

Supporting change in your NHS

The non-executive community in transformational change

The move to integrated care following the Five Year Forward View is in progress. However, there is no blueprint and it is therefore up to leaders in each system to develop solutions that are right for their citizens. Clinical commissioning groups' (CCGs) lay members and non-executive directors (NEDs) have a critical role in ensuring that the focus remains on patients and that appropriate quality of care and value for money is delivered by organisations in a sustainable way.

Non-executive leaders took a decisive step forward in looking at the future role of the lay member and NED in the NHS at events hosted by NHS England in collaboration with NHS Improvement and NHS Clinical Commissioners (NHSCC), held in Leeds on 20 September and London on 9 October 2017. They brought together more than 200 lay members and NEDs to discuss how they can contribute to the integration and transformation of their local health communities.

PERSPECTIVES ON THE LAY MEMBER AND NED ROLE

- Lay members and NEDs form an essential part of their organisations' governance arrangements and, as board members, are accountable for its performance and fulfilment of its legal duties (s242 for NHS trusts and foundation trusts and 14z2 for CCGs as noted in the National Health Service Act 2006, as amended by the Health and Social Care Act 2012). The role is challenging and requires a high level of expertise, leadership skills, sound judgement and strategic thinking.
- With the move to accountable care systems (ACSs), both the role of lay members and NEDs will be changing.
- Lay members and NEDs have an important role in leading strategic change in local health economies. To harness this potential, boards and governing bodies need to ensure they have people with the right skills and an understanding of local system transformation around the board table. To do this, the lay member and NED community needs to be developed and engaged in this agenda more effectively.
- By virtue of their role, CCG lay members are more used to working in a wider health system than many provider NEDs who historically have tended to have a more organisational focus.
- As a group, lay members and NEDs represent a wide range of health organisations, including CCGs, primary care, community trusts, hospital trusts, mental health trusts and ambulance services; collectively they have a wide view of local systems and the potential for transformation.
- A key role for lay members and NEDs is to provide challenge to their organisations and the system as a whole, to ensure that they provide value for money and act in the interests of the public, involving them in planning and decisions made about their healthcare (s242 and 14z2, Health and Social Care Act 2012). There are some challenges:
 - how they hold their organisations to account for plans that have been developed without boards being directly involved (although some individual executive board members will have been) that have been agreed elsewhere in the system
 - the tension between individual organisational accountability and system sustainability; lay members and NEDs will need to navigate this carefully
 - relationship building and mutual respect and trust between people and organisations which will be fundamental to achieving this.
- Lay members and NEDs are the independent voice around the board table, providing an external perspective on behalf of patients, the public and the tax payer.
- Individuals vary in their confidence to act as change leaders; some would welcome peer support and others would be able to provide it.
- All would like to see joint lay member and NED peer support networks established locally to help develop skills, share learning, strengthen voice and drive change.

INSIGHTS SHARED BY LAY MEMBERS AND NEDS ON CURRENT SYSTEM CHANGE

- NED and lay member involvement in strategic transformation has improved since February 2017, although it still varies in depth of involvement across the country.
- Where sustainability and transformation partnerships (STPs) and ACSs do have non-executive or lay representation, there are only a few examples across the country of lay members and NEDs being actively involved in leadership conversations. The majority of these arrangements, however, were either informal or restricted to non-executive chairs of provider organisations.
- Lay members and NEDs advised that information and understanding of local STP and ACS developments was not consistently shared and that formal reporting mechanisms to organisational boards is lacking. This means that as statutory board members individuals feel vulnerable and are therefore unable to play an effective leadership role in their local NHS.
- Lay member and NED representation at STP or ACS boards continues to vary across the country. This highlights some concern that there is limited lay scrutiny and challenge during the development of plans or the decision-making process
- Similar to the full engagement of lay members and NEDs, it is felt that in most local government plays a pivotal role in STPs and should therefore be brought into the discussions.

NEXT STEPS

Lay members and NEDs identified some next steps for themselves and for health and care organisations.

Actions for lay members and NEDs

- Lay members and NEDs confirmed a willingness to develop local joint lay member and NED networks in order to build a strong local non-executive voice providing mutual support and understanding, as well as contributing to the integration of their own systems.
- Lay members and NEDs, through existing national networks, will work on supporting mechanisms such as frameworks and events and provide a link to national key decision-makers.

Actions for STP leaders

- Lay members and NEDs ask STP and ACS leaders to review their governance arrangements to ensure they include appropriate lay and NED involvement at the strategic level now and in the future.
- STP and ACS leaders are asked to support the development of local networks of lay members and NEDs and to provide enabling resources.
- STP and ACS leaders are asked to encourage CCGs and NHS trusts to create meaningful opportunities for increased involvement from lay member and NED representatives and to support increased co-working between organisations from a non-executive perspective. A suggestion to address this from lay members and NEDs is through co-chairing arrangements or targeted recruitment of non-executives into lay member positions and vice versa.

Actions for NHS England, NHS Improvement and NHS Clinical Commissioners

- To work together, using their national network of lay members and NEDs, to provide initiatives and a framework to support the creation of local networks for both lay members and provider NEDs.
- To work together to continue the conversation amongst the national lay member and NED community through on-going webinars, events, information and other resources.
- To actively seek examples of good practice in transformation and STP and ACS governance and share these with lay member and NED networks.
- To develop clear guidance on how organisations may be able to navigate governance arrangements for STPs and ACSs without a legal framework.

SUPPORT FOR LAY MEMBERS AND NON-EXECUTIVE DIRECTORS

- **NHS England Lay Members Network**
www.ppilaymembers.wordpress.com
Email ppilaymembers@nhs.net
- **NHS England Patient and Public Participation**
www.england.nhs.uk/participation
Email england.engagement@nhs.net
- **NHS Clinical Commissioners Lay Members Network**
www.nhscc.org/networks/lay-members-network
Email office@nhscc.org
- **NHS England CCG Audit and Finance Chairs Network**
Email auditchairs@nhs.net
- **NHS Improvement NEDs development**
www.improvement.nhs.uk/resources/non-executive-appointments
Email keely.howard1@nhs.net