

Meeting of Governing Body

Date: Tuesday 4th December 2018

Time: 1.30pm

Location: The Vassall Centre, Gill Avenue, Downend, BS16 2QQ

Agenda number: 6.1

Report title: Continuing Healthcare Programme Board

Report Author: Lee Colwill

Report Sponsor: Anne Morris

1. Purpose

The purpose of the paper is to seek Governing Body approval of the Terms of Reference for the Bristol, North Somerset and South Gloucestershire (BNSSG) Continuing Healthcare (CHC) Programme Board.

2. Recommendations

The Governing Body is asked to approve the attached Terms of Reference and confirm the formal creation of the BNSSG CHC Programme Board as a joint officer working group.

3. Executive Summary

CHC Review

CHC was highlighted as an area that required detailed review as part of the CCG's merger process. The completed review examined current BNSSG approaches to adult CHC in order to provide a range of delivery options to inform future workforce requirements and ensure that BNSSG delivers a best practice CHC offer in line with the National Framework for Continuing Healthcare and Funded Nursing Care (2018).

The review report was presented to the CCG on 31 August 2018 and the recommendations presented to and agreed by Governing Body, which included establishing a CHC Programme Board to provide assurance around the delivery of CHC. The decision at that stage was for the Programme Board to act as a sub-group of Governing Body.

CHC Programme Board

The CHC Programme Board will facilitate a greater partnership approach to CHC delivery between BNSSG CCG, Bristol City Council, North Somerset Council, and South Gloucestershire Council. The Board will provide operational assurance and strategic oversight to the adult's and children's CHC programmes and report into Governing Body.

The Board will be joint-chaired by the Director of Nursing for BNSSG CCG and a Local Authority Director of Social Services on a rotational basis. The Local Authority co-chair will rotate on an annual basis between each of the three BNSSG Local Authorities.

Representation will be at a senior level across BNSSG CCG, the three Local Authorities and other relevant stakeholders including patient and carer representation.

Proposed Governance

Legal advice has been sought from Bevan Brittan around the governance of the CHC Programme Board, which is set out in full in section 5. A key decision for the CCG to make is whether the Board will have any formal delegated authority or decision making power.

The primary functions of the Board can be summarised as follows:

- Provide assurance on CHC operational performance, change management projects, risks and issues and financial status
- Provide strategic oversight regarding the vision and direction for CHC
- Oversee the BNSSG CHC Change Programme

In order to perform the above functions it is not necessary for the Board to act as a formal decision making body, which removes the requirement for significant further consideration around lines of accountability of Board members. In creating the Board as a as a joint officer working group, rather than a formal sub-group of Governing Body, the CCG can progress with initiating Board meetings at greater pace, whilst still delivering the primary functions.

The terms of reference have therefore been drafted with the Board operating as a joint officer working group, rather than a formal sub-group of the Governing Body.

4. Financial resource implications

Administration of the CHC Programme Board will sit with the CCG's CHC team. A vacant role has been identified from within the CHC team, which when recruited will provide the admin support to the Board and project support to the wider CHC Change Programme.

There are no financial implications as a result of establishing the Programme Board.

5. Legal implications

The Terms of reference have been reviewed by Bevan Brittan and advice has been included in full below.

Aims and Functions of the Board

If the Board is to be created as a sub-committee of the Governing Body, its remit needs to be entirely clear. For example, where does the Board fit in with the broad agenda of the organisations in terms of joint working? Does this relate to a long term project or more short term targeted support? Is there any clear intended outcomes?

Consideration could be given as to whether the relevant membership will be looking to develop protocols for joint assessments/MDT's and the DST process in general and whether a level of commitment in this regard is required from the LA. Will the Board consider wider issues such as protocols for agreeing joint packages of care if an individual is not eligible for CHC?

The Board could also adopt a wider remit and look to establish a joint working approach in relation to S117 discharges.

Governance Structure

The CCG needs to decide whether the Board will have any formal delegated authority or decision making power. We have removed reference to "decisions" based on our instructions above, however if the intention is for the Board to make formal decisions, significant consideration will be required as to lines of accountability i.e. do the LA members have the right to vote etc.

Whilst, there is a mechanism for the CCG to co-opt non CCG members on to sub committees of the CCG's Governing Body either as voting or non-voting members, the CCG also needs to consider the various rules regarding LA membership on CCG committees i.e. only officers can sit on the committee, not members. We note that from the information received, it doesn't appear that there is any intended membership on the Board from Counsellors at this stage, however the CCG may want to bear this in mind if membership is to change. The LA will have various checks and balances in place and will need relevant assurance around any line of accountability.

If, as we understand it, the Board's role is to provide strategic oversight only i.e. it has no decision making authority, the CCG could consider setting the Board up as a joint officer working group, which might be a more appropriate structure. Such a group could have a much more generalised remit.

The CCG could also consider parallel committees in common which essentially would have the same terms of reference and meet at the same time, but have separate lines of accountability.

6. Risk implications

There are no risks associated with the CHC Programme Board.

7. Implications for health inequalities

The Board will not have a direct implication on reducing health inequalities, however it is expected that the increased level of assurance that the Board will provide over operational and strategic CHC activities will drive improvement in CHC delivery and reduce variation across BNSSG.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

The Board will not have a direct implication on equalities, however it is expected that the increased level of assurance that the Board will provide over operational and strategic CHC activities will drive improvement in CHC delivery and reduce variation across BNSSG.

9. Implications for Public Involvement

The Terms of Reference provides for a full member status to be given to a lay member of the CCG's Governing Body in order to ensure a public voice on the Board.

Continuing Healthcare Programme Board Terms of Reference

1. Introduction

NHS Continuing Healthcare (CHC) is a 'needs-led' service which commissions care for adults who meet the criteria of having a 'Primary Health Need', as set out in the National Framework for Continuing Healthcare and NHS Funded Nursing Care (2018).

The National Framework for Children and Young People's Continuing Care (2016) provides guidance for clinical commissioning groups (CCGs) when assessing the needs of children and young people. A continuing care package will be required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone.

The key to delivering Adult CHC and Children's Continuing Care successfully is through a partnership approach at both organisational and practitioner levels and the CHC Programme Board will facilitate a greater partnership approach to CHC delivery between Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG), Bristol City Council, North Somerset Council, and South Gloucestershire Council (the Local Authorities) and other relevant stakeholders

2. Membership

The Board will be joint-chaired by the Director of Nursing for BNSSG CCG and a Local Authority Director of Social Services on a rotational basis. The Local Authority co-chair will rotate on an annual basis between each of the three BNSSG Local Authorities.

Representation will be at a senior level across BNSSG CCG, the three Local Authorities and other relevant stakeholders including patient and carer representation.

Expectations around the role of formal members of the board (as named in paragraph 4 of these Terms of Reference) are summarised below:

- All members of the Board shall have individual and collective responsibility to work towards achieving the objectives of the Board.
- Membership will comprise a nominated named lead from each member organisation to act as first point of contact for CHC within each organisation to disseminate information and feedback to the board.

- In the event that a member is unable to attend, each member organisation will nominate a named deputy, who is appropriately briefed, to attend meetings on their behalf to ensure that the business of the Board is delivered.
- Attendance at each Board meeting will be taken and monitored. The Chair will be responsible for taking appropriate action for persistent non-attendance.

The meeting shall be chaired by either Co-chair, one of whom must be present. The Board is not a formal decision making body.

Other ad hoc attendees may include representatives from partner organisations when particular discussions would be enhanced by their attendance (see optional attendees in paragraph 5 of these Terms of Reference).

3. Conflicts of Interest

It is recognised that conflicts of interest may arise. Members will be asked to complete a register of interests form annually that will be retained by BNSSG CCG. At each meeting Members or those in attendance and taking part in discussion will have the opportunity by exception to declare any interest in items on the agenda or during discussion as the need arises. Any conflicts of interests are to be recorded as appropriate in the Conflicts of Interest Register of the CCG, and LA members will be expected to log any conflicts of interest on their respective LA register.

Declarations will be noted in the minutes and the Chair will be responsible for ensuring that appropriate recommendations are taken.

4. The formal members of the CHC Programme Board are:

Role	Organisation
Director of Nursing & Quality	BNSSG CCG
Director of Adult Social Services	Bristol City Council
Director/Assistant Director of Social Services	North Somerset Council
Head of Adult Social Care	South Gloucestershire Council
Director of Commissioning	BNSSG CCG
Deputy Director of Nursing	NHS England
Associate Director of Quality (CHC)	BNSSG CCG
Head of Adult CHC	BNSSG CCG
Head of Children's Continuing Care	BNSSG CCG
Head of Finance – Partnerships and Mental Health	BNSSG CCG
CCG Governing Body Lay Member	Independent

5. In attendance (optional)

Role	Organisation
Director of Operations	Bristol Community Health

Role	Organisation
Director of Operations	North Somerset Community Partnership
Director of Nursing & Operations	Sirona Care and Health
Head of Corporate Operations and Strategic Estates	BNSSG CCG
Director of Operations	University Hospitals Bristol Trust
Director of Operations	Weston Area Health Trust
Director of Operations	North Bristol Trust

6. Administration

The role of administrator to the Board will be resourced by BNSSG CCG. The duties of the administrator will include:

- I. Requesting agenda items from Board members 10 days before each meeting. Confirming the agenda with the Chair of the Board with the collation and circulation of meeting papers. Board members will receive the agenda and papers no less than five working days before each meeting.
- II. Taking the minutes, tracking actions and keeping a record of matters arising and issues to be carried forward. The Board will receive the minutes no more than 10 working days after a meeting has taken place.
- III. Minutes to be circulated to the BNSSG Governing Body and the BNSSG Quality Committee.

7. Quoracy

The quorum shall be three CCG representatives, and at least one representative from two of the three Local Authorities.

8. Frequency of meetings

The Board shall meet at least quarterly.

The frequency of the meetings may be amended by the Board and the Terms of Reference will be revised to reflect such amendments. Minutes may be called by exception by either Chair.

9. Remit and Responsibilities

The main responsibilities of the CHC Programme Board are as follows:

- Provide assurance on CHC operational performance, change management projects, risks and issues and financial status
- Provide strategic oversight regarding the vision and direction for CHC
- Oversee the BNSSG CHC Change Programme
- Review BNSSG CCG CHC delivery against the National Framework for NHS Continuing Healthcare and NHS Funded Nursing Care (2018), and the National Framework for Children and Young People's Continuing Care
- Make appropriate recommendations on issues raised

- Encourage engagement with the local community, service users, carers and patient representatives and provide feedback from forums
- Deliver formal feedback by each member to their respective organisations in relation to the matters discussed/ addressed by the Board
- Promote and celebrate areas of good practice within the context of the National Framework and the outputs of best practice from the National Strategic Improvement Programme
- Advocate a coordinated approach to CHC education and training of the health and social care workforce.

10. Reporting Requirements

Minutes of the Board will be circulated to the BNSSG Governing Body and the BNSSG Quality Committee.

The Board will submit an annual report to the BNSSG CCG Governing Body at the close of quarter one of each financial year, addressing full year CHC performance. Following Governing Body approval the annual report will be shared with the Health and Wellbeing Boards in each Local Authority area.

11. Review of Terms of Reference

The Terms of Reference shall be reviewed every six months. The first review will take place in September 2019 or sooner should the need arise.

Lee Colwill, CHC Commissioning Manager
27 November 2018