



**Agenda item 11/0619**

**Report to:** Trust Board – 6<sup>th</sup> June 2019  
**Authors:** Colin Merker, Deputy Chief Executive and Managing Director for Herefordshire

**Presented by:** Colin Merker, Deputy Chief Executive and Managing Director for Herefordshire

**SUBJECT: One Herefordshire and Worcestershire Update**

<b><i>Can this report be discussed at a public Board meeting?</i></b>	Yes
<b>If not, explain why</b>	

**This Report is provided for:**

Decision	Endorsement	Assurance	<b>To note</b>
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**SUMMARY**

The two attachments provide Board members with an update in relation to the Herefordshire and Worcestershire Sustainability and Transformation Plan ('H&WSTP')/ICS revised operating model.

The first attachment, Appendix A, 'Proposal for our ICS Operating Model', set out changes to the STP leadership arrangements, STP Chair arrangements and the overall STP/ICS Governance framework. The 4 Clinical Commissioning Groups (CCG's) within Herefordshire and Worcestershire (1 Herefordshire, 3 Worcestershire), have agreed to come together within a Joint Commissioning Committee in common. This will effectively enable the 4 CCG's to act as one across Herefordshire and Worcestershire. In conjunction with this, Simon Trickett takes on the role of Accountable Officer for the four CCG's. In support of this at a Herefordshire CCG level, colleagues will also be aware that Jo (Anne) Alner has taken on the role of Managing Director for Herefordshire CCG following the retirement of Simon Hairsnape as Herefordshire Accountable Officer.

The changes in the CCG 'Configuration' and leadership arrangements, has been linked to the refresh of the H&WSTP overall governance and operating model.

The STP lead role formally held by Sarah Dugan, Chief Executive of Worcestershire Health and Care Trust is now to be shared between Sarah and Simon Trickett to strengthen the STP/ICS's commitment to collective system ownership.

The STP/ICS operating model proposes changes to the governance/decision making framework and links this to the end of the term of the former STP Chairs term of office. The revised arrangements set out on Page 5, move the STP/ICS Partnership Board to a joint discussion/partnership/consensus forum across the wider system partners. This Board will be chaired by Dr Ian Tait who is the Clinical Chair of Herefordshire CCG. The role of the STP/ICS Executive Board has been revised, so that they take on the role of Executive decision making and oversight. Duncan Sutherland and Colin Merker will represent 2gether on this Board. The Board will be chaired by the chair of Worcestershire Acute, Sir David Nicholson, on behalf of the system.

There are 3 main operational forums which will lead and support the day to day delivery of business within the STP/ICS in relation to Finance, Quality and Performance. The Chairs for these groups are yet to be appointed. A further group looking at clinical transformation and sustainability will also feed into and out of these forums, to ensure clear links between finance, performance, quality and clinical transformation/ownership across the STP/ICS.

Overall the structure is focused on strongly supporting “Place” based delivery through Primary Care Networks (PCN’s).

Herefordshire is a very clearly defined “Place” within these arrangements and the ONE Herefordshire Strategy sets out the arrangements for the operating model/Governance arrangements at the Place/One Herefordshire level.

The second attachment, Appendix B, is a short slide deck which provides an overview of the evolving One Herefordshire Operating Model/Governance arrangements. On the whole the arrangements mirror the H&W STP arrangements and propose a One Herefordshire Executive Alliance and a One Herefordshire Integrated Primary and Community Services Alliance Board (‘ICAB’). These two Boards are supported by Herefordshire, Performance and Finance; Quality and Outcomes groups.

This framework will follow the principles of the H&WSTP/ICS operating model and will be chaired by lay members from the partnership members.

Duncan has put himself forward for a Senior Chair/Leadership role with these arrangements alongside others from WVT, Taurus and the CCG.

In support of the above, the Board are asked to note that Herefordshire is now considering 5 Primary Care Networks (‘PCN’s’) rather than the 4 locality clusters that have operated over the last 12 months. The additional PCN has been proposed within the Hereford City locality, through 1 PCN comprising of all of the members of the newly formed Herefordshire Medical Group (circa 46,000 patient population) and 1 PCN consisting of the Wargrave House, Cantilupe and Belmont practices (circa 30,000 patient population).

The Clinical Directors for all of the PCN’s will be agreed as the final arrangements are put in place/agreed.

## RECOMMENDATIONS

Board members are asked to note:

- The information within the paper summary and attached papers in relation to the revised H&WSTP/ICS operating model/Governance arrangements
- The update on PCN's within Herefordshire

### Corporate Considerations

<i>Quality implications</i>	Revised frameworks aimed at improving joint working and ownership across STP and hence supportive of Quality gains
<i>Resource implications:</i>	Revised arrangements aimed at supporting integration and best use of internal skills and resources across the STP and hence optimise use of existing resources
<i>Equalities implications:</i>	Proposal is for equitable involvement and ownership across the partner organisations hence offering Equality of involvement/contribution
<i>Risk implications:</i>	Internal leadership arrangements maintain a bias towards parent organisations and threaten partnership working

### WHICH TRUST STRATEGIC OBJECTIVE(S) DOES THIS PAPER PROGRESS OR CHALLENGE?

Continuously Improving Quality	P
Increasing Engagement	P
Ensuring Sustainability	P

### WHICH TRUST VALUES DOES THIS PAPER PROGRESS OR CHALLENGE?

Seeing from a service user perspective			
Excelling and improving		Inclusive open and honest	P
Responsive	P	Can do	P
Valuing and respectful		Efficient	P

### Reviewed by:

Colin Merker	Date	May 2019
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### Where in the Trust has this been discussed before?

Various updates at Execs	Date	On going
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### What consultation has there been?

Across Trusts in H&W	Date	On going since 2019
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## Proposal for Our ICS Operating Model

### 1. Background

This paper supports Herefordshire and Worcestershire STPs ambition to develop towards an Integrated Care System (ICS). It sets out our proposals to develop our operating model, governance and supporting infrastructure, to enable us to drive partnership working, integration and transformation. For these reasons it does not focus in detail on our clinical transformation programmes, and associated STP PMO oversight.

Key to our intention is to make system working the default option, transitioning to a streamlined approach and removing duplication so that this way of working becomes 'business as usual'. Whilst our boards and governing bodies are ready to work together, with greater joint ownership of system issues, they are still cognisant of statutory accountabilities; our proposed operating model recognises this and describes how we will work collectively to discharge these.

We place particular emphasis on ensuring close working with our partners in local government and will seek to strengthen engagement with council colleagues in all of our system working. This includes working with our Health and Wellbeing Boards to better align our collaborative approach. Self-regulation and assurance are also a key part of this plan; our proposed ICS infrastructure will prepare us to absorb NHSE/NHSI responsibilities as these are devolved with the appropriate support.

The document focuses on a period of evolution throughout 2019/20 and sets out how we plan to organise ourselves over the next 12 months.

We plan to be working as an ICS in shadow form by April 2020. Throughout this journey our new integrated ways of working will remain focussed on the delivery of our STP wide objectives, providing genuinely joined up, personalised and anticipatory care, working collectively to:

- Improve health and wellbeing outcomes, and reduce health inequalities
- Improve quality and performance by better use of system capacity
- Return the system to financial balance

### 2. STP Leadership

The term of office for our current independent chair, Charles Waddicor, completes at the end of March 2019. Going forward we propose to strengthen our overall STP leadership and signal that the STP has become 'the day job' by appointing a chair from within the pool of existing chairs. We have discussed the STP Chair role with our existing organisational chairs and there has been unanimous support for David Nicholson, chair of Worcestershire Acute Hospitals Trust to take on the role of chair of our STP, which he has agreed to subject to NHSI/E support.

We also recognise an increasing role for our existing chairs, lay members and Non-Executive Directors within this proposed operating model, to provide the appropriate challenge and assurance. This will be through chairing and membership of the proposed ICS Partnership Board and the other forums described in this paper.

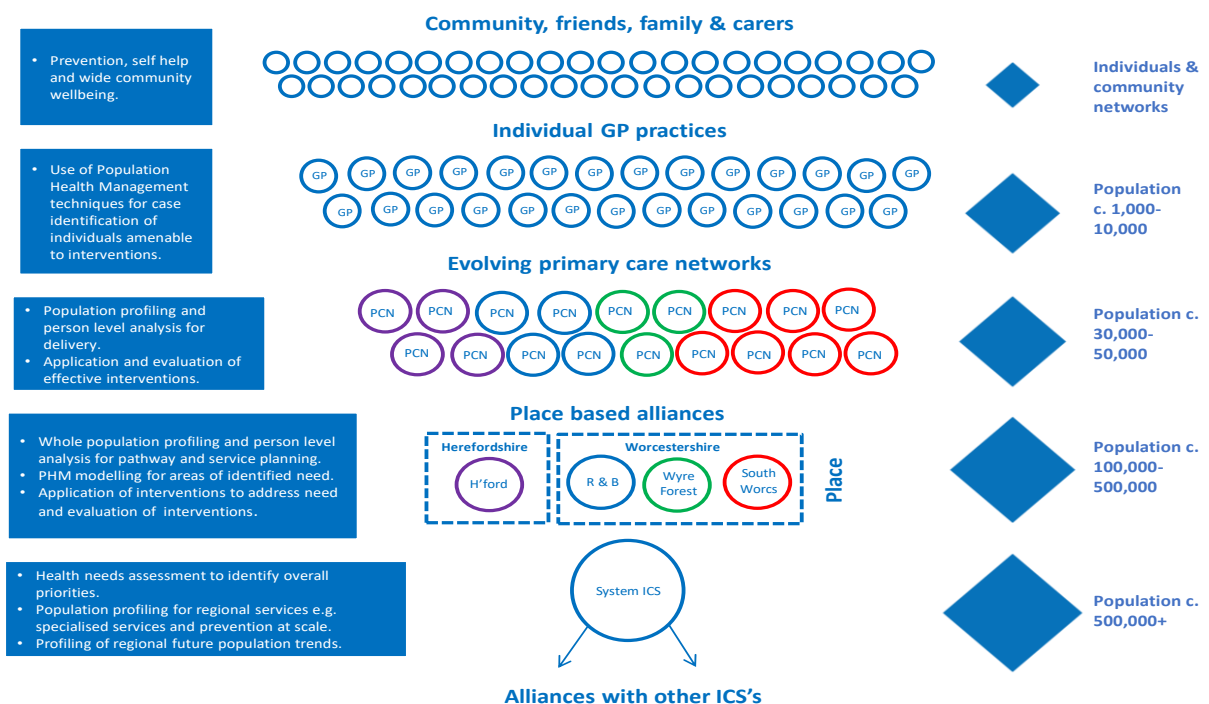
Our STP Lead, Sarah Dugan, Chief Executive of Worcestershire Health and Care NHS Trust, has been in post since the commencement of the STP. More recently, Sarah has been supported by the Accountable Officer of our four CCGs, Simon Trickett. Following extensive system wide discussion and agreement from regulatory partners, we propose to formalise the arrangement with Sarah and Simon, who will share the STP leadership responsibilities as a further manifestation of collective system ownership.

## Proposal for Our ICS Operating Model

### 3. Our Operating Model

Our developing ICS operating model builds upon our layers of planning and delivery, and the principles agreed through our ICS commitment statement. We have a strong history of integrated working across community and primary care, which will form the bedrock of our on-going development.

### H and W STP: Our Layers of Planning and Delivery



7

Fig. 1 Our Layers of Planning and Delivery

#### 3.1 Primary Care Networks and the GP Provider Board (GPPB)

Alongside the development of primary care networks, representatives from all GP practices across Herefordshire and Worcestershire have been working together to create a single voice for General Practice as providers within the emerging Provider Network. Supported by the CCGs, the GP Provider Board has agreed Terms of Reference setting out how it will operate within the governance and decision-making framework of the ICS. The TOR describe its remit, responsibilities, membership, decision making, and reporting arrangements, and will be reviewed annually to ensure that they remain fit for purpose.

The relationship between GP practices and the GPPB will be governed by a Memorandum of Understanding (MOU), which local practices are working together to develop. This will enable a unified GP Provider voice to shape the developing Provider Networks.

## Proposal for Our ICS Operating Model

### 3.2 Developing Provider Networks

In support of our STP clinical sustainability strategy our providers are beginning to establish networks, and for some specific pathways Alliances, within and beyond the STP footprint. Given our geography and relative population size, we are establishing relationships to ensure the local sustainability of services and access to excellent services beyond our geographical boundaries where this is necessary. The Long-Term Plan envisages that in due course a formal Provider Alliance will govern the relationships between providers within the STP and include general practice in the Alliance, which in our case will be through the GP Provider Board.

### 3.3 Strategic Commissioning - Developing the System Manager Function

Previously we have described the increasing role to be played by the CCGs' Joint Commissioning (JCC). As the merger of the four CCGs progresses, the JCC will evolve into the board for the single CCG / Strategic System Manager. The new CCG board will take on some devolved responsibilities from NHSE, devolving some responsibilities and ultimately staff to the Provider network(s), and increasingly focussing on the unique role of System Management and strategic commissioning. We anticipate this will involve developing relationships with other strategic commissioners.

## 4. ICS Governance

Our ICS governance structure is described in Figure 2. We are working with our existing chairs, lay members and non-executives to identify appropriate chairmanship of all of our proposed forums, illustrated below, which will involve these members developing their role as system leaders.

### 4.1 ICS Partnership Board

The focus for our partnership working, the ICS Partnership Board, will continue to provide the main forum for ICS partners to work collectively. It will enable the development of the broadest possible public sector consensus on the way we run our system. Membership will include representatives from the Voluntary sector, HealthWatch and Patient and Public Engagement, reflecting the need to ensure a strong patient voice within our partnership working.

## Proposal for Our ICS Operating Model

### System Wide Governance: Phased in from April 2019

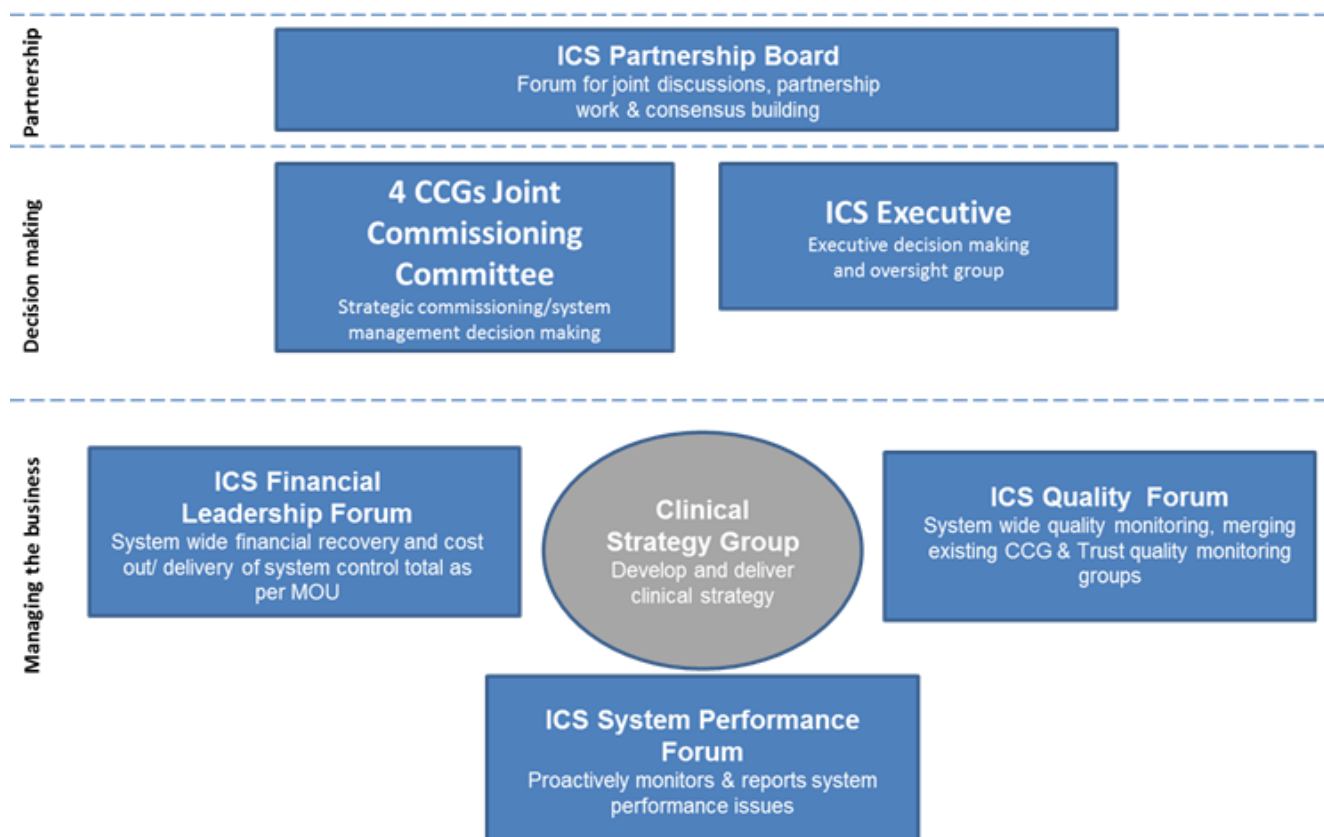


Fig. 2 ICS Governance

#### 4.2 Decision Making Groups

Whilst recognising that existing organisations will continue to retain their statutory responsibilities, we propose to move rapidly to ensure that wherever possible, decision making is undertaken in partnership.

- **ICS Executive**

This forum will be led by our STP chair. This will be attended by Chief Officers and Chairs of our STP/emerging ICS partner organisations, comprising NHS providers, Clinical Commissioning Groups and local authority colleagues.

It will be the key partnership decision making forum, and act as the key business function of the ICS overseeing quality, performance and financial recovery plans, resource allocation, and will act as the first line of escalation for dispute resolution. It will also take reports by exception from the STP PMO to unblock issues with transformation workstreams.

Ultimately individual statutory Boards and Governing Bodies may explore delegation of decision making to this shared forum, but it is anticipated that it will be able to have a big impact even in the short term because of the existing decision-making powers of Chief Executive and Accountable Officer members.

## Proposal for Our ICS Operating Model

- **CCGs Joint Commissioning Committee in Common (JCC)**

The existing terms of reference of the JCC allow for some delegated decision on behalf of the 4 CCGs. We anticipate expanding this delegation during 2019/20, in anticipation of a full merger from April 2020.

The JCC will continue to hold the statutory decision-making authority of commissioners under the Health and Social Care Act but will take recommendations from the ICS Partnership Board as well as the Clinical Strategy Group to ensure decision making is based on partnership and clinical leadership thinking.

### 4.3 Clinical Strategy Group

The existing Clinical Reference Group is being refocused to ensure our whole system redesign strategy is genuinely clinically led. This will include:

- Refocusing its work programme, to oversee all areas of system redesign
- Adding to its membership, with enhanced representation from General Practice through the Primary Care Networks and the GP Provider Board
- Identifying a Clinician from within the STP to chair the group, reflecting our need to 'own' the clinical redesign agenda
- Driving clinical ownership of the system transformation agenda and clinical leadership development.

The focus of the Clinical Strategy Group will be development and implementation of the STP Clinical Sustainability Strategy, which has started by focussing on vulnerable acute services and is now set to extend to include NHS care in other settings. It will also be responsible for strategic clinical oversight of our STP workstreams, and is generating a set of principles that it will use to ensure our system transformation plans deliver robust and coherent objectives and outcomes.

### 4.4 Quality Forum

The STP Lead Nurse is working with Directors of Nursing across the STP to design and implement a new way of partnership working for Quality Improvement and Quality Assurance. Figure 3 below sets out how the Directors of Nursing have co-designed the system wide approach to quality. This will include:

- The ICS Quality Forum evolving to take on greater delegated responsibilities from NHSE, eventually replacing the quarterly Quality Surveillance Group function
- The streamlining of quality forums and functions across CCGs and Providers, to reduce duplication and support co-ordinated quality improvement activities
- Quality Improvement will be a key focus area for this group

### 4.5 Finance Forum

The STP Finance Lead has been working with all STP Directors of Finance to develop the Finance Forum. This will build on the STP Directors of Finance existing regular meetings, and on the financial principles developed by the Directors of Finance and agreed by all Governing Bodies and Trust Boards. These have shaped how we all contract jointly entering 2019/20 and are working collectively reduce the financial challenge within our STP and manage within our allocations.



## Proposal for Our ICS Operating Model

The Directors of Finance group has been pivotal in developing our activity and capacity planning, supporting and enabling formal proceedings taking place in our contract management boards. Over the year we anticipate moving formal contracting activity into this forum, to replace our separate contract management boards.

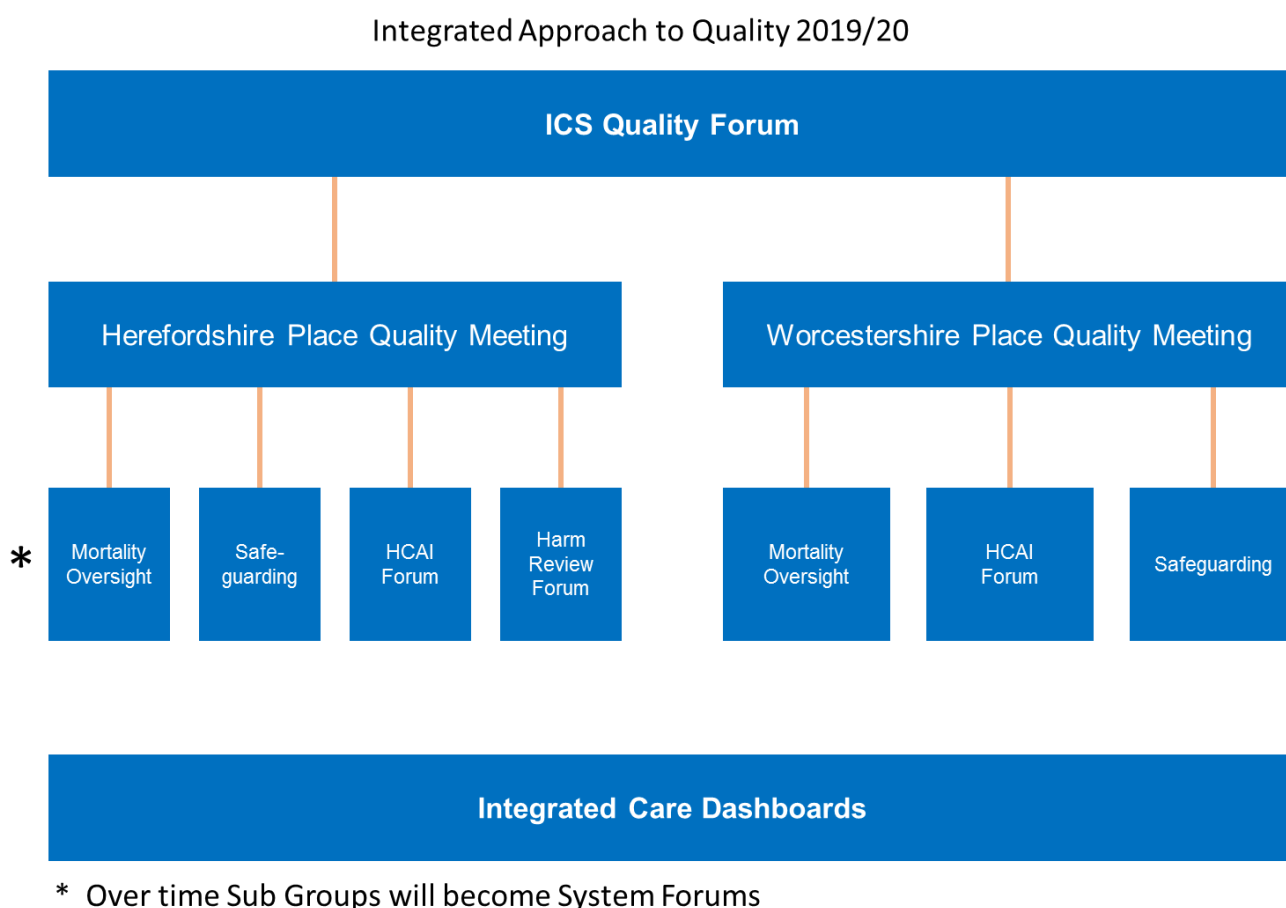


Fig. 3 STP Quality Approach

### 4.6 Performance Forum

Our newly appointed STP Director of Performance will work with counterparts across all organisations to co-design and implement a Performance Forum. This will also include taking on agreed delegated responsibilities from NHS England, and working to streamline performance reporting across STP organisations to reduce duplication and ensure co-ordinated efforts to improve performance.

### 4.7 STP Executive PMO

Our STP Programme Management Office is already in operation, underpinning our delivery and our governance infrastructure. All STP organisations use Verto project management software to develop and monitor STP projects, and the delivery of our STP clinical workstreams. The PMO will continue to provide assurance around

## Proposal for Our ICS Operating Model

delivery of workstreams within the STP and to NHSE/I via a monthly Delivery Assurance Group which will report by exception into the Executive Leadership Forum, as illustrated at figure 4 below.

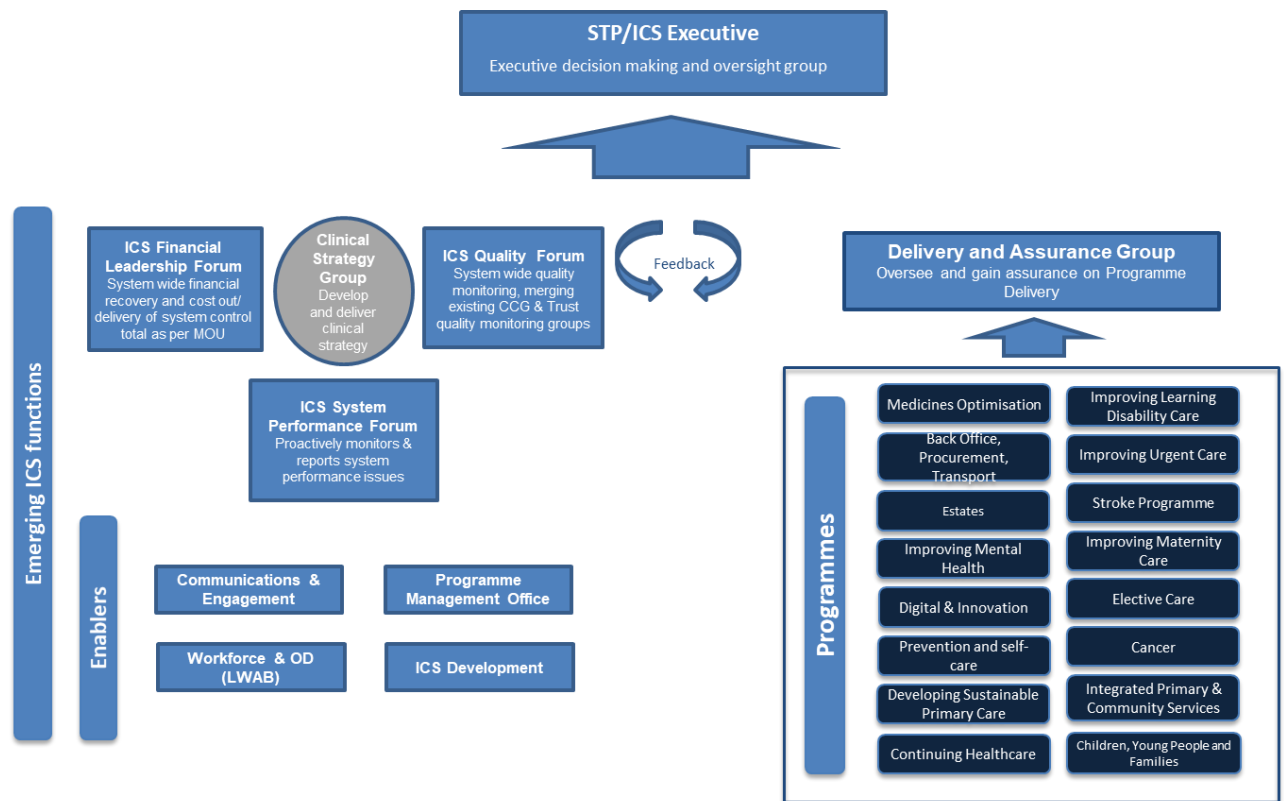


Figure 4: H&W STP Governance 19/20 Transition year

### 4.8 Place based Alliances

The diagram at figure 1 illustrates the importance of our place-based alliances: One Herefordshire and the Worcestershire Alliance. We already have strong Alliance governance which provide forums and a mechanism through which partners from health, social care, voluntary sector, housing and others meet on a monthly basis to review their integrated working. The Alliance working is valued by local authority partners, patients and GPs as there is a strong bond built on established networks. The Worcestershire Alliances are chaired by a GP, whilst in Herefordshire the DASS chairs the alliance meeting. We anticipate that much of the required transformation and integration work will take place at the County (place) layer of planning.

We are exploring ways to strengthen the commissioner and provider relationships with our two Health and Wellbeing Boards (HWBB's) to improve wellbeing and reduce health inequalities. Through closer collaboration between place-based Alliances and Health and Well Being Boards we have an opportunity to further strengthen needs assessment and commissioning across health, social care and other partners. The specific statutory duties of the HWBB's align closely with both the County Alliances and ICS Partnership Board. We plan to explore this further through a joint workshop with system chairs.

## 5. Population Health Management & Digital

## Proposal for Our ICS Operating Model

Our system recognises the central role population health management (PHM) within an effective ICS. We have an established PHM group and are ready to work with the regional PHM delivery partner identified through the recent NHSE procurement process. This is closely aligned to the Digital Strategy which will support interoperability of our systems across the ICS.

### **6. Communications and engagement**

Our STP Communications and Engagement workstream is well established from across our constituent organisations. It works closely with Healthwatch Herefordshire and Healthwatch Worcestershire and are continuing this approach for example around the engagement for the NHS Long Term Plan.

Going forward we recognise the need to maintain our focus on communication and engagement, across patients the public and our workforce, in relation to ICS development as well as to specific workstream and transformation activities.

### **7. Dispute Management and Conflicts of Interest**

The IC Executive will be the first point of escalation for any disputes. If Chief Executives are unable to resolve the dispute, the organisational chairs will meet to resolve. Thereafter disputes will escalate to the STP Chair for final adjudication and decision. Should the situation arise where the chair is involved in the dispute, we will seek an independent decision from a neighbouring STP.

We recognise that there is a risk that conflicts of interest may arise through our partnership working. As an STP we will adopt the NHSE guidance and our chairs, lay members and non-executives will play a key role in ensuring our compliance. We recognise our duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

### **8. Next Steps and Indicative Timeline**

The proposed operating model was agreed at our STP Partnership board in February 2019 and at the STP chairs group in March 2019 and will be discussed by the boards of all constituent organisations at their forthcoming meetings. Once agreed in principle, we will engage further with HOSC on the planned arrangements and take account of their feedback. The timeline outlined in Figure 5, below assumes approval to progress is received from NHSE/I during March 2019.

## Proposal for Our ICS Operating Model

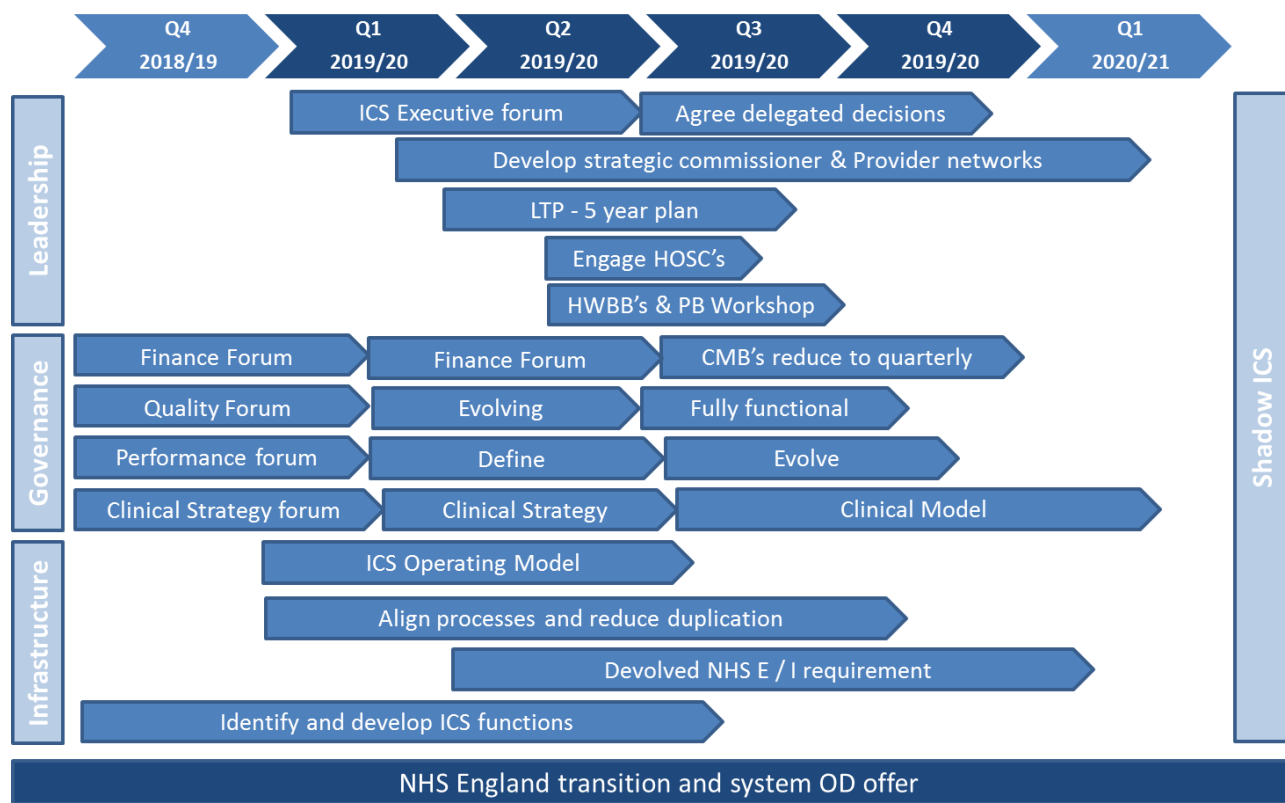


Fig. 5 Illustrative ICS timeline- 2019/20 transition

# 2019/20 and 2020/21

## Appendix B

- We recognise 2019/20 and 2020/21 as our transition years
- We will work within our existing statutory accountabilities, but use our One Herefordshire Transformation Programme as the 'way we do business'
- In doing so we will make Partnership Working and Integrated Working our modus operandi, as we develop our 'Place Based Alliance', within the emerging H and W ICS
- To achieve this we will:
  - Continue to embed One Herefordshire within the evolving operating model of the ICS and the four CCGs
  - Continue to develop our One Herefordshire transformation workstreams
  - Update and evolve the function and membership of key groups, including the One Herefordshire Health and Care Partnership, and the Herefordshire Integrated Primary and Community Services committee
  - Develop our Primary Care Networks, as a core component of our evolving locality/network infrastructure

# 2019/20 Transformation Delivery and Assurance

Children and Young  
People TBC

One Herefordshire Health and  
Care Executive Alliance

HCCG Finance and  
Resources Committee

Delivery: Emerging ICP/O Delivery Unit

Assurance: One Herefordshire DoF Committee

Embedded  
into STP/ICS  
Workstreams  
and PMO

Medicines  
Optimisation  
Group

- Delivery Team:**
- Exec Lead
  - Clinical Leads
  - Programme Manager(s)
  - Finance
  - BI
  - Quality

Integrated  
Community  
Alliance Board

- Delivery Team:**
- Exec Lead
  - Clinical Leads
  - Programme Manager(s)
  - Finance
  - BI
  - Quality

Planned  
Care Board

- Delivery Team:**
- Exec Lead
  - Clinical Leads
  - Programme Manager(s)
  - Finance
  - BI
  - Quality

Urgent Care  
Board

linked to A & E Delivery Bd

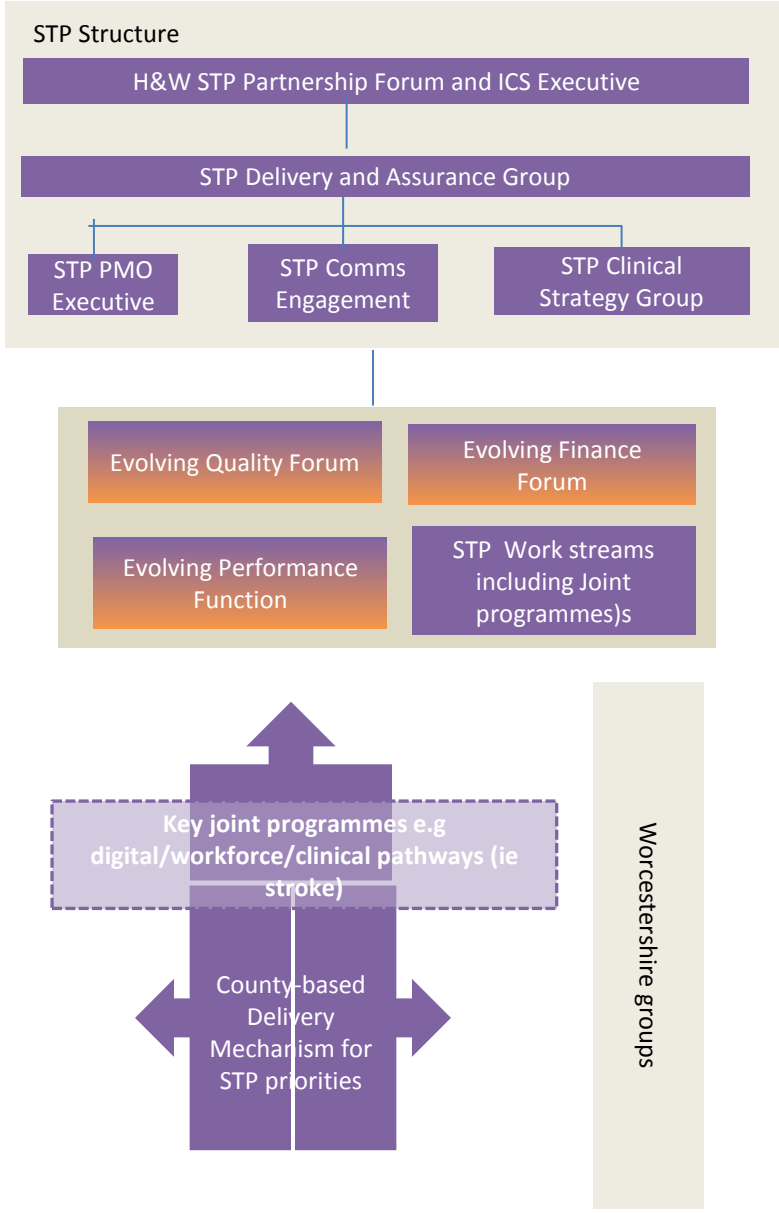
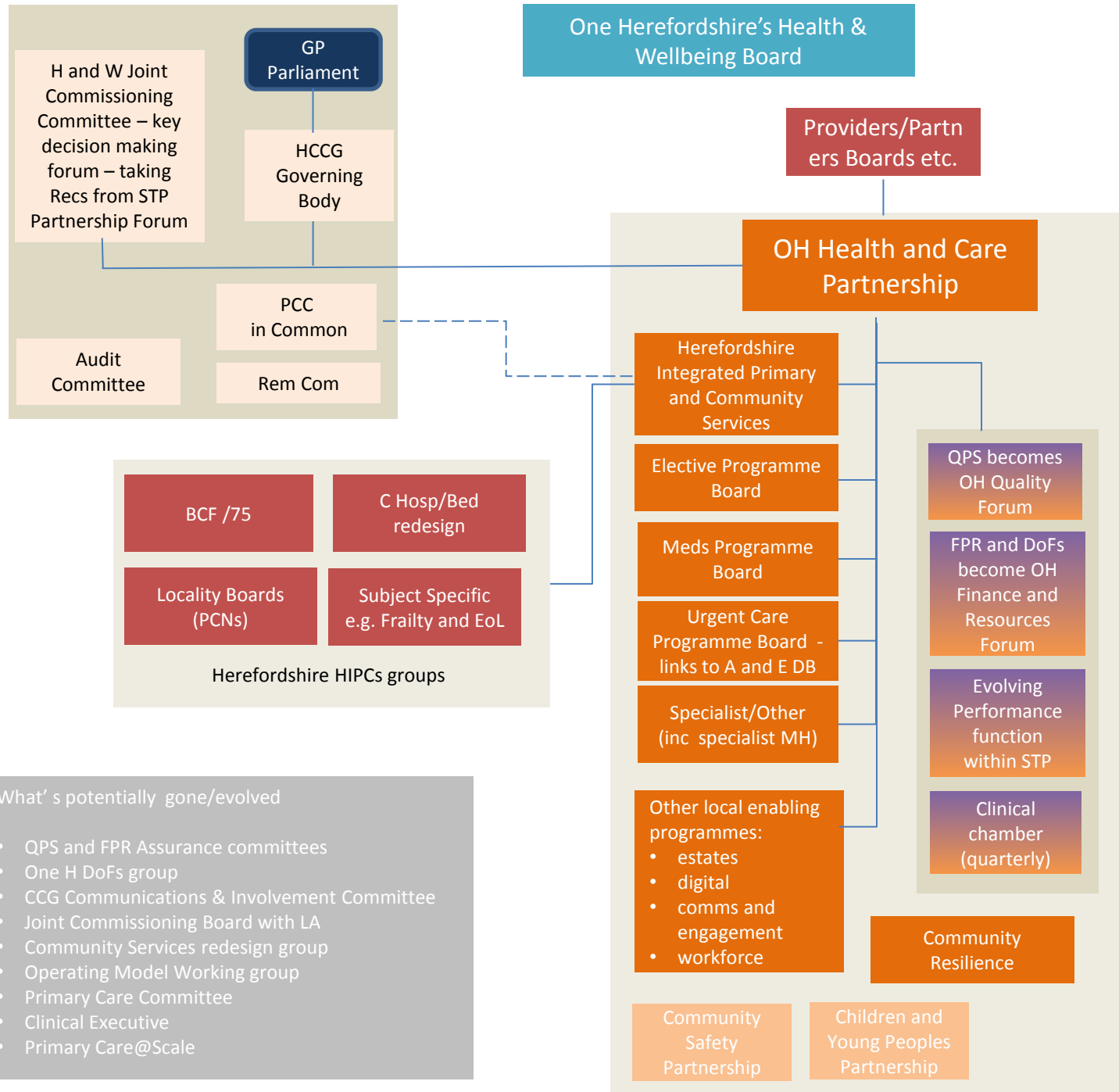
- Delivery Team:**
- Exec Lead
  - Clinical Leads
  - Programme Manager(s)
  - Finance
  - BI
  - Quality

Other  
Areas incl  
Specialist

- Delivery Team:**
- Exec Lead
  - Clinical Leads
  - Programme Manager(s)
  - Finance
  - BI
  - Quality

Community  
Resilience

**Delivery Team  
TBC:**



#### What's potentially gone/evolved

- QPS and FPR Assurance committees
- One H DoFs group
- CCG Communications & Involvement Committee
- Joint Commissioning Board with LA
- Community Services redesign group
- Operating Model Working group
- Primary Care Committee
- Clinical Executive
- Primary Care@Scale

## One Herefordshire Health and Care Partnership (OHCP)

*Herefordshire's place based 'system management board'.*

*Provides the functions of an emerging ICP by taking on tactical commissioning functions.*

*Focused on delivery of the triple aims, the effective allocation of resources and system transformation.*

*Links to prevention and wider "wellbeing agenda".*

### Membership:

- NED/lay - Chair
- Accountable Officers/MDs x 5
- DASS and LA Director Children's Services
- Clinical leads x5
- CCG DoNurse (System Quality rep)
- System DoTransformation (One H)
- CCG DoFinance (System Finance rep)

### WHAT: AIMS

To achieve better wellbeing and outcomes for Herefordshire residents by:

- Driving the co-ordinated planning and delivery of the Herefordshire health and care system, ensuring delivery of the Triple Aim
- Overseeing the strategic redesign of health and care services, within the relevant strategy and policy frameworks
- Contributing to and steering the wider One Herefordshire public service redesign
- Ensuring alignment and interdependencies to economic development and wealth agenda is made (i.e. health and wealth)

### HOW: PRINCIPAL RESONSIIBILITIES

- Provide a unified System Leadership voice for the Herefordshire health and care system
- Provide a forum for the system management of collective risk, overseeing system quality and performance as well as system financial management
- Strategically address system risks and issues that can't be managed at operational /individual organisation level
- Oversee and drive a co-ordinated system approach to planning, resource allocation, transformation and improved service delivery
- Oversee the work of One Herefordshire Committees and Forums, and contribute to wider One Herefordshire public service redesign
- Ensure alignment and integration of One Herefordshire activities into the STP/emerging ICS
- Oversee the transition to an Integrated Care Partnership, ensuring succession arrangements are in place

### Decision Making and Governance

- One organisation has one vote, by attendance or written proxy
- Decisions require unanimity
- Decision making within the delegated authority of individual members of the group
- Reports into the relevant boards/governance forum of each member organisation
- Reports into the STP Partnership Board/STP Governance Infrastructure
- Overseen by the Herefordshire HWWBd

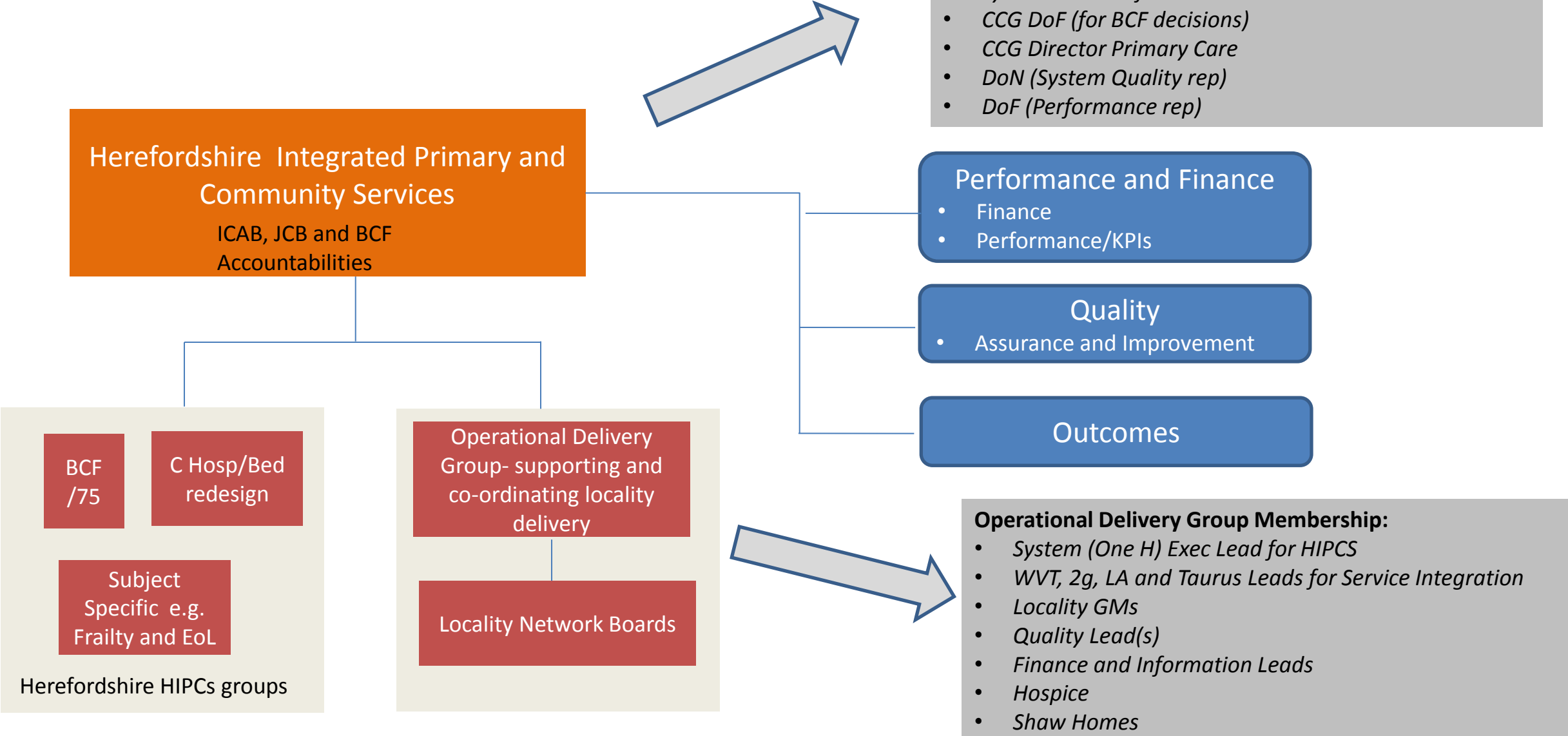
### Quoracy

The meeting is quorate when all five organisations attend or:

- Submit proxy votes or
- Nominate another attendee/representative to represent them



# A Focus on Integrated Primary and Community Services



<p><b>Herefordshire Integrated Primary and Community Services Executive (HIPC)s</b></p> <p><i>Herefordshire's 'management board' for integrated primary and community services.</i></p> <p><i>The mechanism to drive integration and sustainability of primary and community services.</i></p> <p><i>Responsible for resource allocation, quality, performance, financial management and transformation.</i></p>	<p><b>WHAT</b></p> <ul style="list-style-type: none"> <li>• Drive the integrated planning and delivery of primary and community services, to deliver the triple aim and ensure integrated sustainable services</li> <li>• Optimise the use of existing and new primary and community resources across and between OHCP partners</li> <li>• Strategically address risks and issues that can't be dealt with at operational level</li> <li>• Deliver a transformation programme across primary and community services that delivers the strategic aims of the OHCP, the STP/emerging ICS and the Health and Wellbeing Strategy and other relevant frameworks</li> <li>• Contribute to and integrate with, the wider public services redesign agenda</li> </ul>	<p><b>HOW</b></p> <p>The meeting provides a forum where partner organisations will:</p> <ul style="list-style-type: none"> <li>• Co-ordinate and integrate service delivery arrangements, to meet local population needs, improve performance against agreed outcomes frameworks and deliver financial efficiency</li> <li>• Agree and ensure the optimal allocation of resources across and within services, including GMS+ funds, existing contracts, BCF, S75 agreements and other integration funds</li> <li>• Collectively agree and deliver system priorities for transformation across primary and community services, ensuring both benefits (Q, P and F) and statutory accountabilities are delivered</li> <li>• Oversee, develop and empower locality network boards - based around primary care networks working with community service partners underpinned by a population health management approach</li> <li>• Design and operate joint performance management and clinical governance systems for in-scope services, integrated with the emerging system quality improvement and assurance functions</li> <li>• Agree actions to mitigate delivery risks and other issues that may impact adversely on the system</li> <li>• Work seamlessly with STP/emerging ICS and other partners, and the wider public system</li> </ul>
<p><b>Membership:</b></p> <ul style="list-style-type: none"> <li>• <i>NED/lay chair</i></li> <li>• <i>MD/Executive Director from each partner, plus DASS</i></li> <li>• <i>Locality GP Leads plus Clinical Leads 2g and WVT</i></li> <li>• <i>System DoTransformation – One H</i></li> <li>• <i>CCG DoF (nb BCF decisions)</i></li> <li>• <i>CCG Director Primary Care</i></li> <li>• <i>DoN (Quality Rep)</i></li> <li>• <i>DoF (Performance Rep)</i></li> </ul>	<p>Decision Making and Governance</p> <ul style="list-style-type: none"> <li>• The meeting provides a forum in which organisations can exercise their existing statutory accountabilities in partnership with One Herefordshire partners. On this basis decision making is within the delegated authority of individual members</li> <li>• The meeting reports into the One Herefordshire Health and Care Partnership, and through it the Governance arrangements of the member organisations</li> <li>• The meeting also reports into the STP workstream 3b and through it the STP PMO</li> <li>• The meeting will oversee the work of various sub-groups (BCF, S75s, frailty forum and end of life, Various task and finish groups as they arise)</li> <li>• Works closely with Herefordshire&amp; Worcestershire Primary Care Committee In Common</li> </ul>	<p>Quoracy</p> <p>The meeting is quorate when all five organisations attend or:</p> <ul style="list-style-type: none"> <li>• Submit proxy votes or</li> <li>• Nominate another attendee to represent them</li> </ul>

# Locality/Primary Care Network Boards: Accountability and Authority

## **Accountable for:** integrated care delivery

- Making the best use of all community resources (efficiency) to improve outcomes and experience for patients through ensuring there is integration across primary care, community (health and mental health) and social care services.
- The locality network is accountable for living within the delegated budgets from the organisations that form the teams.
- The locality network is accountable for meeting the outcomes and KPI's agreed by the HIPCS.

## **Authority to:** clinically direct community teams and community services, and to realign community resources

- The locality network has authority to utilise resources across organisational boundaries.
- The locality network is authorised to engage with the public to shape service delivery to meet their needs.