

HEREFORDSHIRE PUBLIC SERVICES BOARD

TERMS OF REFERENCE

Purpose: The governance of Herefordshire Public Services (HPS) is based on the operation of an extensive partnership between Herefordshire Council (HC), through its executive Cabinet, and the NHS in Herefordshire, through the Primary Care Trust Board (NHS) and Herefordshire Healthcare Commissioning Consortium (HHCC). The partners remain separately accountable public authorities, making publicly accountable decisions through their respective governance processes.

The Board has been established to provide a forum for the agreement of integrated structures and budgets to realise both the strategic vision for Herefordshire and the implementation of joint commissioning plans agreed by the Health & Wellbeing Board; the promotion of system wide integration within the county and to oversee the transition through the NHS and public health reforms.

Membership: The Board is appointed from amongst the Cabinet, NHS Board HHCC Board and officers of the constituent member bodies. The membership will include:

- Leader of the Council
- Chair of NHS
- Chair of HHCC
- One further Cabinet Member, and a nominated alternative
- One further Non-Executive NHS Director, and a nominated alternative
- One further HHCC Board Member, and a nominated alternative
- HPS Chief Executive
- HHCC Chief Officer
- Deputy Chief Executive and Director of Corporate Services (Lead Officer)

The quorum shall be not less than four members, of which one member from each of the three constituent partners must be present. The Board shall elect a Chair from its own membership.

Authority:	In pursuit of the objectives of HPS, the Board will exercise all powers available to its individual members, within the authority delegated by existing HC, NHHSH, and HHCC governance arrangements.
Accountability:	The Board is a working group that is jointly accountable to HC's Cabinet, the NHHSH Board, and the HHCC Board.
Reporting Arrangements:	The minutes of Board meetings shall be formally recorded. Any issues that require disclosure to the Cabinet/Council/NHHSH Board/HHCC Board, or require their action, shall be reported accordingly.
Secretarial/ Administrative Support:	<p>Administrative and secretarial support will be provided to the Board by the democratic services team. This will include the:</p> <ul style="list-style-type: none"> ▪ Attendance at meetings to take minutes, keep a record of matters arising, decisions taken, action agreed and issues to be carried forward; ▪ Preparation of the agenda and collation of papers; ▪ Provision of general administrative support to the Board in relation to its work.
Frequency of Meetings:	Meetings shall be held not less than quarterly. Other meetings may be held by agreement of the Board or its Chair if it is considered necessary to the successful development of Herefordshire's public services.
Minimum notice period for meetings:	A schedule of meetings will be agreed by the Board. Agenda and papers will normally be distributed a minimum of five working days prior to the date of the meeting.
Attendance:	<p>The Directors for People's Services and Places & Communities, and other officers of HC, NHHSH, HHCC or its partner organisations, may be invited to attend meetings to report on specific issues, respond to any questions of Board members and to seek advice or clarification on any issues requiring the support or direction of the Board as appropriate.</p> <p>A representative from the West Mercia NHS Cluster (Director of Commissioning Development?) will receive papers and have the</p>

right to attend meetings as appropriate.

Key Relationships: The Board is accountable to the HC Cabinet, NHS Board, and HHCC Board. The Board should provide strategic direction on integration issues to relevant bodies including:

- Health & Wellbeing Board
- The Shared Services Partnership Company
- West Mercia NHS Cluster Board
- QIPP/Social Care Delivery Board
- Herefordshire Partnership Executive Group
- Wye Valley NHS Trust
- 2gether NHS Trust

Principal Responsibilities / Duties:

The responsibilities of the Board will be to:

- Set the strategic direction for HPS integration and the priorities for realising that strategy in line with the key principles agreed
- Establish the criteria for measurement of success including the identification, quantification and effective delivery of benefits (both financial and outcome) to be achieved through integration of public services in Herefordshire, maintaining a focus throughout on delivering better outcomes for the people of Herefordshire
- Provide assurance that the partnership system is held to account for progress against those success criteria
- Oversee the transition to the new NHS and public health system in Herefordshire, in particular supporting the development of the Clinical Commissioning Group and the Health and Well Being Board

These will be achieved through development of a rolling work programme focussed on:

- Ensuring that robust and effective partnership arrangements are in place
- Providing guidance to the Cabinet, NHS and HHCC Boards regarding policy co-ordination, resource allocation and implementation to ensure the objectives of HPS are achieved
- Ensuring a unified and integrated approach to business in pursuit of optimising efficiency, effectiveness and services for people in Herefordshire
- Promotion of system wide integration in Herefordshire and ensuring that the benefits are communicated widely and fully understood
- Ensuring that arrangements for supporting effective transition

of public health and commissioning functions to the new arrangements are established and effectively resourced, with accountabilities for delivery clearly identified

- Maintaining an effective system of integrated governance, internal control and risk management, across the whole of its activities (both non-clinical and clinical), in support of the achievement of its aims and objectives.

Date Established: October 2011

Terms of Reference to be reviewed: Annual

Date of Next Review October 2012

All Terms of Reference, Agenda, Papers, Minutes, Action Plans and Reports must be archived in accordance with current best practice.