

West Yorkshire Mental Health, Learning Disability & Autism Collaborative

**Committees in Common (CinC) - TERMS OF REFERENCE**

1. Scope

- a. The West Yorkshire Mental Health, Learning Disability & Autism Collaborative ('the Collaborative') is the collective governance vehicle for joint decision making, with delegated authority for the four NHS mental health, learning disability and autism provider Trusts in West Yorkshire.
- b. The Collaborative is one part of the wider West Yorkshire Health and Care Partnership, which is committed to putting combined efforts into tackling the long-term trends of ill-health. This includes specific ambitions to:
  - i. Achieve a 10% reduction in the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population by 2024 (including a focus on early support for children and young people)
  - ii. Reduce suicide by 10%
- c. The overall responsibility for delivery of these two ambitions rests with the whole Partnership. Commissioning of NHS provision within this ambition rests with the West Yorkshire Integrated Care Board (ICB), comprising five places (Bradford, Calderdale, Kirklees, Leeds and Wakefield) each with delegated responsibility from the ICB for local commissioning.
- d. Oversight of progress against the strategic ambitions and coordination of West Yorkshire wide activity to transform services, deliver improvement and meet national and system ambitions for the MHLDA population is discharged and governed by the system-wide Mental Health, Learning Disability and Autism Partnership Board which is comprised of providers and commissioners, covering the NHS, local authority, VCS and other partners.
- e. The Collaborative is the collective entity for significant service change and transformation at scale within MHLDA services in West Yorkshire by:
  - i. Leading 'do once' and 'design once' priorities on behalf of partners
  - ii. Taking responsibility for commissioning and provision of specialized services and some ICB commissioned services
  - iii. Playing a critical leadership role in visibility of the MHLDA agenda across the Health and Care Partnership
  - iv. Identifying and leading bespoke projects at the request of the ICB
  - v. Supporting the establishment of strong place-based arrangements across the Trusts, VCSE, local authorities and primary care
- f. **The formal governance forum for collaboration between Collaborative partners is the Committees in Common which reports into the Board of**

**each individual provider within the Partnership (BDCT, LCH, LYPFT, SWYPFT). It is overall responsible for supporting service transformation, integration and innovation and specifically, responsible for leading development of identified workstreams, improving service delivery to support the overall ambitions of the Collaborative and the wider Health and Care Partnership.**

- g. This Terms of Reference is approved through each individual provider Board.
- h. Appendix 1 to the Terms of Reference describes this relationship in a diagram

## 2. Standing

- a. Members shall only exercise functions and powers of a Party to the extent that they are permitted to ordinarily exercise such functions and powers under that Party's internal governance.

## 3. General Responsibilities of the Collaborative Committees in Common

- a. Ensuring alignment of all parties to the WY ICB Strategy and particularly the components relating to Mental Health, Learning Disability and Autism, confirming the role of the Collaborative in delivery;
- b. Providing overall strategic oversight and direction to the improvement of services within the Collaborative for people with a Mental Health condition, learning disability and/or autism; instigating the creation of collaborate work to support service improvement.
- c. To emphasize the primacy of individual organisations' decision making ability and relationship with their local place, but also to set the expectation through individual boards and within operational teams that:
  - i. Where agreed through the CinC there will be service delivery, development work and clinical/operational relationships that require a 'WY first' viewpoint, rather than an individual organizational viewpoint.
  - ii. All partners within the collaborative take informed decisions in consultation with other collaborative partners and relevant stakeholders where there might be an impact on others' services.
  - iii. The CinC will consider and agree adoption of joint policies and procedures across all organizations that will benefit the work of the collaborative.
- d. Working in partnership with the wider MHLDA Partnership Board to support identification of capacity and capability within identified workstreams, reviewing the key deliverables and ensuring adherence with required timescales and receiving appropriate assurance regarding process, progress and impact of workstreams

- e. Reviewing and identifying the risks associated with the performance of any of the Parties in terms of the impact to the Collaborative or to the ambitions of the Partnership, recommending remedial and mitigating actions;
- f. Receiving assurance that the risks associated with the Collaborative work programme are being identified, managed and mitigated;
- g. Formulating, agreeing and implementing strategies for delivery of the Collaborative workplan;
- h. Seeking to determine or resolve any matter referred to it by the Programme Team or any individual Party and any dispute in accordance with the MoU;
- i. Considering the shape of the Programme Team, agreeing and reviewing the extent of the Collaborative's financial support for the team, against wider Partnership funding;
- j. Reviewing and approving the Terms of Reference for the Committees in Common;
- k. Reviewing and agreeing the deployment of any joint Collaborative budget, with reference to the deployment of Service Development Funding and ICB baselines; this includes collective approval of substantial capital funding decisions in accordance with the Risk and Gain Sharing Principles.

#### 4. Members of the Collaborative Committees in Common

- a. Each party will appoint their Chair and Chief Executive as Committees in Common Members and the parties will always maintain a Member on the Committees in Common.
- b. All parties will agree and recommend a lead Chief Executive to represent the Collaborative as both the MHLDA Sector Lead on the ICB and to chair the WY MHLDA Partnership Board.
- c. Deputies will be permitted to attend on the behalf of a Member. The deputy must be a voting board member of the respective Party and will be entitled to attend and be counted in the quorum at which the Member is not personally present.
- d. Each Party will be considered as one entity within the Collaborative.
- e. The Parties will ensure that, except for urgent or unavoidable reasons, their respective Committees in Common Member (or Deputy) attend and fully participate in the meetings of the Committees in Common.

#### 5. Proceedings of the Collaborative Committees in Common

- a. The Committees in Common will meet quarterly, or more frequently as required.

- b. The Chair may call additional meetings as required. Other members may request the chair to call additional meetings by making individual representation, although the chair will make the final decision on whether to proceed.
- c. The Committees in Common shall meet in private where appropriate in order to facilitate discussion and decision making on matters deemed commercially sensitive and by virtue of the confidential nature of the business to be transacted across the Members. It is agreed by the Parties that the necessary checks and balances on openness, transparency and candour continue to exist and apply by virtue of the Parties each acting within existing accountability arrangements of the Parties' respective organisations and the reporting arrangements of the Committees in Common into the Parties' Trust public Boards.
- d. The Parties will select one of the Parties' Chairs to act as the Chair of the Committees in Common on a rotational basis for a period of two years. The Chair will ensure they are able to attend every meeting over that period. If in cases of urgent, unavoidable absence the Chair cannot attend, one of the other Parties' Chairs will be asked to step in.
- e. The Committees in Common may regulate its proceedings as they see fit as set out in these Terms of Reference.
- f. No decision will be taken at any meeting unless a quorum is present. A quorum will not be present unless every Party has at least one Member present (four members in total).
- g. Members of all Parties will be required to declare any interests at the beginning of each meeting.
- h. A meeting of the Committees in Common will ordinarily consist of a conference between the Members who are not all in one place, but each of whom is able directly or by telephonic or video communication to speak to each of the others, and to be heard by each of the others simultaneously. However, the chair may request that Committees in Common takes place face-to-face instead.
- i. Each Member will have an equal say in discussions and will look to agree recommendations in line with the Principles of the Collaborative.
- j. Any issues to be raised within individual Party board committees will be noted and listed for action, with a dedicated agenda item reserved for this purpose.
- k. The Committees in Common will review the meeting effectiveness at the end of each meeting with a dedicated agenda item reserved for this purpose.

#### 6. Decision making within the Collaborative

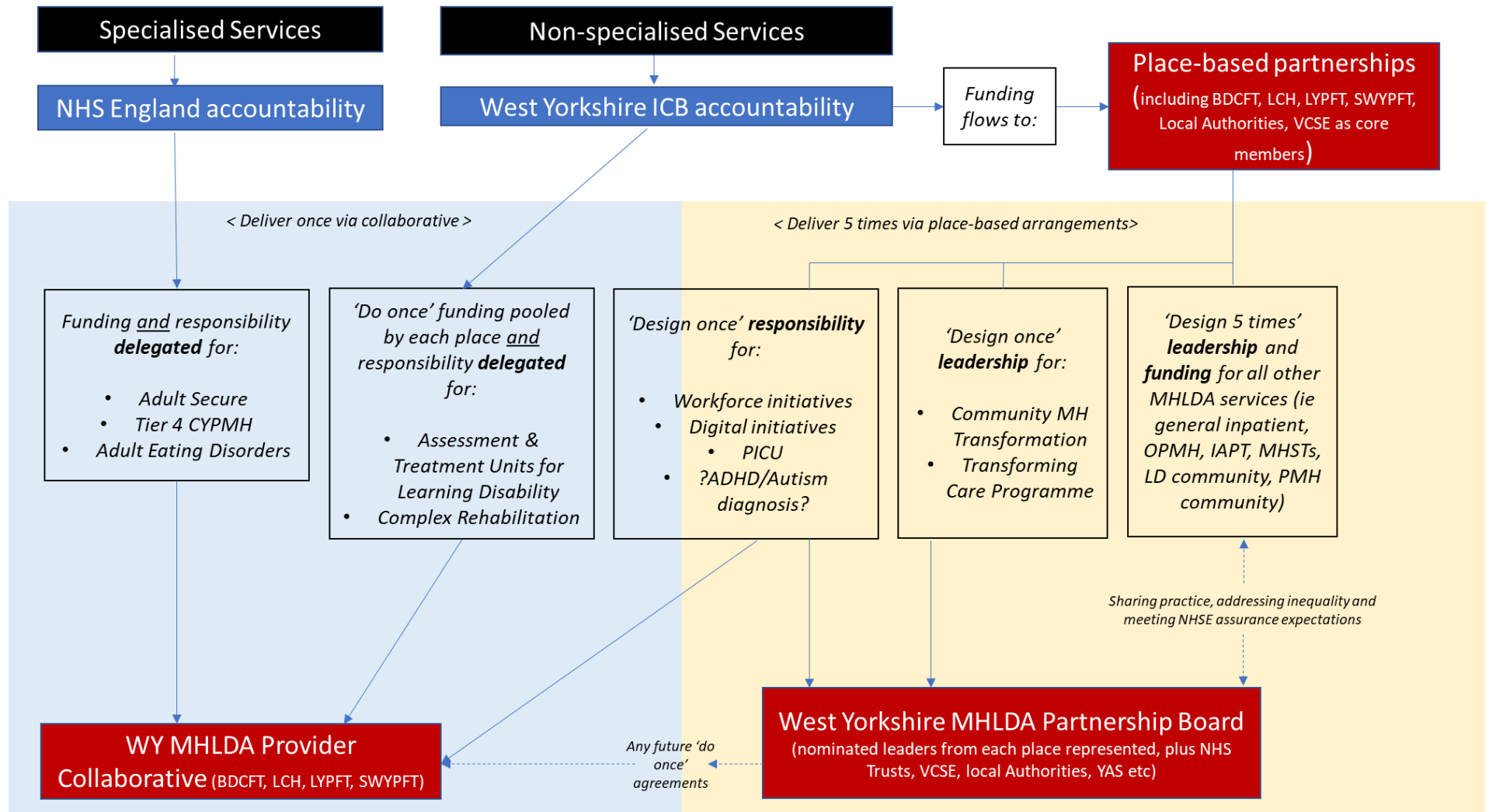
- a. Each Member will comply with the existing accountability arrangements of their respective appointing organisation and will make decisions which are permitted under their organisation's Scheme of Delegation.

- b. Recognising that some decisions may not be of obvious benefit to or impact directly upon all Parties, Members shall seek to pay due regard to the best interests of the wider population in investing in a sustainable system of healthcare across the service area in accordance with the Key Principles and ambitions of the Partnership when making decisions at Committees in Common meetings.
  - c. In respect of matters which require decisions where all Parties are affected the Parties will seek to make such decisions on the basis of all Members reaching an agreed consensus decision in common in accordance with the Key Principles.
  - d. In respect of the matters which require decisions where only some of the Parties are affected, then the Parties shall reference the Collaborative Gateway Decision Mechanism at Schedule 4 of the Memorandum of Understanding.
7. Attendance of third parties at the Committees in Common
- a. The Committees in Common shall be entitled to invite any person to attend, such as advisors, experts by experience or Partnership leaders but not take part in making decisions at meeting of the Committees in Common. The Chair will agree final attendance lists for each meeting.
8. Administration for the Committees in Common
- a. Meeting administration for the Committees in Common will be provided by the MHLDA Programme Team, maintaining the register of interests and the minutes of the meetings of the Committees in Common. Members are required to openly and proactively declare and manage any conflicts of interests.
  - b. The Chair will be responsible for finalizing agendas and minutes, based on the agreed workplan and in collaboration with the MHLDA Programme Team.
  - c. Where required by the agenda, governance leads from the Collaborative will be asked to attend and provide advice to the Committees in Common on decision making and due diligence.
  - d. Papers for each meeting will be sent by the MHLDA Programme Team to Members no later than five working days prior to each meeting. By exception; and only with the agreement of the Chair, amendments to papers may be tabled before the meeting.
  - e. The minutes, and a summary report from the Programme Director will be circulated promptly to all Members and Trust governance leads as soon as reasonably practical for inclusion on the public agenda of each Parties' Board meeting. Any items not for public consumption will be marked as private in the minutes and be noted at Trust private boards but not circulated with the public papers.

9. Review

- a. The Committees in Common will review these Terms of Reference at least every two years.

10. **Appendix 1** – Decision making relationship between the Committees in Common and the wider Partnership



11.

