

YORK HEALTH AND CARE PARTNERSHIP EXECUTIVE COMMITTEE

Terms of Reference

(PURSUANT TO THE SECTION 75 AGREEMENT MADE BETWEEN THE COUNCIL OF THE CITY OF YORK AND HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD)

Terms of Reference:	York Health and Care Partnership Executive Committee
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Board / Committee Responsible for Ratifying:	Humber and North Yorkshire ICB City of York Council
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If any part of these Terms of Reference conflict with Law, these shall be deemed deleted, but that shall not affect the validity and enforceability of the rest of this Agreement.

1. Background

The Partners have developed commissioning arrangements for the Section 75 ("s75") Services as defined in the Agreement.

The Joint Committee is a meeting between Humber and North Yorkshire ICB ("the ICB") and City of York Council (CYC). The Joint Committee is designed to ensure delivery of outcomes as set out in the section 75 agreement ("Agreement") and will collaborate to work towards the objectives as set out at Schedule 1 (Objectives) of the Agreement.

Partners shall comply with the framework for making decisions as set out in this document and the Agreement at Clause 4 (Partnership Flexibilities, Functions and Commissioning Arrangements).

The Joint Committee will operate alongside the York Health and Care Partnership and both will meet in one forum to be known as York Health and Care Partnership Executive Committee.

The role of the Health and Care Partnership is set out in the Partnership Agreement.

These Terms of Reference shall set out the roles, responsibilities, and workings of York Health and Care Partnership Executive Committee, encompassing the role of the Joint Committee and York Health and Care Partnership.

2. Governance

These Terms of Reference shall commence on 1st April 2025. They will be subject to an annual review by York Health and Care Partnership Executive Committee to ensure it remains consistent with the evolving requirements, of any changes to legislation, developments in best practice or requirements imposed by or on the Partners) in relation to the s75 arrangements; and will be published by the Partners on their websites.

3. Roles and Responsibilities of the Joint Committee

The role of York Health and Care Executive Committee is:

- Contribution to the delivery of the Health and Wellbeing Strategy for York and contribution to delivery of the Integrated Care Strategy for HNY in response to the Joint Strategic Needs Assessments for York residents – aligning national and local agendas to establish priorities for the local population.

- Making joint decisions, recommendations and plans regarding budgets and functions included in the Section 75 agreement.
- Act as the authorising environment for joint and aligned system leadership for York – ensuring peer accountability for the charter of behaviours and delivery of objectives.
- Ensuring capability, skills, capacity and supporting infrastructure are in place to deliver objectives.

The objectives of the place partnership are included in schedule 1.

4. Chair, Membership and Attendance

Chair and Vice Chair

The Committee will appoint one member as Chair. This role shall be reviewed annually.

The Committee will appoint one member as Vice Chair. This role shall be reviewed annually and be concurrent with the role of the Chair of the Committee.

The role of Chair and Vice Chair shall not be fulfilled by members drawn from the same Partner organisation at the same time. Should the Chair be unable to attend, then the role of the Chair shall be fulfilled by the Vice Chair, and they shall be referred to as the Chair for the purposes of that attendance.

The Chair shall be responsible for approving the agenda and ensuring that discussions progress the objectives as set out in these Terms of Reference. A forward plan will be developed to support the setting of the agenda.

The Partners have agreed that the chair of the York Health and Care Executive Committee shall be the Chief Operating Officer of CYC. This role of the chair shall be reviewed annually.

The Partners have agreed that the Place Director of the ICB will deputise as chair of the York Health and Care Partnership Executive Committee meetings. The role of the deputy chair which shall be reviewed annually.

Membership

Each Partner will have at least one representative to be in attendance at the meetings of the York Health and Care Partnership Executive Committee.

In these terms of reference, 'Partner' refers to the Partner organisations that are signatories to the Partnership Agreement and the associate members of the partnership as defined in Recital G of the Partnership Agreement.

Members of the Joint Committee will be senior responsible officers from Humber and North Yorkshire ICB and City of York Council and will hold appropriate delegated

authority for decision making. Both organisations will have four members on the Joint Committee.

Representatives from other partner organisations will be attendees at the meetings of the Committee, as set out in the 'attendees' section that follows.

The elected representatives of City of York Council will be attendees at the meetings of the Committee.

The resignation of a Member from their role with Humber and North Yorkshire ICB or City of York Council shall require resignation from the Committee and replacement of that Member with another Member prior to the next meeting.

The resignation of an Attendee from their role with a Partner shall require resignation from the Committee and replacement of that Attendee with another Attendee of equal delegated authority from that Partner before the next meeting and where this is not practicable a nominated deputy shall attend committee meetings until a replacement Attendee is appointed.

Each member or attendee will be permitted to have a nominated deputy from their partner organisation. Each Deputy will have the same rights and responsibilities as the Member or Attendee.

Attendees

The S75 Joint Committee will be operated alongside York Health and Care Partnership. The S75 joint committee and the place partnership will meet in one forum to be known as York Health and Care Partnership Executive Committee.

Representatives of the partnership that are not members of the S75 Joint Committee will be attendees of the executive committee. They will not be voting members of the committee and therefore do not make decisions but will be able to contribute through discussions to the forming of recommendations by the committee.

By exception, on occasions where the presence of the wider Health and Care Partnership would cause conflicts of interest that cannot be reasonably managed within the York Health and Care Partnership Executive Committee single forum, the meeting will be divided into Part 1 which will run as the S75 Joint Committee and Part 2 which will run as York Health and Care Partnership. However, York Health and Care Partnership are committed to transparency of decision making therefore whenever possible will make decisions and recommendations within the York Health and Care Executive Committee forum.

York Health and Care Partnership Executive Committee may have regard to the impact of its work on the wider Humber and North Yorkshire Health and Care Partnership parties and other partners and potential partners outside of partnership (together, "stakeholders") and the work of those stakeholders on the partnership arrangements.

It may consider involving stakeholders in specific items of business to be considered at York Health and Care Executive Committee meetings. The York Health and Care Partnership Executive Committee may invite any person to attend and participate in discussion at the Committee meetings but these attendees shall not participate in any decision-making.

The York Health and Care Partnership Executive Committee Partners will ensure that, except for urgent or unavoidable reasons, their respective representatives (or their Nominated Deputies) attend and fully participate in the meetings of the York Health and Care Partnership Executive Committee.

The Members and Attendees of York Health and Care Partnership Executive Committee shall comprise of:

Name	Title	Organisation	Representing
Ian Floyd (Chair) (M)	Chief Operating Officer	City of York Council	City of York Council
Sarah Coltman-Lovell (Deputy Chair) (M)	Place Director, York	NHS Humber and North Yorkshire ICB	NHS Humber and North Yorkshire ICB
Siân Balsom (A)	Manager	Healthwatch York	Healthwatch York
Mark Bradley (M)	Place Finance Director	NHS Humber and North Yorkshire ICB	NHS Humber and North Yorkshire ICB
Dr Emma Broughton (A)	Joint Chair	York Health and Care Collaborative	York Health and Care Collaborative, Primary Care Networks
Gail Brown (A)	Chief Executive Officer	Ebor Academy Trust	York Schools and Academies Board
Professor Karen Bryan (A)	Vice Chancellor	York St John University	Higher York
Zoe Campbell (A)	Managing Director North Yorkshire and York Care Group	Tees, Esk and Wear Valleys NHS Foundation Trust	TEWV – Mental Health provider, Mental Health Learning Disabilities and Autism Collaborative
Michelle Carrington (M)	Director of Nursing Health and Care Integration / Deputy Executive Director of Nursing	NHS Humber and North Yorkshire ICB	NHS Humber and North Yorkshire ICB
Cllr Claire Douglas (A)	Leader of the Council	City of York Council	City of York Council

Dr Helena Ebbs (M)	Clinical Place Director, North Yorkshire and York	NHS Humber and North Yorkshire ICB	NHS Humber and North Yorkshire ICB
Dr Rebecca Field (A)	Joint Chair	York Health and Care Collaborative	York Health and Care Collaborative, Primary Care Networks
Professor Lynne Gabriel (A)	Joint Chair	Mental Health Partnership	NHS Humber and North Yorkshire ICB
Jeevan Gill (A)	Director of Partnerships and Operations	Yorkshire Ambulance Service NHS Trust	Yorkshire Ambulance Service
Professor Mike Holmes (A)	Chair	Nimbuscare	Nimbuscare – GP Federation
Emma Johnson (A)	Chief Executive Officer	St Leonard's Hospice	St Leonard's Hospice, Hospices
Martin Kelly (M)	Corporate Director of Children and Education	City of York Council	City of York Council
Debbie Mitchell (A)	Chief Finance Officer	City of York Council	City of York Council
Simon Morritt (A)	Chief Executive Officer	York and Scarborough Teaching Hospitals NHS Foundation Trust	YSTHFT – Acute and Community provider, Collaborative of Acute Providers
Peter Roderick (M)	Director of Public Health	City of York Council	City of York Council
Alison Semmence (A)	Chief Executive Officer	York Centre for Voluntary Service	VCSE sector
Cllr Lucy Steels-Walshaw (A)	Executive Member for Health, Wellbeing and Adult Social Care	City of York Council	City of York Council
Sara Storey (M)	Corporate Director – Adults and Integration	City of York Council	City of York Council
Pauline Stuchfield (A)	Joint Chair	York Health and Care Collaborative	City of York Council
Cllr Bob Webb (A)	Executive Member for Children, Young People and Education	City of York Council	City of York Council
Dr Stephen Wright (A)	Joint Chair	Mental Health Partnership	NHS Humber and North Yorkshire ICB

In the table above (M) indicates Member and (A) indicates attendee.

5. Meeting Frequency, Quoracy and Decisions

Frequency

York Health and Care Partnership Executive Committee will meet monthly.

To be deemed in attendance, members and attendees must be in attendance in person or virtually, and only votes cast in that forum by those deemed in attendance shall be counted towards the quorum.

Members and attendees are normally expected to attend at least 75% of meetings during the year.

Quorum

For the purpose of decision making, the S75 Joint Committee will be quorate when Humber and North Yorkshire ICB and City of York Council are equally represented by Members, or their Nominated Deputies in numbers by a minimum of two per Partner.

For the purpose of making recommendations, York Health and Care Partnership Executive Committee will be quorate when at least 50% of the membership are present and the following are all present - the Chair or Deputy Chair, one ICB representative, one City of York Council representative and two partner attendees.

No decision may be taken, nor recommendation be made at any York Health and Care Partnership Executive Committee meeting unless it is quorate.

Nominated Deputies with the appropriate delegated authority in attendance count towards the quorum.

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

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflict of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken, nor may any recommendation be made.

In exceptional circumstances, Joint Committee decisions may be taken by e-mail by participation of a quorate number of voting Members i.e. equal representation from the ICB and CYC and a minimum of two Members per Partner. The Chair shall e-mail any decisions to be voted on by e-mail directly to the members from their professional e-mail address. Any voting responses by e-mails in return shall be sent directly by the Members from their professional e-mail addresses. The outcome of the decision shall be recorded in the minutes of the next meeting of the York Health and Care Partnership Executive Committee.

Decision Making and Voting

The Joint Committee must comply with the framework for making decisions as set out at Clause 4 of the s75 Agreement and have regard to the matters specified in this paragraph.

The Joint Committee will seek to make decisions on a consensus basis. In cases where consensus cannot be reached, the Chair may call a vote.

Voting: A vote will be taken, with each member or their nominated deputy having one vote. The decision will be based on the majority vote. If a majority is not achieved, the decision doesn't pass, and dispute resolution may need to be considered.

For the sake of clarity, only Members of the s75 Joint Committee have voting rights. Attendees of the York Health and Care Partnership Executive Committee (denoted (A) in the table on page 5-6) do not have voting rights for decision making.

Any decisions taken will be recorded in the minutes of the meeting.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis by of telephone, email or other electronic communication. Rules of attendance and quorum shall be maintained for the purposes of this meeting, and any such meetings shall be recorded.

Recommendations and Voting

Members who have organisational responsibility through delegation for Partner functions, will retain decision making responsibility for those functions. In these cases, York Health and Care Partnership Executive Committee can make recommendations only.

York Health and Care Partnership Executive Committee can make recommendations to partners on matters that are relevant to the partnership's objectives. However, recommendations are not binding on the accountable partner organisation. Recommendations will be made through consensus following discussion with contribution from Members and Attendees. Voting arrangements do not apply to recommendations made by the committee. If a consensus recommendation cannot be reached, the accountable partner organisation will ensure that it gives due regard to the contributions of the committee.

6. Behaviours and Conduct

Partners commit to behave consistently as leaders and colleagues in ways which model and promote our shared values and have aligned these to the Nolan Principles which define the standards of conduct expected by a person or people in public office.

The place partnership's agreed charter of behaviours are included in the Partnership Agreement.

7. Equality and diversity

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

8. Accountability and Reporting

The Joint Committee is accountable to each of the Section 75 Partners' respective Executive Committee and Board. An annual report will be prepared and shared with the respective Executive Committee and Board of each of the Partners (and any other statutory or other committees as notified by that Partner).

The minutes of the meetings shall be formally recorded by the secretariat and the Chair / Deputy will ensure these are shared to be included in each of the Partners' respective Cabinet and Board meetings and shall draw to the attention any issues that require disclosure or require action.

YHCP provides a regular narrative report on the committee's activities to York Health and Wellbeing Board. The minutes of YHCP Executive Committee are included as annexes to the report and are therefore published as part of the Health and Wellbeing Board's papers.

The Joint Committee will provide a quarterly assurance and escalation report to the ICB Board.

9. Sub-Groups of the Joint Committee

York Health and Care Partnership Executive Committee may develop sub-groups as appropriate to support the discharge of its functions. York Health and Care Partnership Executive Committee retains responsibility and accountability for the work of any appointed sub-groups.

To provide a consistent approach in receiving assurance back to York Health and Care Partnership Executive Committee, all groups accountable to the Committee will complete on a quarterly basis a standardised form that will include key messages and shall draw the attention of any issues that require disclosure or require action. These forms will be managed by the secretariat.

The sub groups of York Health and Care Executive Committee are shown in the governance diagram in Schedule 3.

10. Secretariat and Administration

York Health and Care Partnership Executive Committee shall be supported with a secretariat function provided by Humber and North Yorkshire ICB (York Place) which will include ensuring that:

- The agenda and papers are prepared by the secretariat and distributed no less than 5 working days ahead of each meeting, having been agreed by the Chair in consultation with the Deputy Chair. By exception, and only with the agreement of the Chair or Deputy Chair, acting reasonably, amendments to papers may be tabled before the meeting.
- No matters shall be considered which are not included in the agenda for the meeting, unless this is agreed by the Chair and the Deputy Chair and the reasons for the urgency are minuted.
- At least 10 clear working days prior to a meeting of the Committee an invitation to attend the meeting shall be sent by email to each Committee Member and Attendee and any other stakeholders.
- The draft minutes of each meeting will be circulated promptly to all Members as soon as reasonably practical and no later than 10 working days after the meeting. The Chair will be responsible for approving the draft minutes before circulation.
- Attendance of those invited to each meeting is monitored by the secretariat. Those that do not meet a minimum of 75% attendance in a 12-month period are highlighted to the Chair.
- Good quality minutes shall be taken and agreed with the Chair and a record of matters arising, action points and issues to be carried forward shall be maintained by the secretariat.
- Action points are taken forward between meetings and progress against those actions is monitored.
- The secretariat is responsible for ensuring that the annual programme of business is regularly updated according to the Joint Committees objectives and associated risks.
- The Chair is supported to prepare and deliver the reports outlined in Section 6.
- Where a new member or attendee is proposed, this must be approved by the Chair and Vice Chair. Where this relates to a new partner organisation, their introduction to the partnership should be managed as detailed in Section 16 of the Partnership Agreement.

11. Virtual Meetings / Recording of Meetings

Before starting a recording, the Chair is legally required to inform attendees if the meeting is being recorded and that the purpose of the recording is as an administrative tool to support the provision of clear and accurate minutes.

The recording is only retained for the period of drafting the minutes and then subsequently deleted from all systems.

No person admitted to a meeting of York Health and Care Partnership Executive Committee will be permitted to record the proceedings in any manner without written approval from the Chair.

12. Conflicts, Potential Conflicts and Declarations of Interest

In advance of any meeting of York Health and Care Partnership Executive Committee, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed.

Where the Chair or a member, or attendee, of York Health and Care Partnership Executive Committee believes that they have any actual or perceived conflicts of interest in relation to one or more agenda items, they must declare this at the beginning of the meeting wherever possible, and always in advance of the agenda item being discussed. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises.

It will be responsibility of the Chair to decide how to manage the conflict and the appropriate course of action.

Any interests which are declared at a meeting must be recorded within the minutes of the meeting. Individuals must ensure that they comply with both the ICB's and their employing organisation's policies / professional codes of conduct with regard to the recording of declarations

13. Freedom of Information Act 2000

The minutes and papers of this Committee are considered public documents, except where matters are specifically deemed to be unsuitable for publication. This will usually be due to draft work in progress, issues of confidentiality, or commercial sensitivity.

14. Review

York Health and Care Partnership Executive Committee will review its effectiveness at regular intervals through a number of means which may include peer review, audit, and effectiveness review.

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the each of the Partners' respective Cabinet and Board for approval.

END

SCHEDULE 1

PARTNERSHIP OBJECTIVES

The Partners will work together to achieve the following Objectives:

- Prioritise the health and wellbeing of the population within place, addressing inequalities, equity and promoting preventative care and help people live longer healthier lives.
- Enable communities to shape, participate in and take ownership of their local health and wellbeing services.
- Improve the quality and efficiency of services by planning and undertaking activities together.
- Develop and deploy effective joint approaches that join services and systems together to better support people to positively manage their health and wellbeing.
- Work towards organisational and financial sustainability, recognising the challenges ahead in relation to workforce, rising costs, and rising demands, by taking decisions together that take account of interdependencies between health care services and the wider determinants of health.
- Foster a culture of mutual respect, trust, and open communication that builds strong partnerships.
- Embrace learning and continuous improvement to optimise care delivery and outcomes, encouraging local innovation.

SCHEDULE 2

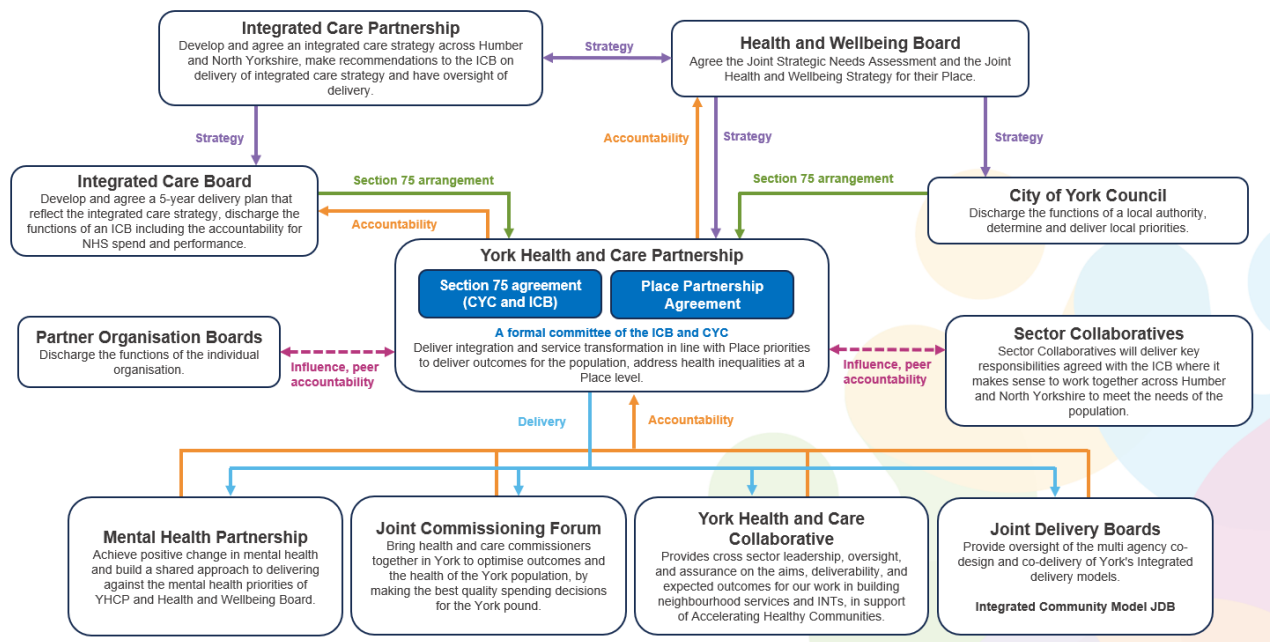
CHARTER OF BEHAVIOURS

- **We are in it together** - We agree that we will have a robust airing of views, but that once our partnership has reached a decision, we will all abide by that decision and support it publicly.
- **We will trust in people** - We agree to openly discuss all matters that affect our ability to make firm decisions, including any conflicts of interest and any limits on our mandate (where we carry these from participant organisations), so that all members of our team are fully aware of any restrictions, caveats or further authority that may be required.
- **We will be permission-giving and empower staff** - We will support our teams, and in particular professional/clinically-led service development. We will deliberately try to enable decisions to be made by 'front-line' staff by saying 'yes' to their solutions. We will promote an environment of high quality and low bureaucracy. We will recognise that Health and Care rises and falls on staff wellbeing.
- **We are person-centred** - Recognising the diversity of our population we will develop solutions that are 'bespoke by default' focussing on understanding the needs of our residents. We will put people at the centre of decision making and be able to question where we think this is not the happening.
- **We will free the power of the community** - People/patients will be actively involved in the system, providing feedback, supporting and leading change.
- **We are committed to improving population health** - We recognise the significant health inequalities experienced across the city. We recognise the upmost importance of working to address these inequalities and support vulnerable individuals and populations when participating in our activities.
- **We will connect clinicians and professionals** - We are committed to restoring the connections between clinicians and professionals from primary and secondary care, nursing and social care, and the voluntary sector. Staff are empowered to make the right decisions without bureaucracy getting in the way and will understand the system as a whole.
- **Our finances will align** - We will explore ways in which we can use our collective resources to the best possible effect for the population. We will strive to understand the consequences of our decisions on all partners and manage any repercussions so as not to destabilise any organisation and managing risk collectively.

- **We are open** – We will operate with transparency, honesty, shared accountability and clear decision-making mechanisms.

SCHEDULE 3

GOVERNANCE STRUCTURE



York Place and East Riding Arrangements

The ICB contribution to this arrangement includes aligned functions and funding relating to the ICB's definition of York Place. This includes the population East of York centred around Pocklington, resident in the East Riding council area.

A separate Section 75 agreement between Humber and North Yorkshire ICB and East Riding Council includes the aligned local authority functions and funding relating to this population.

The Joint Commissioning Plans for York and East Riding Health and Care Partnerships will make specific reference to this area.

Proposals relating to the population that are residents of East Riding and within the ICB's York Place Area must be reviewed by both York and East Riding s75 Joint Committees. Dependent on the specific proposal, this may mean that members need to attend the other committee to represent the relevant health / local authority view.

Sub groups of YHCP are required to consider representation of East Riding partners either through representation on the sub group itself or dedicated working groups.