Herefordshire and Worcestershire Sustainability and Transformation Plan Programme Board Terms of Reference

Introduction

Transformational work across Herefordshire and Worcestershire will continue to happen on a county-level footprint where it is appropriate to do so. However, we will constantly challenge ourselves as to whether working on a bigger footprint will be more likely to secure high quality sustainable services than working at county level alone.

Our governance structure recognises that system leadership and direction is required at both levels and wherever possible existing forums are used to drive this change. We are not proposing to add additional layers of governance over the existing programmes. Programmes such as One Herefordshire and those work streams driven by the Worcestershire Health and Social Care Leaders Forum will continue to have independence over decision making and will not be expected to report to the STP board except where there is agreed overlap of programmes.

Purpose of the Group

The core purpose of the group is to provide leadership and collective decision making structure to the development of the Herefordshire and Worcestershire Sustainability and Transformation Plan. Following agreement of the plan, the purpose of the group will become to ensure implementation of the plan.

Scope and Objectives of the Programme Board

Scope	Objectives		
Leadership	Bring local leaders together as a team		
Vision	Establish overarching vision and the scale of transformation		
	Review and approve planning layers		
Programme	Commission and approve delivery programme		
Oversight	 Meet monthly to review delivery against delivery programme 		
Public Engagement	Approve media and comms plan		
	Front up radio/TV/media work		
	 Agree board level attendees for public engagement events 		
Resource Allocation	Review and recommend strategic resource re-alignments		
	 Commit their respective organisations to changes agreed and ensure delivery 		
	against those commitments		
	Agree and allocate programme delivery resources		
Programme	 Agree workstream leads and approve their objectives 		
Delivery	Hold workstream leads to account for delivery		
	Enable blockages to delivery to be overcome		

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Membership

Role	Herefordshire	Worcestershire
Independent Chair	Mark Yates	
CCG Accountable Officers	Simon Hairsnape (HCCG)	Simon Trickett (R&B and WFCCGs)
		Carl Ellson (SWCCG)
Provider Chief Executives	Richard Beeken (WV Trust)	Chris Tidman (WAH Trust)
	Shaun Clee (2g Foundation Trust)	Sarah Dugan (WHC Trust)
GP Provider Representatives	Graeme Cleland (Taurus)	Simon Parkinson/Shaun Pike
		(Worcestershire LMC)
Council Representatives	Alistair Neill (HC)	Clare Marchant (WCC)
Healthwatch Chairs	Paul Deneen	Peter Pinfield
VCS Representatives	Jacqui Bremner (Herefordshire	Carole Cumino (Worcestershire
	Carers)	Association of Carers)

Meetings and Quoracy

The Board will meet monthly during March, April, May and June to oversee development of the plan. Beyond this the frequency of meetings will be reviewed to oversee delivery and implementation of the change projects within the plan.

All members of the Programme Board are requested to attend each meeting or, in their absence, to nominate a suitable deputy to represent them. Collectively, for the meeting to be quorate, the following attendees must be present:

- An agreed chairperson (either the independent chair or the STP CEO Lead)
- At least one CCG Chief Officer or Deputy
- At least one Acute Trust Chief Executive or Deputy
- At least one Community and / or Mental Health Trust Chief Executive or Deputy
- At least one Council representative

Recognising resource pressures on other partners, we would request at least one GP representative, one Healthwatch Representative and one VCS representative (or suitable deputies) attend, but failure to do so would not result in the meeting failing to be quorate.

Decision Making

Meeting attendees are expected to be able to make decisions on behalf of their organisations and commit them to action where it is reasonable to assume delegated decision making is acceptable. It is recognised that there will be occasions when significant decisions will need to be taken back to individual organisational Governing Bodies, Provider Boards or Council Cabinets for ratification, but it is expected that this will only occur by consensus rather than being routine for individual decisions.

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