



NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

Governance Review

26th November 2014

1. Purpose

1.1 Board members agreed that a governance review of the North Yorkshire Health and Wellbeing Board (NYHWB) should be commenced on the 9th May 2014 and that the timeframe for this should be extended to ensure partners had a full opportunity to contribute to the review.

1.2 This paper updates the Board on progress reviewing governance arrangements and asks the Board to consider two sets of recommendations related to the NYHWB and the Integrated Commissioning Board (ICB) for approval or further development.

2. Background

2.1 The North Yorkshire Health and Wellbeing Board was established in shadow form in April 2012 and fully established from April 2013, as a formally constituted committee of North Yorkshire County Council.

2.2 The Board agreed a Joint Health and Wellbeing Strategy (JHWS) in November 2012 which sets out a number of priority areas underpinned by needs identified within the Joint Strategic Needs Assessment (JSNA). The NYHWB is currently leading a refresh of both these strategies.

2.3 The ICB has been meeting since May 2013 and its terms of reference were agreed in June 2013. Subsequent meetings have agreed to amend both membership and remit of the ICB, with various sub-groups and principles formed and agreed along the way. Providers have attended meetings since January 2014 and NHS England since May 2014.

2.4 ICB is designated through the terms of reference as an informal working group of the NYHWB. While in many instances it retains oversight of work that is also of interest to the NYHWB e.g. Better Care Fund, the relationship between the two Boards is not currently well defined by priorities in the JHWS. Health and Wellbeing Board members are not always well sighted on the work of ICB and this has led to some confusion from members of both Boards about purpose and scope.

3. Process to Inform Review

3.1 The governance review looked at a number of areas with an emphasis on: purpose, format and membership, assurance and relationships between key groups, in particular the NYHWB and the ICB.

- 3.2 Two workshops have been held in July and September 2014 with ICB members, District Councils, CCGs and County Council officers, and a number of discussions have taken place at ICB
- 3.3 The Local Government Association has recently produced an assessment and development framework which HWBs are being encouraged to use to understand their strengths and areas for development and this has been considered as part of the review.
- 3.4 There has been a desk top review of other HWBs, both county and unitary. This has examined the characteristics of a range of models to understand if these have a differential impact improving health and social care outcomes when compared with the North Yorkshire model.
- 3.5 The Chairman and Vice Chairman of the NYHWP have been consulted throughout and have steered the review on behalf of NYHWP.

4. Governance Review Key Findings NYHWP

- 4.1 While there is evidence that member organisations of the NYHWP have reflected the existing JHWS priorities in their planning arrangements, there was consistent feedback that having fewer priorities would support the NYHWP implement a more clearly defined programme of work. This would align with the refresh of both the JSNA and the JHWS and bring a renewed energy and focus to the partnership.
- 4.2 It was also clear from feedback that an agreed set of priorities should be supported by clear delivery plans that utilise resources across the health and care system at county, district and CCG level. Each priority should have a lead sponsor in place that is responsible for reporting progress to the NYHWP thereby strengthening the assurance role of the board.
- 4.3 While it's been useful to examine how other HWBs do business and who their members are, to some degree this is of limited value as none describe how a particular model has had a differential impact. The NYHWP has recently been commended for the inclusive approach it takes to membership by the Secretary of State for Health with particular reference to the inclusion of providers. In the circumstances there is no proposed change to the current membership of the NYHWP.
- 4.4 Relationships between the NYHWP and other key groups and boards could be better defined. See proposal attached at annexe 1.
- 4.5 The Local Government Association 'Making an impact through good governance' published in September 2014 provides a practical guide to support HWBs in their system leadership of health and social care by sharing case studies that showcase different approaches. The NYHWP may want to consider using the learning from this document to support a programme of board development.

5. Governance Review Key Findings ICB

- 5.1 The ICB work programme combines commissioning and delivery. Its forward plan is not always clearly aligned to JHWS priorities or the business of the NYHWP. Consultation with partners indicated the ICB should focus on being the delivery arm of the NYHWP and should be re launched as the North Yorkshire Delivery Board (NYDB) accountable to the NYHWP.
- 5.2 It has a wide membership but this could be enhanced by including representation from district councils, the police, adult social care providers and the voluntary sector. Each of these organisations has a key role to play in the design and delivery of health and social care services.
- 5.3 Commissioners need some space to develop strategic commissioning intentions that support delivery of priorities in the JHWS and then to test and develop these with providers. This should be separate from the ICB.
- 5.4 Providers want to develop a provider forum that enables the inclusion of more health and social care providers to influence and support commissioners with good information and intelligence about patient and public expectations and needs.

6. Recommendations

6.1 Members of the Board are asked to consider the following proposals in relation to the NYHWP to decide if they are sufficiently developed to approve today.

- 6.1.1 That the NYHWP will hold four public meetings in 2015 as agreed in the terms of reference. In addition it is suggested that there should be two informal development workshops. These could be focussed on how board members work together to maximise system leadership opportunities or to explore in more depth complex issues that impact upon the North Yorkshire health and care system.
- 6.1.2 The NYHWP will hold the ring on progress developing the refreshed JHWS but will delegate the responsibility for delivery plans to the NYDB.
- 6.1.3 There will be other pieces of work that the NYHWP may be required to give a view on or coordinate activity around e.g. system resilience, Winterbourne, but these should only be adopted where other mechanisms for assurance are not in place or where the NYHWP is required as system leader to have oversight.
- 6.1.4 The NYHWP should consider rotating meetings at different locations, including County Hall, to increase the Boards visibility across the county.

6.2 Members of the Board are asked to consider and agree the following proposals in relation to ICB

- 6.2.1 The North Yorkshire Delivery Board (NYDB) is established to manage the delivery of the NYHWB priorities as set out in the refreshed JHWS.
- 6.2.2 The NYDB to meet quarterly and should include representation from existing ICB members and additionally the Independent Care Group, District Council, VCS and Police.
- 6.2.3 The NYDB may delegate work to task groups as needed but there should be a lead sponsor in place for each priority area identified in the JHWS and this should be shared across organisations to build ownership of joint business and balance capacity. The sponsor will have responsibility for ensuring progress reports are available to the NYHWB in line with a forward plan.
- 6.2.4 A bi-monthly commissioner forum should be established to enable the development of system wide strategic commissioning and alignment of local and county commissioning plans.
- 6.2.5 Membership of the commissioner forum to include five CCG Chief Officers, Corporate Director Children's Services and Corporate Director Health and Adult Services. Other senior officers to attend as required.
- 6.2.6 A provider forum to be established that is able to share intelligence and reality check key ideas to inform system redesign.

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