

## ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	<b>Meeting:</b>	<b>Health Select Commission</b>
2.	<b>Date:</b>	<b>15 September 2011</b>
3.	<b>Title:</b>	<b>Centre for Public Scrutiny Development Area Project – ‘Scrutiny and Health Reforms’</b>
4.	<b>Directorate:</b>	<b>Commissioning, Policy and Performance</b>

### 5. Summary

The Scrutiny and Health Reforms programme has been funded by the Healthy Communities Team at Local Government Improvement and Development, and took place between June and August 2011, with all the learning and practice from each local authority area being published together in October 2011.

The main aim of the programme was to provide early insight into the development of accountability arrangements and consider ways of working between Scrutiny, Health and Wellbeing Boards and Clinical Commissioning Consortia.

### Key outcomes and actions

- The HWBB needs to be considered alongside other local boards and consideration is needed as to what the roles and relationships are between them to avoid duplication
- There are a number of ‘layers’ of organisations involved, those which Rotherham has no control over, those which Rotherham has complete control over and those which are joint or partnership arrangements
- A stakeholder map needs to be produced, which all involved agree to and use as a tool for developing structures and processes
- Organisations are being changed or re-shaped in the future and although the map may look the same, the roles and responsibilities may change
- The role of the Health Select Commission was suggested as the “Cat with a Paw” – probing organisations or people in when needed and asking questions about what difference X has made and what could be done differently
- The HWBB and HSC will need to continue to work on how they work together in the future arrangements
- The HSC can add value by developing a focus on the outcomes of commissioning plans and actual activity.

### 6. Recommendations

**That the Health Select Commission:**

- **Consider the outcomes of the project, including the key questions raised and;**

- **Consider how some of these questions could be best answered**
- **Note the outcome in relation to the role of Health Scrutiny; discuss and consider how, as a function, Scrutiny can achieve added value for Rotherham**

## **7. Proposals and details**

### **7.1 CfPS Programme**

Over the coming months as Health and Wellbeing Boards and Clinical Commissioning Consortia begin to take shape, it will be important for scrutiny to develop its role and relationship with these new partnerships. In order to understand these new relationships in more detail and to ensure that Boards and Consortia are inclusive, transparent and accountable, CfPS has secured additional funding from the Department of Health and will work with new development areas from across the country to help carve out the best ways that scrutiny, clinicians and Boards can work together and support each other to achieve good outcomes across health and social care.

Each local authority area successful in becoming a Scrutiny Development Area as part of this programme received up to five days in support from an expert advisor to help deliver a local project. In this instance, the expert advisor worked closely with the lead scrutiny officer to develop a short project which would be specific to Rotherham, based on the current position locally, but which would also provide learning and potentially new resources and tools to use in other areas.

#### ***Key objectives of the Rotherham project included:***

- understanding new structures and accountabilities within the context of the new health reforms and how they are or can be made (more) transparent, inclusive and accountable
- examining ways in which Health Select Commission, GPs, Clinical Commissioning Groups (CCG) and Health and Wellbeing Boards (HWBs) can work together and support each other
- understanding how scrutiny can remain effective in a situation of reduced, but more integrated resources
- enabling Rotherham to demonstrate its leadership in health scrutiny through participation in the next phase of Scrutiny Development Area (SDA) activity, which builds on the first successful SDA programme
- participation in learning activities to capture and share project learning and insight, including Community of Practice discussions, action learning and other dissemination
- Enhancement of Rotherham's own process of scrutiny

### **7.2 Current Position in Rotherham**

RMBC has led the development of draft Terms of Reference for the Health and Wellbeing Board in Rotherham. An initial, informal meeting of the Board members has also taken place and agreement has been made for the first official meeting of the Board; 21 September 2011.

Rotherham is establishing one GP consortium for the borough. A Clinical Commissioning Group (CCG) is now in place which involves eight GPs with an agreed Chair. This group is currently being supported by NHS Rotherham who will ensure effective transition to clinical commissioning. The Chair of the CCG has been

involved in the developments of the HWBB and the Chair of the HWBB has also been invited to sit on the CCG.

### ***Health Select Commission***

Rotherham has recently undergone a review of the overall scrutiny function, which has been both in response to the significant reductions in resources, as well as to change the culture and improve the effectiveness of the way scrutiny is done locally. Health is now one of four Scrutiny Select Commissions which sit under a Management Board. In light of the health reform agenda the Members have been aware of the need to do scrutiny differently, which involves the need to develop relationships with a number of new partners; including GPs and other NHS services, where relationships may not have previously been made. Members were also aware of the key role that scrutiny can play in this changing environment and the opportunities they have to improve public health and reduce health inequalities, and that building effective relationships and links with the Health and Wellbeing Board will be key to success.

Being a part of this project meant Members could attempt to demonstrate how scrutiny can effectively add value and contribute to achieving positive outcomes for local people, and it was felt this would be best achieved through being transparent and responding appropriately to issues and concerns raised through a range of sources, including the Health and Wellbeing Board.

### **7.3 Project Focus, Objectives and Outcomes**

The main focus of the project was to consider the roles and relationships within and between the HWBB and Scrutiny, for this purpose it was decided to undertake two separate workshop sessions; one for members and representatives of the Health and Wellbeing Board and the second for Health Select Commission Members.

Rotherham is also a Scrutiny Development Area with the CfPS for the Health Inequalities project, therefore a project timeline was considered and drawn up, which linked together the two CfPS projects, to ensure there was no confusion between the two; as some Scrutiny members were involved in both. This timeline (Appendix A) provided the structure for the project.

The process and key objectives for each workshop session and are outlined below:

#### **7.3.1 Workshop 1: Representatives of the Health and Wellbeing Board**

Members of the HWBB, along with other colleagues and representatives from the various organisations involved in the HWBB were invited to attend a workshop session facilitated by the Expert Advisor and Scrutiny Officer supporting the project.

**Workshop Objectives:** To support and enable all stakeholders involved in the HWBB to discuss the roles, responsibilities and relationships between key organisations, and how best to develop structures to ensure the Board is effective, open and transparent and works effectively with other partners.

## ***Stakeholder and Role Mapping***

Attendees of the workshop were divided into two groups (seven people in each) and each group were given a piece of flip chart paper, post-it notes and a number of discs, one with 'Health and Wellbeing Board' and one with 'Health Select Commission' written on, the rest blank for them to write in.

Each group was asked initially to work together to discuss and produce a stakeholder map, considering all the 'key players' or organisations/agencies which need to be considered in relation to the HWBB and Select Commission. They were asked to write these on and place the discs onto the paper whether they felt they best fit – producing a 'map'.

Once complete, each group was asked to consider the roles and responsibilities of each of the players and use post-it notes to place these on the map. They were then asked to consider the accountabilities and relationships between the key players and again, place these onto the map using different coloured post-it notes.

The groups were asked to think about, whilst undertaking these activities, areas of potential overlap, similarities and differences between the organisations and bodies, particularly between the HWBB and Select Commission.

## ***Outcome of Workshop***

Two stakeholder maps were produced, one for each group. The two maps which were produced are attached to this report as simplified Word documents, to demonstrate the work which was undertaken. Although these maps are quite simplified and do not necessarily join-up the organisations, they do present good representation of the vast number of organisations/agencies which need to be considered in relation to the HWBB and Health Scrutiny. These basic maps will be used to develop a more detailed stakeholder map, which can be used as a tool for the HWBB representatives and elected members whilst developing this agenda.

During the group work, a number of observations were made by each group in relation to the organisations, roles and structures:

- Although both groups tried to avoid a hierarchy of organisations, it was recognised that this was the case and there were a number of 'layers' in the structure; from local organisations and agencies which Rotherham could control, to those that were higher, which Rotherham had no control over
- There needed to be a relationship between other Boards which sat alongside the HWBB locally, e.g. the Children's and Adult's Boards and discussions were needed as to what these links would be e.g; the HWBB could request Children's Board does more work on a specific identified issue
- It was identified that the role of the Council and Cabinet was significant, with many of the identified 'roads' leading to the Council – although it was also noted that some 'roads' will lead to the Department of Health or other national bodies
- The stakeholder map included a number of organisations that may change or be re-shaped in the future and although the map may look the same, the roles and responsibilities may change

- The role of the Health Select Commission was suggested as the “Cat with a Paw” – bringing in organisations or people when required and asking questions about what difference X has made and what could be done differently
- Select Commission could also ask the HWBB to help with accountabilities, e.g. HWBB holding relevant partners to account
- Consideration was needed in relation to the commissioning of public health services, once public health was part of the local authority remit

Following discussion and feedback from each group a list of key questions which required consideration was produced:

1. Development of health and wellbeing was also about economic wellbeing, regeneration and education as well as ‘health’ – where does this fit in and how does the HWBB influence these aspects?
2. How do we get private sector (providers) involved; how do we influence them inc. workplace health? E.g. Department for Work and Pensions (DWP) is no longer on the Local Strategic Partnership (LSP) Board locally - how can we ensure HWBB links with them to support getting people into work?
3. What is the future of joint planning boards – will GP commissioning become the new partner when PCTs are abolished?
4. How does the general public input into the HWBB? Is this through GPs/Councillors etc who already have a relationship with people in communities?
5. How do safeguarding Boards fit with the HWBB?
6. How does HWBB fit with the LSP; Safer Rotherham Partnership/Adults & Children’s Boards?
7. How will public health be commissioned? Does there need to be a public health commissioning board?
8. Are we doing enough for young people?

### ***Key Learning Points***

The process of producing a stakeholder map and considering roles, responsibilities and relationships was seen as a worthwhile exercise. Undertaking this work allowed a number of key people, representing various partners across the borough, the opportunity to consider and debate some of the issues relating to the health reform agenda. Subsequently it was felt that the production of a map would be useful to share amongst all involved and be used as a tool when developing local governance arrangements. This map would also ensure all parties were clear about who was involved and what their relationship was with the Board; which would allow key questions to be asked such as ‘are these the right people?’ and/or ‘are these the right organisations?’.

The groups also identified that there may be a need for a number of different maps to be produced, showing the different layers within the structures; the national organisations which Rotherham could not control, but which had control over what Rotherham could and should be doing, the HWBB and various boards linked to it, as well as the structures which sit underneath the board which would look at specific issues or agendas.

It was identified through the discussion that it was important to foster Rotherham priorities and solutions and ensure the HWBB could shape what was needed locally, whilst being mindful of the national agenda and required outcome measures.

### **7.3.2 Workshop 2: Members of the Health Select Commission**

Members of the Health Select Commission in Rotherham were invited to attend a workshop session facilitated by the expert advisor and Scrutiny Officer supporting the project. The session allowed the Members to reflect on the outcomes of the previous workshop, with the support of the facilitators, and consider the key questions which had been produced and begin to look at their role as 'scrutiny' and how that linked to and added value to the HWBB.

**Workshop Objectives:** To support and enable Elected Members and co-optees of the Health Select Commission to reflect on the roles and relationships between Scrutiny and the Health and Wellbeing Board, how Rotherham would like to take this forward and what the rest of England can learn from our project.

#### ***Outcomes of Workshop***

The structures and processes which need to be developed in relation to the health reform agenda are defined in the documentation produced by Government, although these are not always fully understood locally and very often it can be the 'softer' elements of structures such as behaviours and protocols which are not as clearly defined, but which can impact on the processes required.

The group discussed these different elements, from structures to processes and behaviours and considered what was needed for each in relation to the HWBB and associated key players – table 1 below outlines these thoughts.

**Table 1. Structures, Processes and Protocols**

	<b>What do we need to make health reforms work?</b>
<b>Structures</b>	Terms of Reference: <ul style="list-style-type: none"> <li>• Is the membership right?</li> <li>• Do we have people common to both HWBB and GP commissioning?</li> <li>• What are the accountabilities?</li> </ul>
<b>Processes</b>	<ul style="list-style-type: none"> <li>• Monitoring and performance</li> <li>• Communicating between various groups</li> <li>• Review of big themes e.g. education and health</li> <li>• Democratic deliberation</li> </ul>
<b>Protocols/ Behaviours</b>	<ul style="list-style-type: none"> <li>• Conflict resolution</li> <li>• Learning from other areas</li> <li>• Managing conflicts of interest</li> </ul>

Based on the table above, the group considered the structure and processes for Rotherham and produced a diagram (appendix C).

On reflection of the diagram it was highlighted that there was a potential point in the processes where the accountability could break down in relation to the HWBB. Between commissioning plans being produced and approved by the HWBB and subsequent activity taking place there needed to be clear accountability in place to ensure the 'activity' or what is actually contracted, is in line with the 'commissioning' and priorities agreed by the HWBB. This is a role for commissioners to ensure the activity is in line with commissioning plans, but it was identified that this could also be a role for Scrutiny, to provide the 'overview'; ensuring the full commissioning cycle achieves the desired outcomes for local people.

A number of questions were raised in relation to accountability and the role of scrutiny:

- What do we mean by 'holding to account' – does this mean 'influencing' or calling organisations in to ask why outcomes/targets had not been met
- Who has the power to control and direct things around to achieve the best outcomes?
- Who checks that contracts enable the right activity in relation to the commissioning plans?
- Is it the role of scrutiny to look at and ask questions regarding major service changes or will these go to the HWBB in the future, or both?
- Where will ideas come from in future for scrutiny work programmes?



- Should this be developed with the HWBB or the Chair?
- Should this be 'bottom up' from direct local experience as a councillor, the JSNA or Health and wellbeing Strategy, and complaints
- Or, from all directions?

### ***Key learning Points - The Role of Scrutiny in the Health Reform***

It is considered that the Health Select Commission should be able to ask the right questions about why a specific activity isn't happening, based on information from various sources; e.g. the JSNA, agreed priorities and commissioning plans. However, it is also noted that if Scrutiny can't influence the body or organisation in question there is no point looking at a specific issue – scrutiny needs to be able to influence and only when it can influence can any real impact be made.

The group identified a number of key questions which scrutiny should be asking in relation to commissioning, activity and outcomes:

1. Are we commissioning the right services to meet JSNA priorities?
2. Are contracts producing the right activity in relation to commissioning plans?
3. Are we meeting national targets for Health inequalities outcomes, if not, what more should be done?
4. Are we reducing specific conditions? (e.g. diabetes or teenage pregnancy)

### **7.4 Summary**

The project undertaken with the CfPS had a fairly tight timescale attached to it. Therefore, there needed to be a real focus in the work which was undertaken and an acknowledgement that this was not simply about producing all the answers, but an opportunity to collectively think about developing the processes, relationships and behaviours needed within the new health reform structures.

The work which was undertaken was very well received and has raised some interesting and key questions which need to be asked and answered by the relevant people involved in the HWBB and scrutiny.

Specifically a number of actions were agreed by the HWBB members during their session, including:

- To re-visit and amend the HWBB terms of reference where appropriate based on discussions from the workshop and key questions raised
- Produce a stakeholder map or maps for all parties to agree to and use in future developments of the health agenda

The role of Scrutiny was seen as a 'function' which needs to sit alongside the HWBB, calling in and looking at issues when needed, but also ensuring the right questions are asked to ensure what action takes place locally is in line with the agreed priorities and commissioning plans; ultimately ensuring the best and most

appropriate outcomes for local people. Consideration needs to be given as to how scrutiny should best interact with the HWBB and whether this should be through meeting with the HWBB or Chair on a regular basis and/or receiving minutes and annual reports from the Board to help inform the scrutiny work programme and ensure Scrutiny can affectively look at specific issues when required.

## **7.5 National Learning**

The CfPS programme will provide shared learning for all local authorities nationally, by producing a publication which will bring together the case studies of all the local authority projects, as well as discuss some of the findings and best practice. Rotherham has contributed to this learning through being involved in the programme, producing a case study of the work which has gone on locally and attending an Action Learning Event with all other local authority areas involved. Rotherham was represented at this event by the attendance of the Scrutiny Officer, Chair of the Health Select Commission and Chair of the Health and Wellbeing Board.

The event brought together all local authorities involved in the project, along with the expert advisors. The event was an opportunity to discuss the outcomes of each individual project and consider ways of working between Scrutiny, HWBBs and Clinical Commissioning Groups.

The CfPS publication, due out October 2011, will pull together the outcomes of this event.

## **Next steps**

- 21 September 2011 - HWBB first meeting; to agree and sign-off their terms of reference
- October 2011 - CfPS Publication including case studies from all local authority areas involved in the programme to share learning and outcomes

## **8. Finance**

There are no financial implications directly associated with this project.

## **9 Risks and Uncertainties**

There are a number of risks and uncertainties associated with this agenda, many of which have been highlighted through these workshop sessions and outlined in this report; by the issues and key questions raised.

The Health Reform agenda will continue to be developed over the coming months and next few years, as organisations change or are re-shaped. This will mean the HWBB will need to be mindful of the changing environment and continue to revisit the terms of reference as appropriate, ensuring all relevant organisations and key players, including the public, are involved.

Health Scrutiny will need to work closely with the HWBB and all partners to ensure that as this agenda changes, scrutiny is able to effectively look at issues, ask key questions and ensure the best possible outcomes for Rotherham people.

## **10 Policy and Performance Agenda Implications**

The health reform agenda means there will be a need for scrutiny to develop new relationships with key partners, including the Health and Wellbeing Board and GPs. The learning and information gained from being involved in this project will be extremely valuable in ensuring Rotherham effectively responds to the changing environment and that scrutiny is able to add value to the work of the Health and Wellbeing Board.

## **11 Background Papers and Consultation**

Peeling the Onion – Learning, tips and tools from the Health Inequalities Scrutiny Programme (2011):

<http://www.cfps.org.uk/what-we-do/tackling-health-inequalities/>

[http://www.cfps.org.uk/userfiles/file/CfPSPeelingonionfin%5B1%5D\(1\).pdf](http://www.cfps.org.uk/userfiles/file/CfPSPeelingonionfin%5B1%5D(1).pdf)

Appendix A – Project Timeline

Appendix B – Stakeholder Maps

Appendix C - Process and Accountabilities Diagram

## **12 Contact**

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