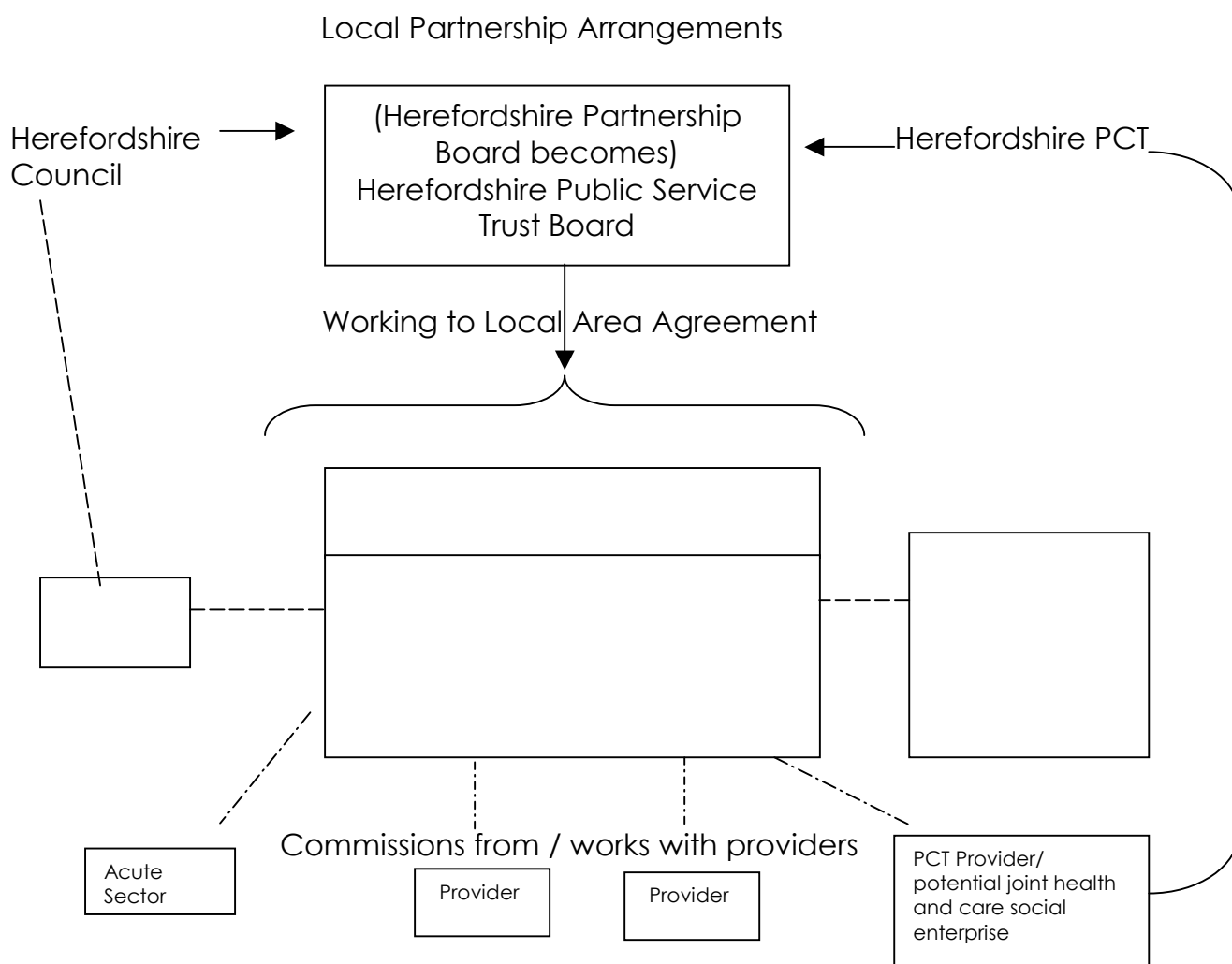


**PUBLIC SERVICE TRUST (PST)**  
**THREE OPTIONS FOR GOVERNANCE**

**Three options are presented here, of which Option 2 is the recommended option.**

**Option 1**

- Structure consistent with and under umbrella of, local partnership arrangements.
- The current Partnership Board in its entirety becomes the Board of the Public Service Trust, which then forms a separate organisation with a senior management team, and consists of unified, jointly appointed teams from Council and PCT.
- Accountability is from the Council and PCT to the Partnership (now Public Service Trust) Board ie as now.
- Overview and Scrutiny Committee scrutinizes the PST.
- Clinicians and practice based commissioners work with the PST (exact mechanisms to be identified).
- The PST commissions services from a range of providers. One option could be a new joint social enterprise organisation, including PCT provider services and social care provider services.
- The two Local Area Agreement “blocks” of children and young people, and healthy communities and older people, form the basis of the PST’s work.



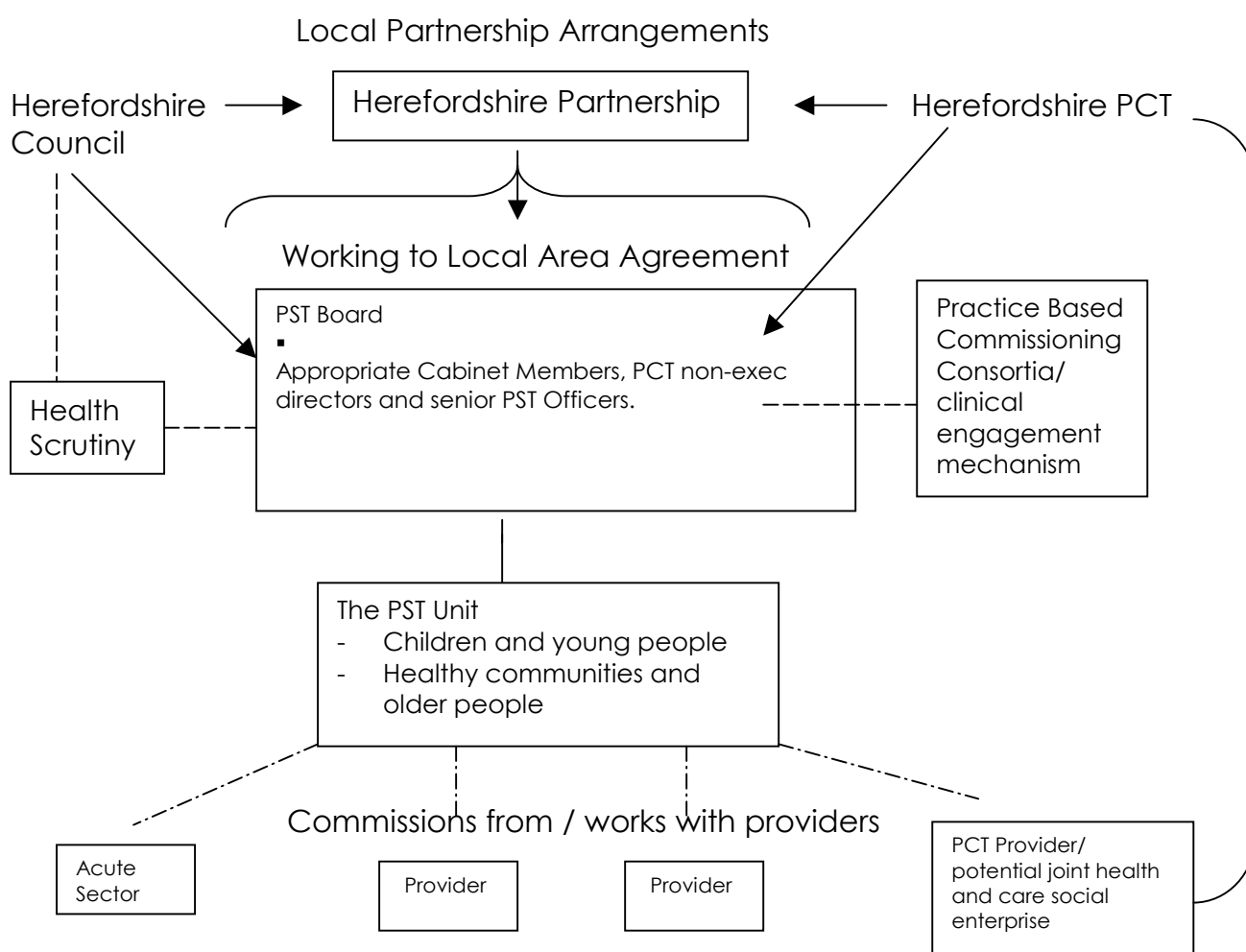
## Pros and Cons

- Many organisations on the Partnership Board are not Herefordshire-coterminous.
- Some have lesser degrees of responsibility for the core remit of the PST.
- PST is likely to be more effective as a new organisation if focuses initially on key functions and therefore key stakeholders, and develops a longer-term plan for wider inclusion.
- Therefore this is not a preferred option.

## Option 2

As per Option 1 but the key difference is that the PST now has its own Board drawn from the Council and PST, rather than the much wider Herefordshire Partnership Board acting as PST Board. However, the PST is still firmly embedded in Partnership arrangements. The Board consists of key elected members (Cabinet members for children and adults), Non Executive Directors and jointly appointed senior managers, including a Chief Operating Officer. Those senior managers lead jointly appointed, unified teams in the PST. Accountabilities are still from the PST Board to the Council and PCT.

Other points as in Option 1.



## Pros and Cons

- Sufficient for governance but remains streamlined.
- Requires appropriate membership to reflect Childrens Trust requirements and subsume Section 31 Boards.
- Sufficient seniority to allow substantial delegation.
- Preferred option.

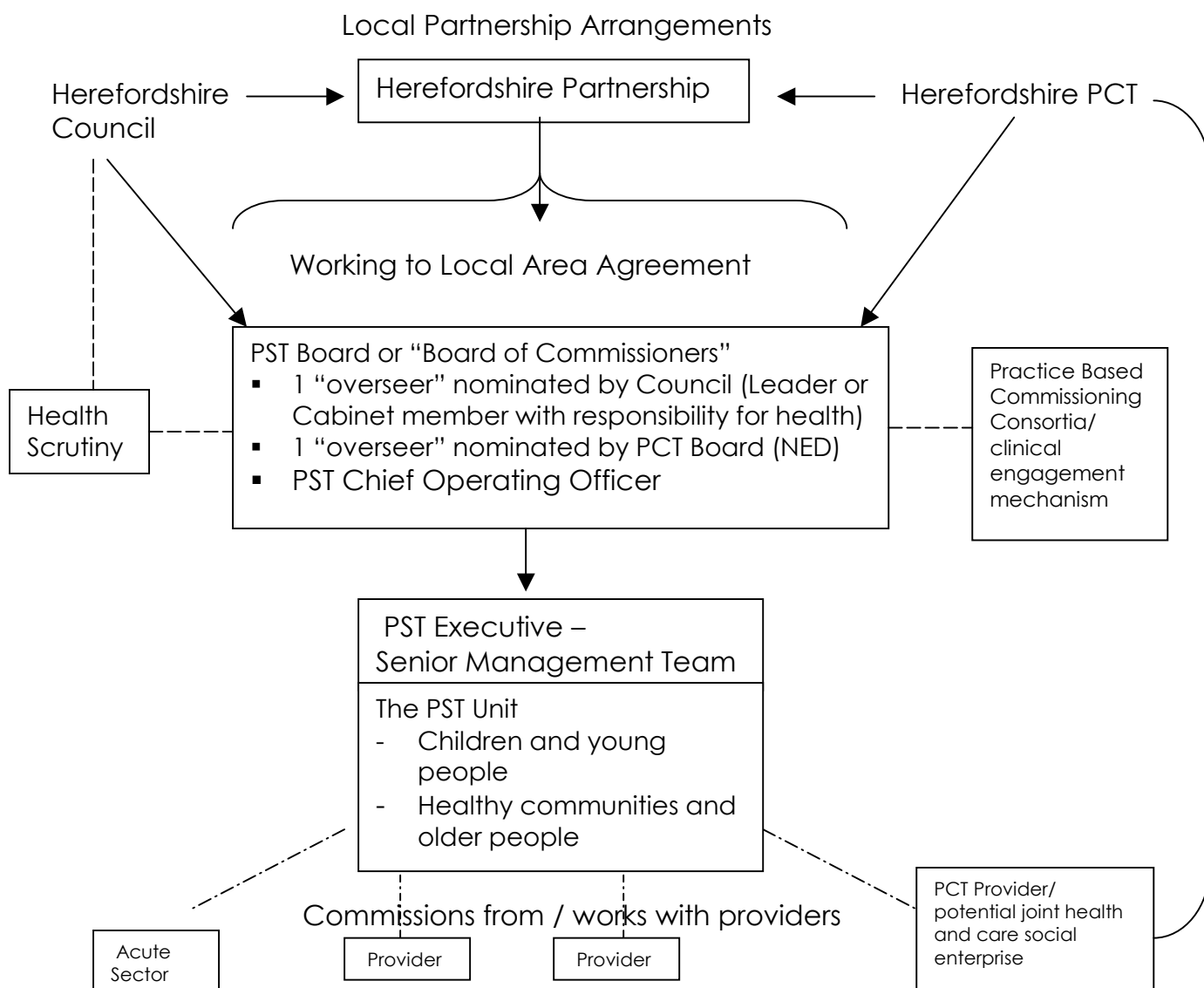
## Option 3

As above but the PST Board or “Board of Commissioners” consists of a very streamlined structure of three individuals ie:

- One Council representative (eg Council Leader or Cabinet member with responsibility for health)
- One PCT representative (eg Chairman or other Non Executive Director)
- Jointly appointed Chief Operating Officer

The PST then has an Executive formed of senior, jointly appointed managers who lead unified, jointly appointed teams in the PST Unit.

Other points as in Options 1 and 2.



## **Pros and Cons**

- Very streamlined but does Board offer enough governance assurance given numbers?
- Significant burden on small number of individuals. Concerns about realism especially if the individuals concerned were the Council Leader and PCT Chairman, with their other responsibilities.
- Could lead to additional recourse (and duplication) back to Council and PCT compared to Option 2.
- Therefore this is not a preferred option.