CCG Lay Members, Non-Executive Directors and STP Governance and Engagement

Report from network events organised by NHS England and NHS Clinical Commissioners in February 2017

1. Introduction

This briefing brings together ideas from four workshops organised in February 2017 for lay members on clinical commissioning group (CCG) governing bodies and non-executive directors (NEDs) from NHS Trusts. The events focused on governance and engagement in the Sustainability and Transformation Plans (STPs) process.

STPs offer an important opportunity for improving health and social care services in England. Making STPs work in practice will require leaders across the health and care system to work together in highly collaborative ways to deliver the changes set out in Next Steps on the Five Year Forward View. The workshops explored how lay members and NEDs could influence, shape and assure STPs across the system, including the potential to work more closely with local authority scrutiny members.

Discussions at the workshops focused on the positive contributions lay members and non-executive directors could make to the STP process and there was an opportunity to consider good practice examples of lay member engagement and participation.

Delegates recognised the scale of the challenges and barriers involved in the STP process, but shared positive discussions around the potential for the plans.

2. The role of CCG lay members and non-executive directors

Clinical Commissioning Groups are required to have a governing body responsible for assuring that the CCG exercises its functions effectively, efficiently and economically.

NHS England recommends that CCG Governing Bodies have at least three lay members, including:
•   One who has qualifications, expertise or experience in finance and audit and chairs the audit committee.
•   One who has knowledge about the CCG's local area to express informed views about how the CCG is performing its functions. This person will help to ensure that, in all aspects of the CCG's business, the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG.

NHS Trusts, including Foundation Trusts (FTs), have boards of directors, including executive directors, a non-executive chair and a number of (generally between five and seven) non-executive directors. All members of these unitary boards are collectively responsible for formulating the strategy for their organisation, ensuring accountability and

shaping a healthy organisational culture.[1]The specific contribution non-executive directors make to this agenda is to:

- bring independent external perspectives, skills, and challenge to the work of the board
- hold the executive to account through purposeful, constructive scrutiny and challenge
- chair or participate as member of key committees that support accountability within the organisation
- account individually and collectively for the effectiveness of the board
- actively lead, support and promote a healthy culture for the organisation and reflect it in their own behaviour so that staff believe they provide a safe point of access to the board for raising concerns.
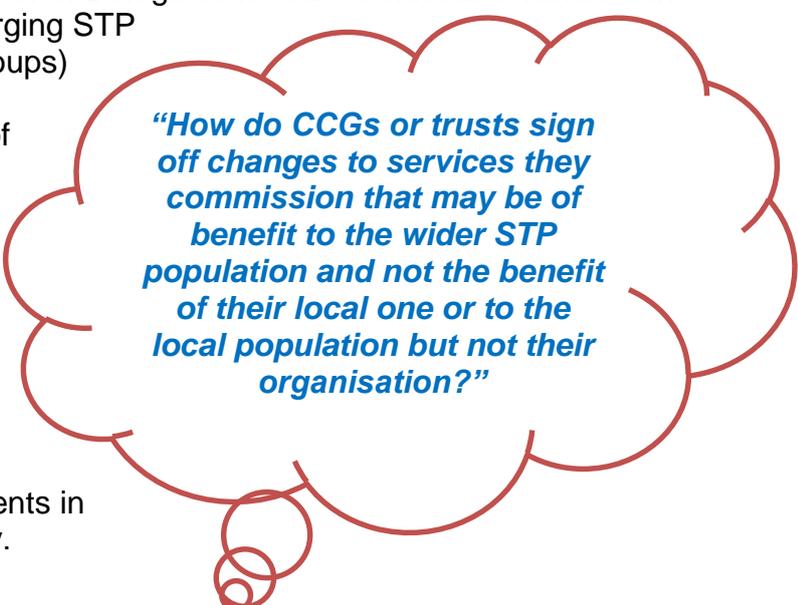
The roles of CCG lay members and trust non-executive directors differ in some respects but they share an important role in bringing independent, external and constructive challenge and assurance to the governing bodies or boards of their institution.

3. What challenges did lay members and non-executives identify relating to governance and public involvement in STPs?

3.1 Governance and accountability

There were concerns about how far the lay member and non-executive role was being recognised in the emerging governance of STPs. Delegates noted considerable variance in inclusion of the non-executive voice in emerging STP governance structures (such as steering groups) and joint committees. This raised questions about the accountability and transparency of decision-making.

"How do CCGs or trusts sign off changes to services they commission that may be of benefit to the wider STP population and not the benefit of their local one or to the local population but not their organisation?"

The role of local authorities in STPs was consistently raised as a concern. Barriers mentioned included different accountabilities, lack of a shared language and financial pressures. CCG lay members have concerns about the demands made on them by governance processes generally and by STP developments in particular imposing another 'layer' of activity.

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[1] The Healthy NHS Board 2013, Principles for Good Governance, NHS Leadership Academy

3.2 Relationships

Lay members and non-executives described the challenges faced by STPs working across large geographical areas. The experience was of unwieldy structures not always well lined up with local authority boundaries. In some STP areas, working relationships were being created where they had not previously existed, while in others the STP process was seen by CCG lay members as an opportunity to get a better sense of shared purpose between acute trusts and CCGs. They noted the need for more alignment in messages and approaches between NHS England and NHS Improvement.

3.3 Finance

Financial accountability and pressures were raised as one of the barriers to cross-system working, although it was noted that financial pressures could also be an incentive for partners to work together across the STP 'footprint'. There were many questions about where the investment to transform would come from and how the shift from acute into the community can take place without this investment.

Delegates were concerned about the financial challenges and risks attached to delivery of STPs. Different partners had very different starting financial points creating potential dilemmas for non-executives with accountabilities relating to their individual organisations' financial health and the interests of the population they serve. There was a request for transparency between organisations in relation to the resources being invested in STPs.

In relation to the purpose of STPs some delegates felt that the increasing focus on finance and closing the efficiency gap made it harder to broaden the scope of planning to system transformation and new models of care. Whilst many could see the benefit of the underpinning local plans there were questions about the benefit of planning at wider STP level.

3.4 Engagement and communication

Various barriers to engagement were discussed including the challenges of 'making it real' where plans lack detail, may be expressed in 'NHS management speak' or lack a clear compelling narrative. STPs' lack of resource in relation to engagement and communication was also highlighted. Some delegates mentioned the challenges of balancing engagement on positive change with the need to involve people and communities in often contentious service change.

3.5 Time commitment

There were concerns about the additional time required of lay members and NEDs when engaging with wider partnerships such as STPs, particularly in addition to existing commitments. Participants understood the opportunities presented by being involved in these new arrangements and the benefits that they could bring but were keen to explore and share how this could be balanced with their core roles.

4. Promising practice in connecting to health scrutiny and engaging lay members and non-executive directors in STPs

Throughout the events a number of examples of emerging promising practice were identified.

4.1 Proactive lay member assurance across STP areas

CCG PPI lay members are working closely together across the West Yorkshire and Harrogate STP area. Following an initial meeting with the STP senior management about the concerns and possible solutions, a jointly agreed approach that involved all 11 CCGs gained strong support. The lay members' group has bimonthly meetings with the senior STP team, including engagement and communications, and through this approach members are closely involved in the plans for patient and public involvement for each of the STP's nine work streams. This enables lay members to share the collective experiences on assurance with their individual governing bodies.

"The STP Management Team have encouraged and are actively supporting the collective interest of the 11 CCG PPI lay members in establishing authentic patient and public involvement in each of the nine STP workstreams"

Graham Prestwich, PPI lay member (NHS Leeds North CCG)

Lay members are establishing a simple process for assurance including how to support and encourage innovation, how to best ensure that authentic patient and public involvement informs clinical and managerial decisions and achieving a sustainable patient-centred NHS. Copies of the Terms of Reference and assurance process will be available on the West Yorkshire and Harrogate STP website.

4.2 STPs involving lay members and non-executives systematically in governance

"Lay members on boards carry a heavy responsibility to ensure the system transformational change is achievable within budgets, supportive of patient needs through appropriately designed care pathways and delivered by a well-resourced and trained workforce, by being appropriately equipped to challenge . They need an understanding of how "the system" is developing to support their host organisation to embrace change in a planned way."

Tansi Harper, PPI lay member, NHS Corby

Northamptonshire STP has a lay scrutiny group as part of its governance which supports chief executives and senior responsible officers to deliver the overall programme in particular in tackling cross organisational issues, risks and interdependencies. Its role is to provide strategic scrutiny and assurance of the STP programme particularly relating to public and patient engagement but not limited to that area. The group reports by exception to the participating governing bodies any risks, issues and exceptions related to the programme and ensures the STP is

working to principles agreed in its Memorandum of Understanding.

Similarly, Surrey Heartlands STP has an all-partner lay governance group including CCG lay members and trust non-executives which advises and oversees the STP's decision-making process.

## 4.3 Partnership working with health scrutiny

In Cornwall the Health and Adult Social Care Overview and Scrutiny Committee considered the emerging STP three times before publication and held an informal meeting with NHS Kernow to begin sharing information. Connections have been made between the local authorities' cabinets, Health and Wellbeing Boards, NHS England and the boards of the CCG and the provider trust in relation to the developing plans for devolution, integration of health and social care and the overall STP.

Kate Kenally, chief executive of Cornwall Council, commented that 'The chance to develop a single plan which is owned by the different health organisations and the Council through the STP is a significant opportunity for us to make a fundamental step change in progressing this agenda [integration of health and social care]. Last October we were concerned that NHS partners were responding more to a national set of priorities through their engagement in the STP process rather than taking a Cornwall first approach as envisaged by the Member-approved Devolution Deal. Our intervention has resulted in some positive changes and discussions with all parties recognising the need to work better together.

As part of this process of achieving a greater mutual understanding, a mediation session was held on the 5 December involving the chief officers of the four main partner organisations: Royal Cornwall Hospitals Trust, Cornwall Partnership Trust, Kernow CCG and the Council which led to the publication of a joint statement setting out the principles for how we are going to collaborate, aiming to put Cornwall and the best interests of its residents before competing interests of any individual organisation.'

4.4 CCG lay members supporting STPs to engage with communities

In many areas CCG lay members for PPI have been involved in developing STP engagement strategies including sitting on engagement reference and planning groups. They have supported public meetings and presentations on STPs and advised on using existing networks and channels not only to brief the public and patients but also to draw them into developing priorities and designing implementation.
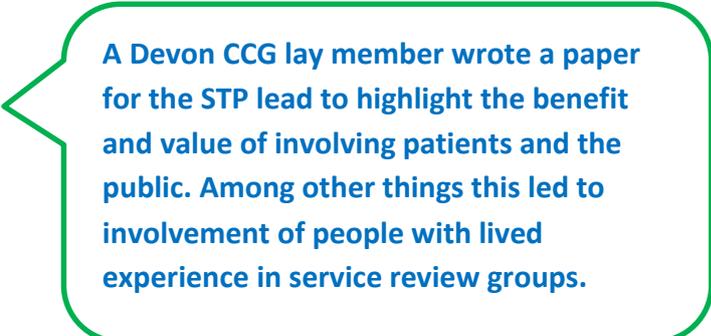
> A Devon CCG lay member wrote a paper for the STP lead to highlight the benefit and value of involving patients and the public. Among other things this led to involvement of people with lived experience in service review groups.

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> **In Sussex STP a lay member talked about the STP at a local health forum, being open about what is not yet known and able to take back people's concerns and priorities for change.**

5. Useful actions to support the role of CCG lay members and non-executive directors in the STP process

There are a number of actions identified during the workshops for lay members and non-executive directors, STP leads, national bodies, the NHS England PPI network and NHS Clinical Commissioners Lay Members Networks. This would enable the spreading and sharing of best practice and enable STPs to make the most of work that is already happening.

5.1 Actions recommended for lay members and non-executive directors

- ✓ Pro-actively establish networking opportunities with other lay members and non-executives at STP area level.
- ✓ Establish and maintain pro-active relationships with STP leaders and identify how lay members and non-executives can contribute to the ongoing development and implementation of STP arrangements.
- ✓ Pro-actively seek to set up an audit chairs group for the STP and develop assurance mechanisms and a joint audit process.
- ✓ Develop relationships with a wider group of stakeholders, including local Healthwatch, Foundation Trust Governors, the voluntary, community and social enterprise sector (VCSE) and local authority scrutiny representatives.
- ✓ Ensure that the value of lay member and non-executive contributions in terms of both audit and governance and patient and public involvement are clearly recognised within emerging STP structures and work streams.
- ✓ Offer expertise in terms of audit, scrutiny and patient and public engagement to the STP process, seeking opportunities to get involved and proactively engage with the STP leadership.
- ✓ Continue to identify and share examples of current and developing good practice which can be shared more widely with other lay members, non-executives and STP leaders.

5.2 Actions recommended for STP leads

- ✓ Support the development and operation of lay member networks within their STP area (potentially also including non-executive directors and scrutiny members from local authorities).
- ✓ Ensure they understand the legal frameworks relating to joint committee arrangements and have considered how this will incorporate lay perspectives.
- ✓ Draw on the networks and expertise of CCG lay members for PPI and Foundation Trust Governors to strengthen their approaches to public engagement.

✓ Proactively support and promote the involvement of lay members and NEDs in STPs.

5.3 Actions recommended for NHS England and NHS Improvement

✓ Support briefings and networking events for lay members and NEDs. Ensure that support for lay members and NEDs is co-ordinated and well aligned, including working with the NHS Clinical Commissioners Lay Members Network.
✓ Fully utilise current communication channels to lay members and non-executives to ensure up to date information about the STP process is disseminated throughout the lay member and NED community. This includes making formal links between the national teams and the regional lay member networks, and making best use of bulletins, briefings and the NHS England website.
✓ Work with the Centre for Public Scrutiny to support relationships with health overview and scrutiny.
✓ Develop more joined up working and resources between NHS England, NHS Improvement and other arms-length bodies.
✓ Ensure consistent key messages on lay member involvement in audit and governance.
✓ Consider a central online resource showcasing examples of national good practice.
✓ Consider the governance and engagement issues relating to the development of accountable care systems.
✓ Take a coordinated approach to embedding the role of lay members and NEDs in sustainability and transformation partnerships.
✓ Tailor training opportunities for lay members to ensure they include current information about emerging commissioning arrangements, including STPs and accountable care systems.

6. Next steps

The discussions at the regional workshops clearly indicated the enthusiasm of lay members and non-executives to play their full part in STPs and help drive forward transformation in their respective systems by providing oversight and constructive challenge that would allow the executive to reach well-considered decisions. At the same time lay members and non-executives identified that STPs lacked resources. Lay members and NEDs were willing to contribute their skills and experience in areas such as cultural change, transformation and strategic planning, as well as operational delivery.

STPs are not statutory organisations and whilst within that context lay members and non-executives have no clear statutory role, the skills and expertise that they can bring to process to achieve good governance and accountability will be critical to ensuring that STPs are a success.

It is recognised that every STP is different in size and structure and it is therefore important to adapt the approach and stay flexible.

In addition to these recommendations, a number of priority activities have been identified by the NHS England PPI Lay Members Network and the NHS Clinical Commissioners Lay Members Network who will continue to work on them. These are:

- ✓ NHS Clinical Commissioners and NHS England will continue to support existing communication channels to lay members and will use these to spread best practice, updates and intelligence across lay members, as well as collating feedback and insight.
- ✓ The NHSCC Lay Member Network can offer networking opportunities at events, seminars and webinars to help facilitate sharing of best practice, peer to peer learning and make formal links with NHS England and NHS Improvement colleagues to inform and shape national policy.
- ✓ Undertake further work with NHS Improvement to identify how communication and engagement with non-executive directors and lay members can be better aligned and further opportunities for shared learning and training can be developed.
- ✓ Organise and promote further events later in the year to review progress, share further examples of current and emerging good practice and to begin to measure the impact of lay member and non-executive contributions to the STP process.
- ✓ Continue to share relevant and up to date information around the development of the STP process via existing communication mechanisms.

7. Looking for more information?

A number of briefings exist which support lay members and non-executives to operate effectively in the changing health and social care landscape.

For general information on STPs which is regularly updated visit

https://www.england.nhs.uk/stps/

STP checklist for governance and engagement, NHS Clinical Commissioners

Emerging approaches – developing STP governance arrangements, HFMA

Engaging local people: A guide for local areas developing STPs, NHS England

Six principles for engaging people and communities: People and Communities Board with National Voices

8. Support for lay members and non-executive directors

There are a number of networks of support for lay members and non-executive directors. Information about how to get involved with these networks is as follows:

- ✓ **NHS England PPI lay members network** – the network supports CCG PPI lay members in their role and to access training and development resources through the online involvement hub. Monthly newsletters provide updates on NHS policy developments, opportunities to participate, dates and information about key events and upcoming opportunities, If you are a CCG PPI lay member and would like to join this network please email england.ppilaymembers@nhs.net

- ✓ **NHS Clinical Commissioners Lay Members Network –** The NHSCC lay members network provides a unique opportunity for CCG lay members to share the experiences and challenges of their crucial role on CCG governing bodies. It also allows members to develop as individuals by forming groups for specialist interests or specific responsibilities; to share learning and innovative approaches; and to support each other on operational issues of commissioning. For further information about the NHSCC Lay Members network, contact b.mackay@nhscc.org or office@nhscc.org.

- ✓ **NHS England CCG Audit and Finance Chairs Network –** The network was originally set up in early 2014 to bring together the Chairs of CCG Audit Committees to discuss governance and finance issues affecting CCGs and to share learning. It also provides an opportunity for lay members to raise issues with the national team. Four events are held each year which have been open to attendees from across England. The events have been split so that two are held mid to late October and two in February. In 2018 the February events move to April/ May. The network is for lay members who chair their Audit Committee and those who have governance or finance responsibility. There is a generic mailbox which is the key means of communication with the network. The address is ENGLAND.auditchairs@nhs.net. This mailbox is used to share information but also to notify people of the events.