Workforce

Sectors will be required to devise a transparent approach to nomination of representatives. The Chair will ultimately determine whether the nomination is appropriate.

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.

Any member of the ICB Board can be in attendance subject to agreement with the Chair.

3. Arrangements for the conduct of business

3.1 Chairing meetings

The meeting will be chaired by the Wakefield Place, Independent Chair. In the event that the Independent Chair is unable to attend part or all of a meeting arrangements should be made for one of the Independent Non-Executive Members to chair on their behalf.

3.2 Quoracy

No business shall be transacted unless at least 50% of the membership (which equates to eight individuals) are present, including at least one Independent Non-Executive Member; one ICB representative, one local authority representative, one provider representative and one clinical member.

For the sake of clarity:

- No person can act in more than one capacity when determining the quorum
- 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.

Members are expected to attend at least 75% of meetings during the year. This equates to attendance at three of the four meetings arranged to take place across the fiscal year. Attendance will be monitored and reported on during the end of year effectiveness review.

With the permission of the person presiding over the meeting, representatives will be required to nominate a deputy to attend any meeting that they are unable to attend. It is the responsibility of the nominating organisation to ensure the person is suitably experienced, meets the eligibility criteria and has the authority to act as a representative of the organisation or sector that they are representing. The deputy may speak and vote on their behalf and will count towards the meetings quorum. The decision of person presiding over the meeting regarding authorisation of nominated deputies is final.

3.3 Voting

In line with the ICBs Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each voting member of the Committee will have one vote, the process for which is set out below:

- All members of the committee who are present at the meeting will be eligible to cast one vote each
- Absent members may not vote by proxy. Absence is defined as being present at the time of the vote
- A resolution will be passed if more votes are cast for the resolution than against it
- If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote
- Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

In the event of a dispute or inability to reach consensus, the dispute resolution process outlined in the Partnership Agreement will be followed.

3.4 Frequency of meetings

The Committee will normally meet in public at least four times per year. The Chair may call an additional meeting at any time by giving no less than 14 calendar days' notice in writing to members of the Committee.

One third of the members of the Committee 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 Committee members signing the requisition may call a meeting by giving not less than 14

calendar days' notice in writing to all members of the Committee 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.

3.5 Urgent decisions

In the case of urgent decisions and extraordinary circumstances every attempt will be made for the Committee to meet virtually. Where this is not possible the following will apply:

- a) The powers which are delegated to the Committee may for an urgent decision be exercised by the Chair of the Committee and the West Yorkshire ICB Place Lead
- b) The exercise of such powers shall be reported to the next formal meeting of the Committee for formal oversight, where the Chair will explain the reason for the action taken. Urgent decisions must also be reported to the West Yorkshire ICB Board for oversight.

3.6 Admission of the press and public

Meetings of the Committee will be open to the public.

The Committee 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.

The Chair of the meeting shall give such directions as they see fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Committee's business shall be conducted without interruption and disruption.

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 Committee.

A public notice of the time and place of the meeting and how to access the meeting shall be given by posting it on the West Yorkshire ICB and Wakefield Place website at least seven calendar days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened. All meeting members shall support accessibility of documents in support of colleagues and members of the public who use and rely upon assistive technology.

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 is not likely to be open to the public.

3.7 Declarations of interest

All members will be required to complete a declaration as a member of the Wakefield District Health and Care Partnership Committee and in line with the Conflicts Policy.

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, members will declare that interest as early as possible and act in accordance with the ICBs 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.

3.8 Support to the Committee

The Committee's lead manager is the Wakefield Place Lead Officer.

Administrative support will be provided to the Committee by the ICB corporate function through the Wakefield Place Governance Manager. This will include:

- Agreement of the agenda with the Chair in consultation with the Place Lead
- Share the agreed agenda with members with sufficient opportunity for papers to be produced and submitted

- Support the production of the Place Lead report as required
- Collate meeting papers checking accessibility and distribute one week prior to the meeting to all members and communications for inclusion on the website
- Produce the Chair briefing/agenda
- Minutes to be drafted and quality checked by appropriate lead **within 10 working days**
- Minutes sent to Chair and Place Lead with a request to be reviewed within **five working days**
- Maintaining an ongoing list of actions, specifying members responsible, due dates and keeping track of these actions
- Production of the Committee Escalation and Assurance Report, known as the triple A report
- Draft minutes distributed to all attendees of the meeting following review by the Chair **within one calendar month of the meeting (this applies to bi-monthly/quarterly meetings)**
- An annual work plan to be updated and maintained on a monthly basis.

4. Remit and responsibilities of the committee

The Committee has a dual responsibility to support the delivery of health improvement priorities identified in the Wakefield District Health and Wellbeing Strategy and to manage those matters delegated to it by the West Yorkshire ICB Board.

The Committee will agree and have oversight of a risk management framework and will drive forward local processes for identifying, escalating and reporting on strategic and operational risks at Wakefield Place level. This framework will set out arrangements for jointly managing and mitigating risks across partners where appropriate, in line with the risk appetite and risk policy of the ICB.

The objectives of the Committee in support of delivery of the Wakefield District Health and Wellbeing Strategy are:

- To provide strategic direction and leadership to ensure that the vision and objectives of the Partnership are successfully delivered
- To extend the years that people live in good health and improve health outcomes for the Wakefield district population through preventative programmes and investment to address social determinants of health
- To target activities of the partnership to narrow the health inequalities gap between the poorest and wealthiest neighbourhoods and different

populations in the district, ensuring additional needs of people from diverse communities and others with protected characteristics are reflected in service design. To work together to develop comprehensive care in community and hospitals settings, to reduce avoidable hospital admissions and re-admissions and facilitate timely discharge

- Collaborate on initiatives that reduce people's likelihood of developing long term conditions, cancer and cardiovascular disease and ensure effective treatment and care for people with these conditions
- Design and implement programmes to tackle anxiety and depression and reduce the number of suicides and incidence of mental ill health in the district
- Deliver integrated care and support for older and vulnerable people and those at the end of life to enable them to live safe and fulfilled lives
- Ensure effective support to informal and unpaid carers that recognises and maximises their contribution to the health and care system
- Actively promote community engagement and ensure decisions of the partnership are shaped by the citizen voice
- Adopt a collaborative approach to continuous quality improvement that delivers greater flexibility, financial sustainability and system resilience
- Adopt a robust and balanced approach to risk and opportunity.
- The Committee will review all strategic risks on the Place Board Assurance Framework and provide assurance to the Board on the management of these risks.

The Committee has specific delegated authority from the West Yorkshire ICB Board to make decisions about the use of NHS resources for the Wakefield district, including the agreement of contracts for relevant services. The decisions reached are the decisions of the ICB, in line with the organisation's scheme of delegation, which are set out below:

- Establish governance arrangements to support collective accountability between partner organisations for place-based system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations
- Agree a plan to meet the health and healthcare needs of the population of Wakefield district, which reflects the Partnership integrated care strategy and the Wakefield district Health and Wellbeing Strategy.
- Allocate resources to deliver the plan, determining what resources should be available to meet population need and setting principles for how they

should be allocated across services and providers (both revenue and capital)

- Develop joint working arrangements with partners across Wakefield that embed collaboration as the basis for delivery within the ICB plan
- Approve the operating structure to deliver the Wakefield partnership priorities and plan
- Arrange for the provision of health services in line with the allocated resources through a range of activities including putting contracts and agreements in place to secure delivery of its plan by providers
- Support providers to lead major service transformation programmes to achieve agreed outcomes
- Support the development of primary care networks (PCNs) - including investment in PCN management support, data and digital capabilities, workforce development and estates
- Work with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including continuing healthcare and funded nursing care, personal health budgets and direct payments
- Agree implementation of workforce priorities for the Wakefield district
- Agree action for data and digital to support delivery of the Wakefield partnership plan: 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
- Agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money for the Wakefield district and support wider goals of development and sustainability
- Put in place local systems to implement ICB risk management arrangements
- Agree implementation of the arrangements within the Wakefield district for complying with the NHS Provider Selection Regime.

5. Authority

The Committee 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 ICB and they are directed to cooperate with any such request made by the Committee.

The Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.

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

The Committee is authorised to create sub-committees or working groups as are 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

The Committee shall submit its minutes to each formal ICB Board.

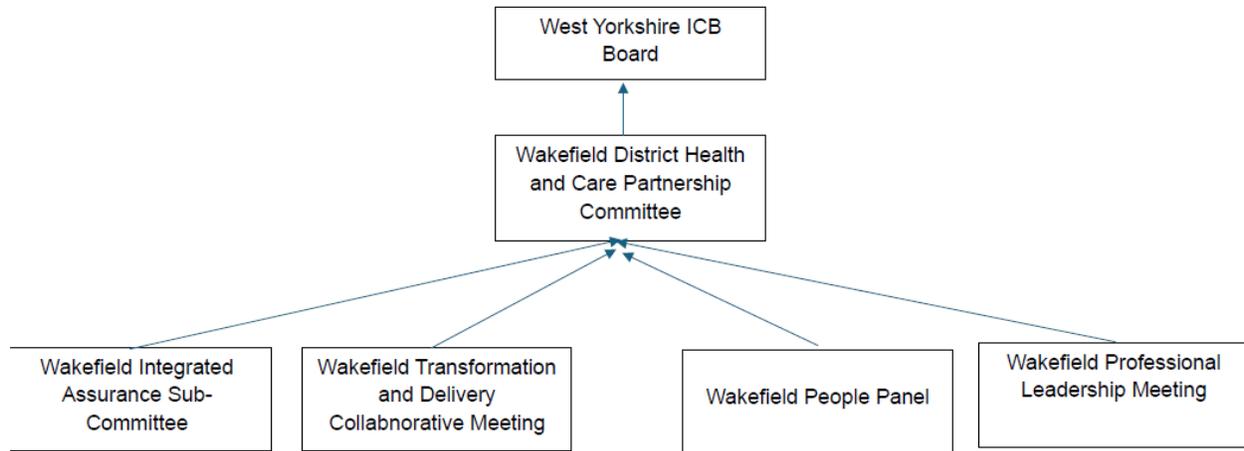
The Wakefield Place Lead Officer shall draw to the attention of the ICB Board any significant issues or risks relevant to the ICB.

The minutes from each meeting of the Committee will be published on the ICB website as part of the full pack of papers.

The Committee shall submit an annual report to the ICB Audit Committee and the ICB Board.

The Committee will receive for information the minutes of other meetings which are captured in the Committee work plan e.g. sub-committees as below:

- Wakefield Integrated Assurance Sub-Committee
- Wakefield Transformation and Delivery Collaborative Meeting
- Wakefield People Panel
- Wakefield Professional Leadership Meeting



7. Conduct of the committee

All members will have due regard to and operate within the Constitution of the 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 Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

The Committee shall agree an Annual Work Plan with the ICB Board.

The Committee 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 Committee.

Any resulting changes to the terms of reference shall be submitted for approval by the ICB Board.

Wakefield Integrated Assurance Wakefield Integrated Assurance Sub-Committee

Terms of Reference

Version control

Initial Issue Date:

Version: 2

Approved by: Wakefield District Health and Care Partnership Committee

Date Approved: 3 June 2025

Latest Issue Date: June 2025

Responsible Officer: Ruth Unwin, Director of Strategy/Jemma Harris, Governance
Manager

Date of Next Review: One Year, unless additional amendment required in year

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Change history:

Version number	Changes applied	By	Date of Amend
1.1	Amendments to document to support accessibility and minor changes following annual effectiveness review	Jemma Harris, Governance Manager	April 2025
2	Final version approved at the Wakefield District Health and Care Partnership Committee on 3 June 2025. Finalised and prepared for inclusion within the Wakefield Partnership Agreement	Jemma Harris, Governance Manager	June 2025

1. Introduction

The Wakefield Integrated Assurance Sub-Committee is established to provide independent oversight and assurance to the Wakefield District Health and Care Partnership Committee regarding the effectiveness of the quality controls, risk management processes, and financial reporting.

The Wakefield Integrated Assurance Sub-Committee will ensure that the Wakefield District Health and Care Partnership operates in a manner that is both transparent and accountable, safeguarding the integrity of its operations and complying with all relevant regulatory requirements.

These Terms of Reference outline the purpose, scope, and responsibilities of the Wakefield Integrated Assurance Sub-Committee, as well as its structure, authority, and reporting mechanisms. The Terms of Reference will serve as a guide to ensure the Wakefield Integrated Assurance Sub-Committee fulfils its mandate effectively, while also providing a framework for its ongoing evaluation and improvement.

The Wakefield Integrated Assurance Sub-Committee will play a crucial role in identifying and mitigating risks, reviewing audit findings, and ensuring the robustness of governance practices.

2. Membership and Attendees

Core Member:

- Non-Executive Member (chair)
- Non-Executive Member (deputy chair)
- Wakefield Place Lead and Chair of the Wakefield Transformation and Delivery Collaborative Meeting
- Chief Finance Officer and Senior Responsible Officer for Finance, Wakefield Place
- Director of Nursing and Quality and Senior Responsible Officer for Quality, Wakefield Place
- Chief Nurse, Mid Yorkshire Teaching NHS Trust
- Director of Nursing, Quality and Professions, South West Yorkshire Partnership NHS Foundation Trust

- Chief Executive, Conexus Wakefield and primary care providers representative
- Service Director for Adult Social Care, Wakefield Council
- Service Director for Children's Health and Wellbeing, Wakefield Council
- Chief Executive, NOVA and representative of the Voluntary, Community and Social Enterprise (VCSE) Sector
- Public Health Consultant, Wakefield Council
- Chair of the Wakefield System Professional Leadership Group
- Director of Strategy, Wakefield Place

In Attendance Member:

- Senior Head of Quality, West Yorkshire ICB
- Associate Director of Partnership and System Delivery, Wakefield Place
- Joint Service Lead for Data and Analytics, Wakefield and Mid Yorkshire Teaching NHS Trust
- Governance Manager for Wakefield Place
- Head of Communications for Wakefield Place
- Operational Leads/Senior Responsible Officers – as required

Members may have multiple responsibilities (as representatives of sector and organisation) but their primary responsibility as members of the Wakefield Integrated Assurance Sub-Committee will be to ensure the effectiveness of the whole system, promoting synergy between quality, finance, performance and risk.

The Wakefield Integrated Assurance Sub-Committee will report into the Wakefield District Health and Care Partnership Committee.

Other officers may attend at the discretion of the Chair, and officers will be invited to attend to present on matters relevant to their area of responsibility.

The Wakefield Integrated Assurance Sub-Committee has no collective authority to make decisions but the members can make decisions within the authority individuals' have been delegated by their own organisation. Where individuals do not have relevant authority, the Wakefield Integrated Assurance Sub-Committee will make recommendations to the Wakefield District Health and Care Partnership Committee.

Where members are not able to attend meetings they are required to send a named nominated deputy that can act on their behalf.

3. Arrangements for the Conducts of Business

Chairing Meetings

The Chair of the Wakefield Integrated Assurance Sub-Committee will be a nominated independent member. In the event of the Chair's absence meetings will be chaired by the second independent member.

Quoracy

The Wakefield Integrated Assurance Sub-Committee will be quorate if four of its members are present, including at least:

- The Chair or deputy chair
- One professional representative (quality lead/deputy or System Professional Leadership representative)
- Senior Responsible Officer for Finance, deputy or representative

Where one or more members of the Wakefield Integrated Assurance Sub-Committee are unable to take part in a particular agenda item due to a conflict of interest, the alternative quoracy arrangements will be made up of at least four remaining members of the Wakefield Integrated Assurance Sub-Committee.

Frequency of Meetings

There shall be appropriate flexibility as to the frequency of meetings but these shall normally be four times per year.

Members are expected to attend all meetings; however, a nominated appropriate equivalent named deputy may attend and will count towards the quorum and be able to vote.

Urgent Decisions

The Chair of the Wakefield Integrated Assurance Sub-Committee and Place Lead in collaboration with one other Wakefield Integrated Assurance Sub-Committee

member may also act on urgent matters arising between meetings of the sub-committee.

Declaration of Interest

All potential conflicts of interest are declared and managed in line with the West Yorkshire ICB Conflicts of Interest Policy. It is acknowledged that conflicts cannot be eliminated but the objective will be to ensure transparency where conflicts arise. All declarations of interest will be updated at least annually and published in line with policy.

Any conflicts which present during the meeting in relation to the agenda that has not already been declared should be raised and declared as soon as it becomes apparent at the meeting. The Chair will determine whether any specific action is required to manage conflicts. In exceptional circumstances, this may include an individual being excluded from relevant parts of meetings, or being able to join in the discussion, but not participate in the decision making.

All declarations of interest and any specific action taken in respect of a conflict will be recorded in the minutes.

Support to Wakefield Integrated Assurance Sub-Committee

Secretariat support for the committee will be provided by the Corporate Affairs Directorate within the West Yorkshire ICB.

Duties will include:

- Develop a forward plan of matters to be considered by the sub-committee
- Agreement of agenda with Chair in line with work plan and matters arising
- Collation of papers and ensure distribution of papers no later than five working days before a meeting;
- Ensure that minutes and matters arising are recorded at each meeting keeping an accurate record of events and discussion;
- Timely distribution of papers, for agenda and papers;
- Draft minutes should be completed and shared with meeting lead within 10 working days for review and initial approval;

- Draft minutes distributed to all attendees of the meeting following review by the Chair – within one calendar month of the meeting (this applies to bi-monthly/quarterly meetings)
- Record of matters arising, issues to be carried forward.

Matters to be referred to the Wakefield District Health and Care Partnership Committee will be noted and recorded in the minutes.

4. Remit and Responsibility of Wakefield Integrated Assurance Sub-Committee

The purpose of the Wakefield Integrated Assurance Sub-Committee is to:

- Provide assurance that the place is effectively discharging the responsibilities delegated to it by the West Yorkshire ICB.
- Scrutinise and provide assurance to the Wakefield District Health and Care Partnership Committee on the systems that enable the Partnership to identify, manage and report on key quality and safety issues and the risks associated with them
- Regularly review the Partnership's achievement of performance indicators set out in its strategic and operational plans, including delivery of financial sustainability, quality, safety and standards
- Identify opportunities for collaborative solutions to address under-performance, quality and safety issues and secure financial sustainability of the whole system
- Seek assurance that all parts of the system are working together to deliver sustainable approaches to prevention of ill health and high quality, safe and effective care within financial resources.
- To maintain oversight of quality, finance and performance metrics for Wakefield District Health and Care Partnership Committee to enable the Partnership to provide assurance into the ICB through the Mutual Accountability Framework.
- Maintain an overview of all significant risks to the achievement of the Partnership's objectives through regular review of the risks, controls and assurances identified in the Assurance Framework
- Seek assurance that systems are in place to manage variation in performance, ensuring system plans are put in place and monitored to address under-performance
- Have oversight of and seek assurance on actions to address workforce issues that affect the quality, performance or sustainability of health and care

services for the Wakefield population.

Other Duties

- the Wakefield Integrated Assurance Sub-Committee will agree an annual work plan to ensure that it covers all the duties above
- The Wakefield Integrated Assurance Sub-Committee will participate in any self-assessment processes prescribed by the West Yorkshire ICB
- the committee will receive by exception any completed Internal Audit reports where there are significant recommendations and or actions relating to any of the Wakefield Integrated Assurance Sub-Committee responsibilities listed above

The Wakefield Integrated Assurance Sub-Committee may establish working groups to support it in its role. The scope and membership of those groups will be determined by the sub-committee.

5. Authority

The Wakefield Integrated Assurance Sub-Committee is established as a Sub-Committee of the Wakefield District Health and Care Partnership Committee.

The role of the Wakefield Integrated Assurance Sub-Committee is to advise and support the Wakefield District Health and Care Partnership Committee to maintain an oversight of finance, quality and performance across the Wakefield health and care system, to provide challenge and to seek assurance on delivery of key national and local priorities, outcomes and targets and to facilitate collaborative solutions.

The powers and responsibilities of the Wakefield Integrated Assurance Sub-Committee are set out in these terms of reference.

The Wakefield Integrated Assurance Sub-Committee has no executive powers, other than those specifically delegated in these terms of reference and will operate within the legal framework for the West Yorkshire Integrated Care Board and the Wakefield District Health and Care Partnership.

Terms of reference and appointments to the Wakefield Integrated Assurance Sub-Committee will be approved by the Wakefield District Health and Care Partnership Committee.

The Wakefield District Health and Care Partnership Committee will monitor the effectiveness of the Wakefield Integrated Assurance Sub-Committee through receipt of the minutes and reports.

6. Reporting

The Wakefield Integrated Assurance Sub-Committee will submit minutes of its meetings to the Wakefield District Health and Care Partnership Committee and will have oversight of assurance reports to be submitted to the ICB.

The Wakefield Integrated Assurance Sub-Committee links with the Wakefield Transformation and Delivery Collaborative Meeting, the West Yorkshire ICB Quality Committee and the West Yorkshire ICB Finance Forum.

7. Conduct of Wakefield Integrated Assurance Sub-Committee

All members will have due regard to and operate within the Constitution of the 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 Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

Any amendments to the terms of reference shall be submitted for approval by the Wakefield District Health and Care Partnership.

Wakefield Transformation & Delivery Collaborative Terms of reference

1. Background

- 1.1 The Wakefield Transformation & Delivery Collaborative has been created following an evaluation and co-created realignment of our Wakefield Place arrangements and replaces the Provider Collaborative. Its primary function is to execute the Transformation Delivery Plan as part of the Strategic Delivery Plan on behalf of the Wakefield District Health and Care Partnership.

2. Purpose

- 2.1 The Collaborative will work together to agree and deliver plans to achieve inclusive service recovery, restoration, and transformation across the Wakefield 'place' system, and to ensure our services are arranged in a way that is sustainable and in the best interests of our workforce and the population.
- 2.2 The Collaborative will work to continuously improve quality, efficiency and health and care outcomes for our population, ensuring shared ownership of objectives and plans across all parties.
- 2.3 The Collaborative is responsible for delivering the strategic aims and objectives of the Wakefield District Health and Care Partnership Committee and overseeing the delivery of the Transformation Delivery Plan as part of the Strategic Delivery Plan on behalf of the Wakefield District Health and Care Partnership Committee.
- 2.4 The Collaborative has a coordinating role across the system and is the vehicle for resolution/alignment of issues that are outside the scope of an individual alliance, ensuring a solution in one part of the system doesn't create a problem in another.
- 2.5 The Collaborative will ensure that the transformation delivery plan is delivered within existing financial resources and provides value for money.

3. Functions

- 3.1 Delivery of the Wakefield District Health and Care Partnership Transformation Delivery Plan as part of the Strategic Delivery Plan.
- 3.2 To consider and scrutinise proposals for change and associated resources required which are aligned to the delivery of Transformation Delivery Plan and which arise from

developments outside of the scope of the plan. This will include business cases, changing existing pathways and implementing new pathways of care.

- 3.3 To have oversight of the Financial Investment / Disinvestment proposals and monitoring of efficiency schemes, which will be approved in line with Standing Financial Instructions.
- 3.4 Oversight of the commissioning and transformation arrangements related to the delivery of the Transformation Delivery Plan and to test out new approaches to commissioning and transforming health and care.
- 3.5 Management of interdependencies, peer support and challenge of programme plans and ensuring there is strong alignment between the alliances.
- 3.6 Assessment of risks to delivery of the Transformation Delivery Plan and key performance metrics and escalation of key issues and risk to the WDHCP Committee.
- 3.7 Assurance and oversight of delivery of local and national programmes relating to quality, finance and performance. and ensuring links are made between the priorities and programmes of the Alliances and Programme Boards.

4. Operating Principles

- 4.1 Members work together to make the biggest improvements possible because we can achieve more together – the whole is greater than the sum of our parts.
- 4.2 The foundations of the Wakefield Transformation & Delivery Collaborative is that it supports the work that takes place at neighbourhood level, as it is here that the biggest impact on people's lives is made.
- 4.2 The Wakefield Transformation & Delivery Collaborative builds on and takes into account the relationships, networks and provider alliances.
- 4.3 The members of the Wakefield Transformation & Delivery Collaborative recognise they share a responsibility to contribute to the delivery of the place plan.
- 4.4 Each member has a voice. There is no hierarchy. Each member will be recognised for their own unique and valuable contribution.

5. Investment and design principles

- 5.1. The Transformation and Delivery Collaborative will work to the investment and design principles which are included within our Plan. These will be used to support the decision-making we need to work towards the vision of our Partnership. We will use these priorities to organise how we monitor progress and success and identify risk so that it is clear how all our work programmes are progressing towards our overarching vision.

- 5.2. People in Wakefield district live in communities where they are supported to stay well.
- 5.3. More health and care services are provided at home or close to home.
- 5.4. Health and care services are personalised, accessible seamless and timely.

6. Reporting and decision making

- 6.1 The Wakefield Transformation & Delivery Collaborative will report into the Wakefield District Health and Care Partnership Committee. Appendix 1 outlines the governance structure.
- 6.2 The Collaborative has no collective authority to make decisions but the members can make decisions within the authority individuals' have been delegated by their own organisation. Where individuals do not have relevant authority, the collaborative makes recommendations to the WDHCP Committee.

7. Membership and member responsibilities

- 7.1 Membership is closely aligned to the delivery of the Transformation Delivery Plan and the functions of the Transformation & Delivery Collaborative. A membership list can be found in appendix 2.
- 7.2 Where members are not able to attend meetings they are required to send a nominated deputy, to ensure all areas of the Transformation Delivery Plan are covered, and inform the Chair in advance.
- 7.3 Members responsibilities include the following:
 - 7.3.1 Take an active role in collaborating with others around the delivery for the Transformation Delivery Plan.
 - 7.3.2 Commit to the delivery of agreed actions through both the Collaborative partnership meeting and associated task and finish groups.
 - 7.3.3 Take an active role in the Collaborative work programme prioritisation process.
 - 7.3.4 Feed information into the Collaborative from both our respective organisations and wider stakeholders to ensure that it continues to operate in a manner that is informed by and representative of the wider Wakefield system. This will be a two-way process and members will be expected to share relevant messages back within their organisations and bring perspectives back from their networks.
 - 7.3.5 Champion the work of the Collaborative both within our respective organisations and with wider stakeholders, cascading information as appropriate.

8 Meeting arrangements

- 8.1 Meetings will usually be held monthly, with a minimum of nine times per year. In addition, development sessions will be held as required.
- 8.2 Meeting papers will be circulated 5 working days in advance.
- 8.3 Meetings of the Wakefield Transformation & Delivery Collaborative shall be quorate when representatives from 60% of the members are present or a nominated deputy. Quoracy will be required when the Transformation & Delivery Collaborative is making recommendations to decision making bodies or individuals with decision making authority.
- 8.4 The Chair of the Collaborative, Director of Integration and System Reform, NHS West Yorkshire ICB
- 8.5 There will be two Deputy Co-Chairs who will be nominated by the Chair of the Transformation Delivery Collaborative.
- 8.6 The Chair will seek to ensure that any lack of consensus is resolved amongst members.
- 8.7 The Wakefield Transformation & Delivery Collaborative will have dedicated senior executive and programme management resource, including administrative / programme support.

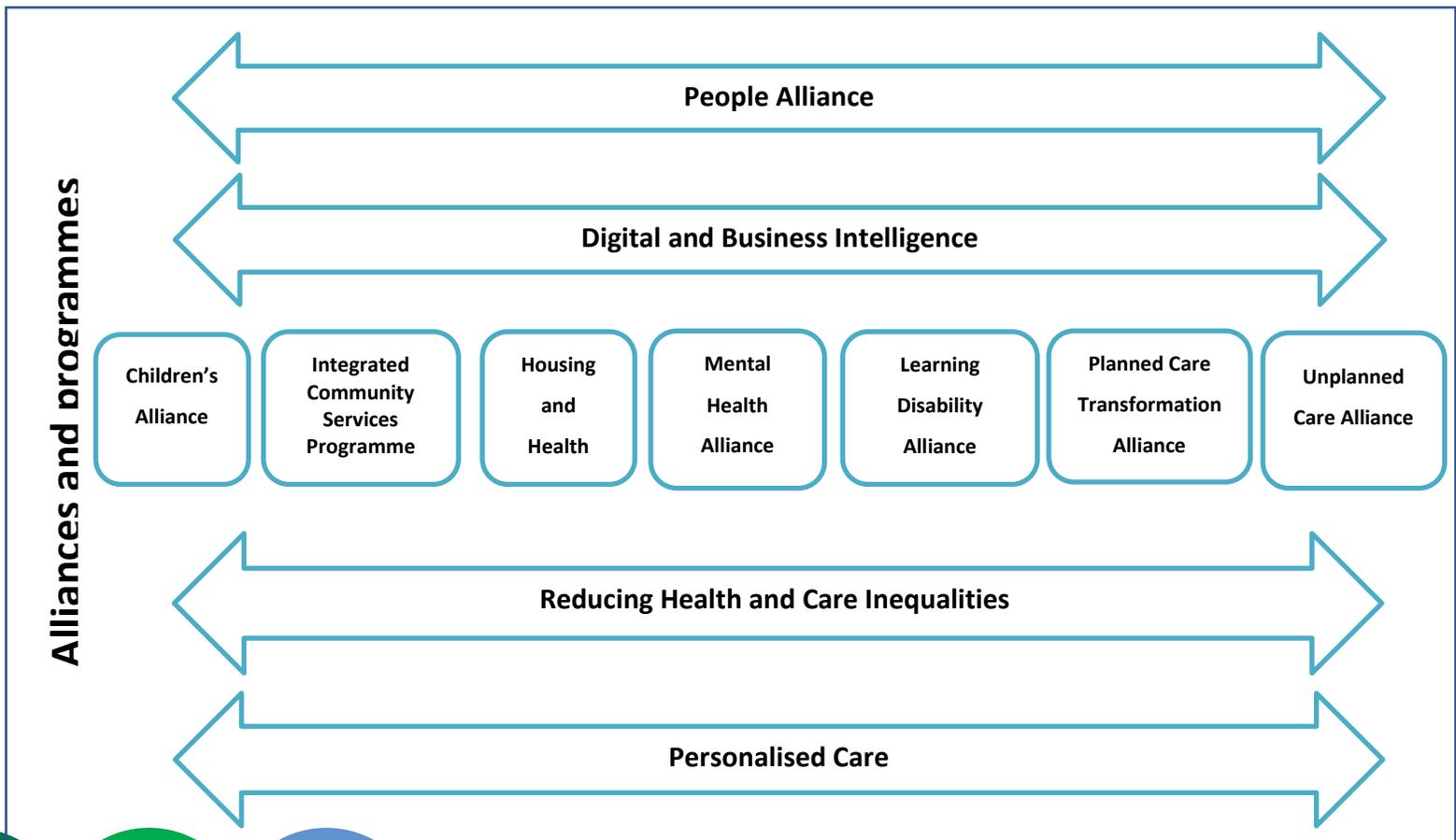
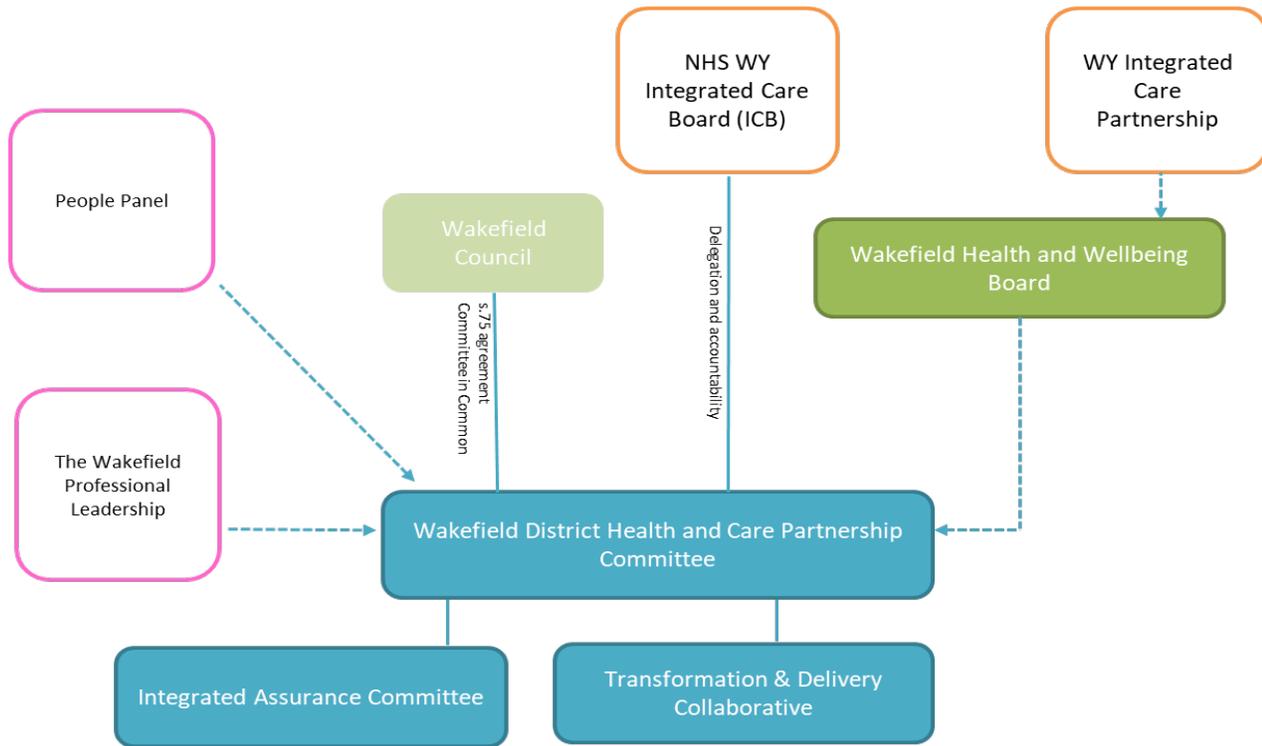
9 Managing declarations of conflicts of Interest

- 9.1 Where any representative has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (at their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that representative may participate and/or vote in meetings (or parts of meetings) in which the relevant matter is discussed. Where a decision is taken by the Chair to exclude a representative as a result of a declaration of interest, the relevant organisation may send a Deputy to take the place of the conflicted representative in relation to that matter, should this be appropriate. It will be the decision of the Chair on how the conflict will be managed. Members should ensure their declaration is up to date and that new declarations are brought to the attention of (administrator). The conflicts of interest register will be reviewed on an annual basis.

10 Approval and Review

- 10.1 The terms of reference are approved by the Wakefield District Health and Care Partnership Committee.
- 10.2 These terms of reference will be reviewed every 12 months, or earlier if required due to legislative changes or changes to national guidance/other system changes affecting the way it functions.

Appendix 1 - GOVERNANCE STRUCTURE



Appendix 2 – MEMBERSHIP LIST

Organisation	Role	Name
WYICB / Wakefield Council	Director System Reform and Integration	Mel Brown
WYICB / System role	Medical Director for Community Integration (Deputy Chair of TDC)	Colin Speers
WYICB	Associate Director of Partnerships and System Development	Becky Barwick
WYICB	Director of Strategy	Ruth Unwin
MYTT	Chair of Planned Care and Unplanned Care Alliances Chief Operating Officer	Chris Evans
MYTT / Wakefield Council	Chair of the Integrated Community Services Programme Director of Integrated Health & Care Operations and Quality (Deputy Chair of TDC)	Peta Stross
Wakefield Council	Service Director for Integrated Health & Care Strategy and Transformation	Nichola Esmond
Wakefield Council	Director of Public Health & Communities	Steve Turnbull
Wakefield Council / WY ICB	Chair of Children & Young People's Alliance Service Director, Children's Health and Wellbeing	Jenny Lingrell
SWYPFT	Associate Director of Operations, Mental Health Care Group	Amanda Miller
WYICB / SWYPFT	Deputy Chair of Mental Health Alliance Programme Director for Mental Health Transformation, Mental Health Alliance,	Michele Ezro
WYICB / SWYPFT	Chair of Learning Disability Alliance	Michele Ezro
PCN representative	PCN Clinical Director	TBC
PCN representative	PCN Clinical Director	TBC
Conexus	CEO	Steve Knight
GP Lead - MYTT	GP Lead for Adult Community Transformation	Pravin Jayakumar
Healthwatch	CEO	Stacey Appleyard
Age UK	CEO	Paula Bee
VCSE Voices rep	TBC	TBC
VCSE Collaboration Chair	Chair of VCSE Collaboration - TBC	TBC
Wakefield Place People Panel	People Panel rep	Paulette Huntington

YAS	System Partnership Director	Rachel Gillott
MYTT / WYICB	Programme Lead for Community Transformation	Tilly Poole
MYTT / WY ICB	Programme Manager Planned Care	James Brownjohn
MYTT	Associate Director of Planning and Partnerships	Matt England
MYTT	Chief Officer of Planning and Partnership	Emma Hall
WDH	Service Director – Housing	Leanne Brown
MYTT / WYICB	Programme Manager for Urgent Care Redesign / Unplanned Care	Jon Parnaby
MYTT	Interim Head of Transformation & Continuous Improvement	Jackie Tatterton
WYICB / Wakefield Council	Strategic Programmes & Health Inequalities Lead	Amrit Reyat
WY ICB	Associate Director for Integration	Dominic Blaydon
WYICB	Operational Director of Finance (Wakefield Place)	Ian Currell
MYTT	Director of Finance & Wakefield Place Finance Lead	Amy Whitaker
MYTT / WYICB	Head of BI and Intelligence	Natalie Tolson
Spectrum	CEO Spectrum /Joint Chair of People Alliance/SRO Workforce	Linda Harris
MYTT	Director of Workforce / Joint Chair of People Alliance/SRO Workforce	Phillip Marshall
MYTT / WYICB	Director of Nursing & Quality	Abby Trainer
WYICB	Senior Head of Quality- representing CHC and quality	Laura Elliott
WYICB	Associated Director of Primary Care	Chris Skelton
WYICB	Head of Medicines Optimisation	Samiullah Choudhry
WYICB	Senior Strategy and Planning Manager	Gemma Gamble
WYICB	Governance Manager	Joanne Lancaster

The Wakefield Professional Leadership is a strategic group of professional leaders across the Wakefield District Health and Care Partnership (WDHCP) who hold senior professional accountability and responsibility within their organisations.

Purpose

- Place for senior leaders, within health and social care, who hold the professional accountability and responsibility for the strategic development of professionals within their organisations to come together to;
 - Ensure the correct strategies and infrastructure are in place to support the development of professionals which is fit for the future. Aligned to the People Plan.
 - Undertake deep dives into priority areas of quality, safety and risk as requested by the WDHCP Committee.
- A place to oversee the interface work between primary care, secondary care and mental health services.

Principles and Governance

Principles

- All professional voices are welcomed.
- Members represent their profession as well as their organisation.

Governance

- The Wakefield Professional Leadership group will report into the Wakefield District Health and Care Partnership Committee.
- Members are accountable to their professional registered bodies and their organisations.

Meeting arrangements

- Frequency – the group will meet bi-monthly (at least 5 times per year). Care will be taken to avoid months where attendance would be expected to be low, i.e. August, December.

Membership

Core Membership

- Chief Medical Officers: WDHCP, MYTT, SWYPFT
 - Chief Nurses: WDHCP, MYTT, SWYPFT
 - Directors of AHP: MYTT, SWYPFT
 - Chief Pharmacy Officers: WDHCP, MYTT, SWYPFT, Community Pharmacy West Yorkshire
 - Consultant in Public Health
 - Social Work representative for Adults and Children's
 - People Plan representatives
 - GP representatives
 - Interface programme representatives
-
- Core members will send nominated deputies if there are unable to attend.
 - Other colleagues may be invited to attend for specific agenda items.

Terms of Reference for the People Panel

1. Purpose of the People Panel

The People Panel provides advice and assurance to the Wakefield District Health and Care Partnership (WDHCP) on public involvement, experience of care and Equality, Diversity and Inclusion (EDI) activity. Our Partnership includes NHS organisations, Wakefield Council, Healthwatch Wakefield, housing, voluntary and community sector organisations.

2. Accountability arrangements and authority

The WDHCP Committee, which is a subcommittee of the West Yorkshire Integrated Care Board (WYICB), has established a subcommittee of the WDHCP Committee. This is known as the People Panel.

The People Panel will operate within the legal framework for WDHCP.

The People Panel has no executive powers, other than those specifically delegated in these terms of reference. It is established to provide assurance and has no authority to make decisions on behalf of the WDHCP other than that already delegated to its members who are employees of the WDHCP.

The WDHCP approved the People Panel as the key mechanism through which it will receive advice and assurance on issues relating to public involvement and EDI. It will provide assurance that the WDHCP is appropriately and effectively fulfilling the statutory duty stated in Section 14Z45 of the Health and Care Act 2022. The People Panel will have the authority to request and challenge any information it requires to fulfil its role.

The People Panel will also advise the WDHCP and provide assurance that it fulfils its duty in respect of Section 149 of the Equality Act 2010, which states that a public authority must have due regard to the need to

- a) eliminate discrimination, harassment and victimisation
- b) advance 'Equality of Opportunity'
- c) foster good relations

It unifies and extends previous disparate equality legislation. Nine characteristics are protected by the Act, which are - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

3. Relationship and reporting

The People Panel will report and submit minutes to the WDHCP Committee. The People Panel will receive minutes from any group or network established by WDHCP to support their work.

The meetings will be supported and facilitated by the WDHCP's Involvement and Inclusion Lead.

The following members of the People Panel will be its representatives on the WDHCP Committee and provide a link for the People Panel.

- Independent Member of the WDHCP and the Chair of the People Panel
- Service Director of Healthwatch Wakefield in their capacity of the senior responsible officer for communications, involvement and EDI workstream
- Director of Strategy (WDHCP) as a technical expert

4. Role

The role of the People Panel is to oversee the delivery and quality of activity to involve, engage and address health inequalities across all aspects of the WDHCP's work.

The People Panel will work across health and social care to ensure that considerations and assurance given around involvement, EDI and experience of care reflect a comprehensive picture of the local need. This will support continuous improvement of local services and population health.

5. Functions

It is expected that the functions of the People Panel will evolve to meet the developing public involvement, EDI and experience of care agenda. However, the core functions will be to:

- provide assurance to the WDHCP on public involvement carried out both in terms of quality and meeting statutory requirements
- provide assurance to the WDHCP on equality duties and reporting
- champion public involvement, EDI and experience of care throughout the WYICB and within the WDHCP
- enable feedback to influence and challenge the WDHCP's planning and commissioning decisions

- seek assurance that appropriate engagement has taken place in developing proposals and challenging where necessary
- identify trends and prioritise areas for improvement, instigating further investigation and action from appropriate leads
- receive collated public feedback from a range of sources
- ensure action plans are developed as a result of public feedback and that progress is regularly monitored and impact measured
- ensure that plans reflect the WDHCP's aim to address inequalities and relevant actions are in place underpinning this, including equality impact assessments
- approve public involvement, equality and experience of care procedures and policies and make recommendations on related strategies.

6. Responsibilities

The People Panel will provide a single recognised structure to oversee the delivery of public involvement, EDI and experience of care activity, and ensure impact and change is demonstrable both internally and externally.

The People Panel will provide assurance to the WDHCP on involvement work planned and carried out as part of the day to day planning, delivery and review of services. The work of the People Panel will inform commissioning arrangements, business planning and identify possible improvements.

7. Membership

Members will be drawn from across Wakefield District to provide representation of public views and opinions.

- Chair, Non-executive Member of the WDHCP with responsibility for public involvement and EDI
- Director of Strategy, WDHCP, with responsibility for overseeing involvement activity of the Partnership
- Healthwatch Wakefield
- Young Healthwatch
- Senior Health of Quality, WDHCP

- Involvement and Inclusion Lead, WDHCP
- EDI team representative
- Representatives from Voluntary, Communities and Social Enterprise (VCSE) Sector in Wakefield district
- Lay members with lived experience
- Representatives from groups and networks that directly or indirectly support the work of the People Panel

Members will be responsible for steering the work of the group and sharing their insight and expertise on health and care related issues. Members will also be responsible for reporting, as appropriate, back to their organisations, communities and groups on the work of the People Panel.

Training will be provided to new members joining the group.

8. Appointments

Appointments to the People Panel will be considered and approved by existing members. New appointments will be made on the receipt of resignations from current members and in the event of the committee identifying gaps in representation.

9. Chair

The Chair of the People Panel will be a WDHCP non-executive member with responsibility for public involvement.

The meetings will be run by the Chair. In the event of the Chair's absence, meetings will be chaired by the Deputy Chair. The Deputy Chair will be appointed by the People Panel and recruited from within the lay representation.

10. Quoracy

Quorum of the People Panel constitutes a minimum of eight members attending with no less than three members of the public and no less than two WDHCP representatives.

If minimum attendance is not met, the People Panel cannot take formal decisions. If necessary, WDHCP representatives may nominate a replacement of equivalent seniority to attend in their absence.

11. Frequency of meetings

The People Panel will meet a minimum of 6 times a year. The People Panel will set up working groups as and when deemed necessary and beneficial to the working of the People Panel. Such groups will be required to report back to the People Panel on their activities.

12. Conduct

All members will have due regard to and operate within the Constitution of the 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 Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.

Any amendments to the terms of reference shall be submitted for approval by the WDHCP.

13. Declaration of interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as soon as they become aware of it. The Chair will determine whether the member can continue to participate in the discussions. The Chair will have the power to request that member to withdraw until the People Panel's consideration has been completed.

14. Administration

Administrative support for the People Panel will be provided by the staff of the WDHCP.

They will ensure that minutes of the meeting are taken and provide appropriate support to the Chair and People Panel members. Duties will include:

- the Inclusion and Involvement Lead will set the agenda in conjunction with the People Panel Chair and based on feedback from the group
- ensuring that minutes are taken and keeping a record of matters arising and issues to be carried forward

- timely distribution of papers, no later than five working days before a meeting for agenda and papers
- record of matters arising, issues to be carried forward.

15. Urgent matters arising between meetings

The Chair and Deputy Chair of the People Panel, Director of Strategy, and Involvement and Inclusion Lead, may also act on urgent matters arising between meetings of the People Panel after consulting with one of the public representatives.

These matters will be reported to the next meeting of the People Panel.

16. Monitoring of compliance

The WDHCP Committee will monitor the effectiveness of the People Panel through receipt of the minutes and reports.

17. Date agreed

Approved by WDHCP on 5 September 2024.

Updated 18 June 2025: Membership title change Head of Quality to Senior Health of Quality).

18. Review date and monitoring

Annually, or as and when legislation or best practice guidance is updated. Any amended Terms of Reference will be agreed by the People Panel for recommendation to a subsequent meeting of the WDHCP Committee.