

HAMPSHIRE AND ISLE OF WIGHT HEALTH AND CARE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

PROPOSAL TO ESTABLISH A HAMPSHIRE AND THE ISLE OF WIGHT HEALTH AND WELLBEING ALLIANCE

1. PURPOSE OF PAPER

This paper and associated annexes are intended to support the development of a shared local authority and NHS 'strategy and oversight' capability for the collective programme of sustaining and transforming health and care across Hampshire and the Isle of Wight. The proposed arrangements would have a clear remit and scope for shaping and overseeing the delivery of the Hampshire and Isle of Wight Sustainability and Transformation partnership [STP].

2. SHARED LOCAL AUTHORITY – NHS OVERSIGHT ARRANGEMENT

In 2015/16 local authority and health partners across Hampshire and the Isle of Wight jointly commissioned SCIE-PPL to explore how all parties could collaborate to tackle the common challenges faced by health and care at a scale of Hampshire and the Isle of Wight. Building on the recommendations of the SCIE-PPL 'HIOW Future Health and Care Economy' report, and version 6 of the discussion paper 'Developing governance arrangements for the STP', annex one sets out draft outline Terms of Reference for a collective meeting of the four statutory Health and Wellbeing Boards within the Hampshire and Isle of Wight area. For the purposes of this paper, the proposed group is referred to as 'the Alliance'.

Priority areas of focus

Whilst the focus and working arrangements of the Alliance will be determined at the inaugural meeting, the local authority / health executive have identified the following potential areas of focus for 2017/18:

- build a collective understanding and ownership of the strategic 'case for change' and review and approve the STP Annual Delivery Plan
- support the development of a Hampshire and Isle of Wight system capacity and demand model for health and care
- take an overview and shape the transformation programme for those clinical services deemed to be best planned and delivered at the scale of Hampshire and the Isle of Wight, notably the future of critical treatment services for people with physical and mental health care needs
- shape the health and care workforce education and training priorities for Hampshire and the Isle of Wight, ensuring action is taken to tackle the areas of greatest challenge

- have oversight and shape the strategic digital and customer insight transformation programme for health and care in Hampshire and the Isle of Wight
- shape the evolving commissioning and delivery arrangements across Hampshire and the Isle of Wight.

3. CONSTITUTIONAL STATUS

At this stage it is envisioned that the Alliance would be constituted as a meeting 'in common' between the four Health and Wellbeing Boards. The SCIE-PPL project identified the opportunity and the benefits of the Alliance to be established as a formal joint sub-committee under legislation governing Health and Wellbeing Boards. However, in discussion with the four local authorities this approach is considered, at this stage, to be premature.

Limitations on role and function

It is recognised by all parties that the existing formal and statutory arrangements for local authority and NHS governance of local services remain the primary source of decision making and budget allocation, in accordance with the STP framework. However, it is proposed that the Alliance would provide a forum for statutory local authority and NHS bodies to ensure coherence and capacity to deliver on issues and targets which apply to the wider Hampshire and Isle of Wight area.

The Alliance would not be able to take legally binding decisions on health matters, nor would the Alliance be able to act as an Accountable Body because it would not be a legal entity in its own right, nor would it have constituted powers to manage health budgets. The Alliance could not provide audit and assurance for financial and contractual decisions relating to the STP or any other form of pooled funding.

4. MEMBERSHIP

The STP governance discussion paper proposed eight board members. In the interest of efficient and effective working, and in light of existing, robust local arrangements, this paper further supports the view that membership of the Alliance should be kept tight and proposes that the membership should comprise of ten people:

- four upper tier local authorities Health and Wellbeing Chairs
- five representatives from CCGs (one representative from IOW CCG, Southampton City CCG, Portsmouth CCGs and two from Hampshire representing the South West and North and Mid Hampshire local system perspective). Whilst it is envisaged that CCG Chairs will be in attendance, it may be that a decision is taken to have a lay or non-executive member represent the NHS at the Alliance meeting.
- STP Independent chair attends the Alliance meeting.

In attendance would be the Hampshire and Isle of Wight STP Senior Responsible Officer and the Alliance Secretariat. These arrangements would ensure a balance of local authority and NHS support in the first instance, which is bound to evolve as the Alliance develops. It is envisaged that as health and care commissioning and delivery arrangements evolve then this membership may similarly evolve.

The rules pertaining to political proportionality would not apply to the Alliance, but the working group could consider applying a rule to determine that a certain percentage of members are elected representatives.

Chairing arrangements should follow decisions about membership. Initially it is proposed that one of the Health and Wellbeing Board Chairs chair the inaugural meeting where the ongoing chairing arrangements will be agreed. The SCIE-PPL paper suggested that the Alliance may wish to consider the value of having an independent chair potentially for an initial period. This will be a decision, along with final agreement of the membership, will be made during the first meeting of the Alliance.

5. SUPPORT ARRANGEMENTS

It is proposed that the STP Programme Management Office provides support in the form of a secretariat, agenda management and venue support for the Alliance in its first 12 months of operation.

6. RELATIONSHIP WITH EXECUTIVE DELIVERY GROUP

Subject to a discussion and agreement at the first meeting of the Alliance, it is envisaged that the STP Executive Delivery Group [EDG] (which has responsibility for the planning and delivery of the sustainability and transformation programme) has a reporting / accounting line through to the Alliance with regards to the annual Delivery Plan, and on programmes of work agreed by the Alliance as being 'in scope'.

7. NEXT STEPS

Following agreement by the Hampshire and Isle of Wight Shadow Executive Delivery Board on Friday 23 June 2017, it is proposed that an inaugural meeting of the Alliance is held on 14th September 2017 under the initial Chairmanship of Cllr Dave Shields of Southampton Health and Wellbeing Board.

ANNEX ONE: DRAFT HAMPSHIRE AND ISLE OF WIGHT HEALTH AND CARE ALLIANCE TERMS OF REFERENCE

1. Status and name

1.1 The group is constituted as a meeting in common of the four Hampshire and Isle of Wight Health and Wellbeing Boards.

- Hampshire Health and Wellbeing Board
- Southampton Health and Wellbeing Board
- Portsmouth Health and Wellbeing Board
- Isle of Wight Health and Wellbeing Board

1.2 The working title of the group is the Hampshire and Isle of Wight Health and Care Alliance. This may be changed at any time. In these draft outline Terms of Reference, the group will be referenced as the Alliance.

2. The Hampshire and Isle of Wight Health and Care Alliance

2.1 Purpose

The Alliance is responsible for providing strategic oversight and shaping the collective programme of sustaining and transforming health and care across Hampshire and the Isle of Wight. In fulfilling this role, the Alliance will take on responsibility for aligning where, beneficial, health and wellbeing programmes where there is a mutual dependency across Hampshire, Southampton, Portsmouth and the Isle of Wight.

2.2 The Alliance's strategic operating principles

- Decisions will be made at the most appropriate level.
- CCGs and local authorities will retain their statutory functions and their existing accountabilities for current funding flows.
- Clear agreement will be in place between CCGs and local authorities to underpin governance arrangements.
- All partners to be enabled to shape the future of HIOW health and care together.
- Decisions on local health matters to be transparent and made with local democratic input.
- Decisions about health and care matters to be taken as soon as possible.

2.3 Geographic areas of operation

The Alliance covers the geographic areas covered by the administrative areas of:

- Hampshire County Council
- Southampton City Council
- Portsmouth City Council
- Isle of Wight Council

3. Composition

3.1 The Alliance includes within its membership ordinary membership with full voting rights:

- One elected Member who has been appointed Chair, and one representative of a Clinical Commissioning Group who has been appointed Vice Chair, for each of:
 - Southampton Health and Wellbeing Board
 - Portsmouth Health and Wellbeing Board
 - Isle of Wight Health and Wellbeing Board
- One elected Member who has been appointed Chair and two CCG representatives from the Hampshire Health and Wellbeing Board (one from SW Hampshire and one from North and Mid Hampshire delivery systems)
- STP Independent Chair

Total ordinary membership is ten.

3.2 The Alliance will endeavour to make decisions by unanimous consensus across partners.

3.3 As existing members of constituent Health and Wellbeing Boards, members of the Alliance already comply with respective authority codes of conduct which manage pecuniary and conflicts of interest. Some reports to respective authority Full Councils may need to grant dispensations to some members to enable the management of potential conflicts of interest.

4. Term of office

Each member of the Alliance shall continue to be a member for as long as they are a member of their respective Health and Wellbeing Board.

5. Chairing arrangement and quorum

5.1 The Alliance will appoint an elected Member to Chair the Alliance and a CCG representative as Vice Chair. The Chair and Vice Chair of the Alliance will be appointed by the Alliance for a term of one year each, to be renewed annually by constituent member organisations. It is suggested that the Chair and Vice Chair come from different organisations and are rotated on an annual basis.
OR

The Alliance will appoint an independent Chair. The Vice Chair shall be appointed from the Alliance.

5.2 In the event that neither Chair nor Vice-chair is present but the meeting is quorate, the voting members present at the meeting shall choose a chair from amongst their number for that meeting.

5.3 It is important that sufficient members are present at all meetings so that decisions can be made and business transacted. The quorum for the Alliance will comprise four ordinary voting members and must include at least one ordinary Health and Wellbeing Board Chair and one ordinary member representative of a CCG. If a meeting has fewer members than this figure it will be deemed inquorate –matters may be discussed but no decisions taken.

6. Appointment of substitute members

6.1 Allocation

As well as allocating seats on the Alliance, the Health and Wellbeing Boards will, at an appropriate meeting each year (according to each Council's procedures), appoint a designated Substitute Member for each member of the Alliance. CCG members will be ratified by constituent Councils as per existing statutory arrangements for Health and Wellbeing Board membership.

6.2 Powers and duties

Substitute Members will have all the powers and duties of any member of the Alliance but will not be able to exercise any special powers or duties exercisable by the person they are substituting.

6.3 Substitution

Substitute members may attend meetings in that capacity only:

- to take the place of the ordinary member for whom they are the designated substitute
- where the ordinary member will be absent for the whole of the meeting
- after notifying the Chair five working days before the meeting of the intended substitution.

7. Sub-Committees

The Alliance may appoint one or more sub-committees of the Alliance to advise the Alliance with respect to any matter relating to the discharge of its functions.

8. Role and function

The role of the Alliance will be:

- For the purpose of advancing the health and wellbeing of the people of Hampshire and the Isle of Wight.
- To ensure respective strategic plans are complementary and coherent
- To aid efficiency across the health and care system and create capacity
- Consider the impact on residents and communities of decisions being made.
- To encourage collaboration and integration with the four Health and Wellbeing Boards, patient advocacy groups and health and care providers.
- To enable a collective response, particularly to national or regional issues.
- Hold a strategic overview of the operation of, the challenges and opportunities within the health and care economy of Hampshire and the Isle of Wight, and across the four HIOW JSNAs and the four HIOW JHWSs.

9. Meetings

9.1 The Alliance shall meet quarterly.

9.2 Meetings shall be held in one place/rotation of location.

10. Status of Reports

Meetings of the Alliance shall be open to the press and public and the agenda, reports and minutes will be available for inspection at [whose?] offices and on the [whose?] website at least

five working days in advance of each meeting. This excludes items of business containing confidential information or information that is exempt from publication in accordance with Part 5A and Schedule 12A to the Local Government Act 1972 as amended.

11. Support to the Alliance

The Alliance may be allocated a level of support from one or more organisations sharing the following:

- Democratic or secretariat support, programme management, STP manager
- Legal advice
- Financial management advice