

HEALTH & WELLBEING BOARD

Date: 13 July 2017

The role and manner of operation of the Health and Wellbeing Board

Report of the Director of Adult and Community Care Services

Cabinet Member: Councillor V. Jones, Adult Wellbeing & Health

Purpose of report

To make proposals about how the role of the Health and Wellbeing Board should evolve to take account of developments in the health and social care system.

Recommendations

The Board is recommended:

1. To confirm its agreement to the anticipated changes in the role of the HWB set out in this report.
2. To request officers to prepare changes to the the Board's formal terms of reference and its membership, on the lines described in this report, to be presented to the Council for approval, following consultation with the chair of the Board, when the new arrangements associated with the creation of an Accountable Care Organisation have been confirmed.

Key issues

1. On current national and sub-regional plans, major changes will be needed to health and social care services to ensure their sustainability during a continuing period when funding growth will not be sufficient to meet growing demand within existing service models.
2. Independently from funding levels, it has become increasingly obvious that current arrangements for planning and funding NHS services are obstructing the development of appropriate service models for meeting the needs of people with complex long-term health conditions, directing funding into acute services to respond to crises rather than ongoing support to minimise the number of occasions when crises arise.
3. The planned development of an Accountable Care Organisation (ACO) and an integrated strategic commissioning function are key steps to enable a transformed

service model. However they will only be effective if they are supported by a shared understanding across the health and social care system of the nature of the transformation which needs to take place.

4. Some changes are likely to be controversial, particularly where they involve a reduction in the scale of hospital-based services, or potentially disruptive changes to the responsibilities of individual organisations.
5. The existing terms of reference of the Board recognise that its central task is to support the transformation of services. Over the next few years, this task is likely to become much more demanding. Some specific changes to the manner of operation of the Board will support its changing role, including the addition to its terms of reference of a specific role in monitoring the new arrangements associated with the ACO, and clarification of the role of deputies attending meetings.

The role and manner of operation of the Health and Wellbeing Board

BACKGROUND

1. Introduction

- 1.1 The NHS *Five Year Forward View* published in 2014 set out in outline a programme for the transformation of NHS services to address both the unprecedented financial challenges facing the NHS and the shift in the balance of demand for healthcare away from “episodic” treatment of acute illness or injury towards ongoing support for people with complex long-term conditions.
- 1.2 Sustainability and Transformation Plans (STPs) were prepared during 2016 in each of 44 sub-regional areas, bringing together NHS commissioners and providers with the aim of developing an agreed plan for achieving the goals of the *Five Year Forward View*. The STP “footprint” to which Northumberland was allocated covered Northumberland, Tyne and Wear and North Durham.
- 1.3 Both strategic documents set out plans based on both changes to organisational arrangements to remove obstacles to the transformation of services and a programme of change including a shift away from hospital-based crisis services towards community-based and preventative services.
- 1.4 The proposed ACO in Northumberland implements one of the models for organisational change set out in the *Five Year Forward View*, and is intended to provide a framework for service and financial planning which will make it possible to redesign services and reduce the dependence on hospital care.
- 1.5 This programme of change is likely to be challenging. Hospital services are the most visible face of the NHS – particularly for people who do not require long-term support themselves, and are therefore unlikely to have significant contact with community health and social care services. Changes to these services are therefore frequently controversial, even where there is clear evidence that they will lead to better clinical outcomes or more person-centred care and treatment.
- 1.6 The planned ACO will also come into existence at a time when there are severe financial pressures on the local health and care system. In particular, NHS Northumberland Clinical Commissioning Group reported a deficit of £40m in 2016/17, and will need to achieve major changes to avoid a substantial deficit in the current year. In this context, it is likely that changes may have to be made at a faster pace than might otherwise have been necessary, and that there may be reduced scope for “double running”, with new and old services operating alongside each other for a transitional period.
- 1.7 If the Board is to carry out its functions effectively, it will need to address explicitly the challenges which face the system. This means in particular:
 - a) Developing and working to build public support for an updated Joint Health and Wellbeing Strategy which directly acknowledges the difficult decisions that may need to be taken.
 - b) Providing a forum in which issues about the challenges facing individual organisations as a result of transformation, including transfers of risk between

organisations, can be frankly discussed.

- 1.8 The Board is invited to discuss both the general implications of these issues for its manner of working and specific changes to its own operations which would assist with this.

2. Changes to the operation of the Board

- 2.1 The current terms of reference and membership of the Board have been reviewed in the light of these issues. Some relatively small changes are proposed.

- 2.2 The existing terms of reference of the Board already reflect appropriately its responsibility for the transformation of health and social care services and the promotion of integrated working. When the new NHS arrangements in Northumberland are put in place, it is suggested that the following additional item should be added to the terms of reference:

To oversee the effectiveness and the impacts on the wider system of health and care related services serving Northumberland of the Accountable Care Organisation, the joint strategic commissioning function hosted by the Council, and any other joint arrangements established to provide or commission health and care services for Northumberland.

- 2.3 The membership of the Board will need some revision for three reasons:
 - a) As the Board's agenda develops to include a wider range of potentially controversial issues, it will be desirable to have greater clarity about which members would be entitled to vote on any issue where a consensus cannot be achieved. (However the primary function of the Board will be to seek to develop consensus across the system, so it is not expected that votes will frequently take place.)
 - b) Related to this, it would be desirable to have a clear position about the right of member organisations to send named deputies when their principal representative is unavailable.
 - c) The membership should in future include explicit representation of the planned ACO and joint strategic commissioning function.
- 2.4 It is proposed to bring forward specific changes to the membership of the Board when the timing and final details of the implementation of the new arrangements have been confirmed.

BACKGROUND PAPERS

There are no background documents for this report within the meaning of the Local Government (Access to Information) Act 1985.

IMPLICATIONS ARISING OUT OF THE REPORT

Policy	National policy on health and social care is likely to continue to evolve, but the two key drivers of transformation are not likely to disappear: growth in demand which has to be met within limited resources, and the mismatch between current funding and service models, focused on crisis response, and the needs of people with long-term complex conditions. These are at the centre of the <i>Five Year Forward View</i> , setting out national NHS strategy, and the Sustainability and Transformation Plan for Northumberland, Tyne and Wear and North Durham.
Finance and value for money	Current NHS arrangements in Northumberland are financially unsustainable, and the transformation programme will need to address this.
Legal	The changes in the role of the Board are consistent with its statutory functions.
Procurement	The role of the Board is strategic; it is not expected to become involved in procurement issues.
Human Resources	HR issues arising from the transformation programme will be the responsibility of individual organisations.
Property	The transformation programme is likely to affect the nature and location of the premises needed to support the delivery of health and care services, and is likely to lead to increasing co-location of community health and social care services.
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Equality issues will need to be considered at every stage of the development of transformation plans.
Risk Assessment	Specific elements of the transformation programme will be risk assessed as necessary by the organisations responsible.
Crime & Disorder	The safeguarding of adults with care and support needs from abuse and neglect will need to be considered at all stages as the transformation programme develops.
Customer Considerations	The transformation programme will need to include extensive public engagement.

Carbon reduction	Carbon reduction implications will need to be considered as specific elements of the transformation programme are developed.
Wards	All

Report sign off.

Authors must ensure that relevant officers and members have agreed the content of the report.

Finance Officer	N/A
Monitoring Officer/Legal	N/A
Human Resources	N/A
Procurement	N/A
I.T.	N/A
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