Mid-Nottinghamshire Place Based Partnership [MNPBP] Partnership Forum Terms of Reference

1. Purpose

MN Place Based Partnership was created to improve the health and wellbeing of Mansfield, Ashfield, Newark and Sherwood residents through an alliance of health, social care and voluntary organisations. To better integrate and collaborate in developing services that are based on our population need, with a focus on the wider determinants of health and prevention delivered closer to our communities. Providing an engine for delivery and transformation that will support our communities, mitigating demand on existing health and care services and in a way that adds value over individual organisations acting alone.

The role of the Forum is to provide the wider voice of the Mid Notts Community including patients, public and the wider stakeholder voice. The purpose of the Forum is to ensure clear strategic direction to the Mid Notts Executive in the setting of priorities to deal with Health Inequalities in the Mid Notts Areas. The Forum will provide challenge and scrutiny of the work of the executive to ensure that progress is made against the strategic priorities within the framework of an overarching priority of reducing Health Inequalities for the Mid Notts Communities.

The Forum will have regard to the wider Integrated Care System, Integrated Care Partnership (ICP) and NHS Integrated Care Board (ICB) intentions and priorities where it should and will influence the work within Mid Notts

2. Key Principles

The Partnership Forum will provide a consultative and scrutiny body for the work of the MN Place Based Partnership and will ensure

- 1. No one organisation, body, member or perspective has priority or dominance: MN Place Based Partnership is a coalition of equal partners
- 2. The collective MN Place Based Partnership approach adds value over and above any single organisational approach
- 3. The work is inclusive, reflecting ways in which the inequalities our residents experience are proactively addressed
- 4. The voice of our population and communities are central to discussion and key to decision making
- 5. There is a specific focus on those neighbourhoods identified as currently underserved and in greatest need
- 6. The work of the Place Based Partnership focuses on the local needs of our population and communities. It is aligned and linked to local and national outcome frameworks and supports the delivery of the Integrated Care Partnerships Integrated Care Strategy for Nottingham and Nottinghamshire and the Joint Health and Wellbeing Strategy of the Nottinghamshire County's Health and Wellbeing Board

3. Membership and representation

All organisations and bodies with an interest in the health and wellbeing of the residents of MN Place Based Partnerships geography are welcome to attend the Partnership Forum. Current membership comprises of:

Ashfield District Council

- Mansfield District Council
- Newark and Sherwood District Council
- Nottinghamshire County Council
- Sherwood Forest Hospitals NHS Foundation Trust
- NEMS Community Benefit Services [NEMS]
- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham University Hospitals NHS Trust
- East Midlands Ambulance Service NHS Trust
- Nottingham and Nottinghamshire Clinical Commissioning Group
- Healthwatch Nottingham and Nottinghamshire
- Newark and Sherwood CVS (N and SCVS)
- Mansfield CVS (MCVS)
- Ashfield Voluntary Action (AVA)
- Mid Nottinghamshire PCNs
- Primary Integrated Community Services [PICS]
- Nottingham and Nottinghamshire Integrated Care System [ICS]
- Patient Representatives from patient support groups and forums

An Independent Convenor is appointed to ensure tenacity to key principles, impartiality and equity in the Forum's discussions.

The membership of the Forum will be flexible and inclusive to ensure engagement and involvement of wider stakeholders across Mid Nottinghamshire.

The diagram at Appendix A illustrates the relationship of the Partnership Forum within the Place Based Partnership governance structure and sets out the interface within the new Integrated Care System.

4. Conduct of Meetings

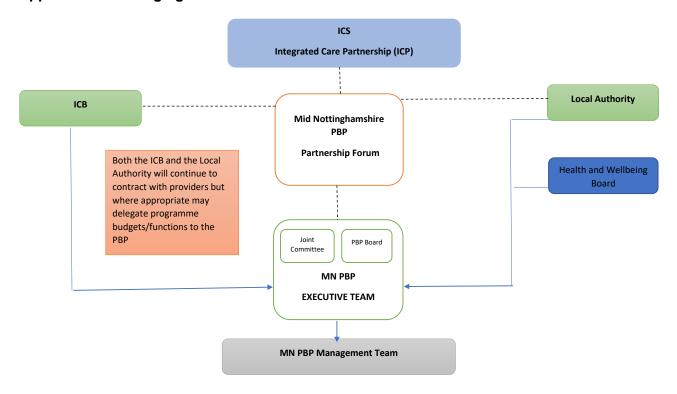
- The Forum will meet a minimum of six times in a twelve-month period, with the ability to convene additional meetings as required.
- Meetings are held in public, and members of the public will be invited to contribute at the discretion of the Forum Convenor. Questions are invited to any member of the Executive and should be submitted 5 days before the meeting.
- As MN Place Based Partnership is not a statutory body: recommendations and proposed courses of action that require formal approval will be referred to members/organisations own governing boards or decision making (however this will be reviewed as the emerging future governance structure is developed)
- The Forum will not provide a decision-making role within the Place Based Partnership with the accountability and responsibility to the NHS Integrated Care Board the role of the Executive Team.
- The Forum will agree the priorities and strategic direction of the Executive where it relates
 to health inequalities, provide oversight and challenge of the progress of the MN Place
 Based Partnerships delivery of required outcomes, and provide the wider voice of our
 partners and communities.
- The Partnership Forum will receive reports from a number of the supporting meetings with particular focus on the MN Health Inequalities Group and Patient Partnership Group to stimulate and inform discussions on exploring our community and population needs.
- Where required the Forum will provide recommendations and strategic direction based on evidence and information they have received, and if parties are not present at the meeting a written resolution can and will be sought outside of the meeting where necessary.
- The Forum will spend most of its time in shared discussion, promoting questions and scrutiny of the information it receives to enable adherence to the key principles identified above.

5. Review of Terms of Reference

The Terms of Reference will be reviewed annually or when a material change requires this.

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Appendix A - Emerging Governance Structure



Enabling Groups and Forums – (Inequalities Oversight Group, Clinical Forum, Communication and Engagement, Project Steering Groups)

Supported by 6 Primary Care Networks

System Analytical Intelligence Unit providing PHM to PBPs/Outputs from National PHM Programme