

ROTHERHAM BOROUGH COUNCIL – HWBB

1.0	Meeting:	Health & Wellbeing Board
2.0	Date:	18th January 2012
3.0	Title:	Health & Wellbeing Board Work Programme and the HWB Support and Development Plan
4.0	Directorate:	Neighbourhoods and Adult Services

5.0 Summary

This report sets out the draft work programme for the Health and Wellbeing Board (HWBB) for the first year of operation. This has been developed to address the challenges set out by the network of early implementers of HWBs, which is being led by John Wilderspin of the Department of Health, which has identified a number of challenges which boards are facing.

This work programme is underpinned by a support and development plan which uses the Good Governance Institutes Board Assurance Prompt toolkit to becoming and exemplar board by December 2012.

6.0 Recommendations

- **That the HWBB approve the work programme and the HWBB support and development plan.**

7.0 Background

Health and Wellbeing Boards provide the potential to deliver transformational change in health and social care outcomes. To realise this potential they need to be built on firm foundations of trusting relationships, agreed priorities, a focus on outcomes, a shared vision and agreement about what success will look like.

There is a desire for Health and Wellbeing Boards (HWBBs) to really make a difference. Boards provide an opportunity to do things differently. In order to achieve this, the HWBB needs to:-

- Be clear about shared purpose and priorities.
- Develop a shared leadership approach which fosters mutuality.
- Regularly review progress against agreed goals and outcomes.

The HWB offers an opportunity for system-wide leadership to improve both health outcomes and health and care services. The HWB has a duty to promote integrated working and drive improvements in health and wellbeing by promoting joint commissioning and integrated delivery. An effective board will bring together senior leaders in Rotherham to build a commitment for transformational change.

In order for the Board to structure its work and resources to achieve an improvement in health inequalities and drive the transformational change that is needed to meet the demographic and financial challenge, it will need to have a coherent framework to guide and assure its development.

The network of early implementers of HWBBs, which is being led by John Wilderspin of the DH, has identified a number of challenges which boards are facing:-

- Membership – commissioners, providers, voluntary sector?
- Developing relationships between the HWBB and Council overview and scrutiny.
- The need to understand the constitutional issues of taking on new functions and the potential conflicts of interest that may arise ie the HWB role in contributing to the NHS commissioning Board's annual assessment of CCGs.
- Concerns about Healthwatch's ability to contribute at a strategic level.
- The formal role of senior council officers as members alongside elected members.
- The tension between taking a high level strategic role or being more actively involved in joint commissioning.
- The links to wider partnerships such as the LSP.
- How much of the children's agenda will the board cover?

- Safeguarding – can boards ensure that safeguarding of children and vulnerable adults is seen as everybody’s responsibility?

At the heart of the modernisation programme is an ambition to deliver world class outcomes, an ambition which applies equally to healthcare, public health and social care outcomes. To support the implementation of this ambition there are now three strategic outcome frameworks, NHS outcome framework, Public Health Outcomes and Adult Social Care outcomes.

The purpose of the three frameworks is to ensure focused accountability (not blurring lines of responsibility) while recognising the different delivery models. The refreshed NHS Framework published in December 2011 included areas where there would be shared indicators between the three frameworks, emphasising the importance of alignment and encouraging collaboration and integrations.

8.0 Proposals and Details

To address the series of challenges, opportunities and development issues that can be anticipated the attached work programme has been drafted.

The work programme (appendix 1) sets out the key actions that need to be delivered in the first 12 months of the board. The first year of the board will be focused on ensuring that it is fit for purpose and can deliver its core functions:

- Assess the needs of the population through the Joint Strategic Needs Assessment (JSNA)
- Agree and produce a Health and Wellbeing Strategy to address needs, which commissioners will need to have regard of in developing commissioning plans for health care, social care and public health.
- Promote joint commissioning
- Promote integrated provision, joining up social care, public health and NHS services with wider local authority services
- Involvement in the development of CCG commissioning plans
- Provide advice to the NHS Commissioning Board in authorising CCG’s

Underpinning the key actions is a plan to support the development and improvement of the board. This has been developed using the Good Governance Institute’s Board Assurance Prompt self assessment toolkit. The toolkit sets out a path from basic level to becoming an exemplar HWBB where others learn from our consistent achievement in six key elements:

- Purpose and vision
- Strategy
- Leadership of the local healthcare economy
- Governance
- Information and Intelligence
- Expertise and skills

The colour coded plan sets out how on a quarterly basis the board can move up each progress level to becoming an exemplar by the end of December

2012. A series of actions are identified in each quarter which will need to be tasked to accountable lead managers to be delivered and outcomes reported through to the Board. This plan will also help to forward plan and set future HWBB agenda's. Performance Management of this plan will be done through the HWBB support structure.

9.0 **Finance**

There are no financial implications associated with the development of the work programme and support and development plan.

10.0 **Risks and Uncertainties**

Failure to implement this work programme will impact on the ability to put in place effective board arrangements within the timescales set out by the Department of Health. It will impact on the governance of the board and the board for fit for purpose to achieve the core functions and outcomes set out by the Department of Health.

11.0 **Background Papers and Consultation**

Good Governance Institute Board Assurance Prompt for Health and Wellbeing Boards

Contact Name: Shona McFarlane, Director Health and Wellbeing
Tel: 01709 823928
Email: shona.mcfarlane@rotherham.gov.uk

Overarching cross-cutting 'impact' performance measures

Domain	Proposed measure
Improving population health and tackling health inequalities	<ul style="list-style-type: none"> • Differences in how long the best and worst off people can expect to live/to live without major health problems • Babies born at a healthy birth weight
Preventing people from dying prematurely	<ul style="list-style-type: none"> • Potential years of life lost from causes amenable to healthcare • Deaths from avoidable diseases
Enhancing quality of life for people with long term conditions	<ul style="list-style-type: none"> • Quality of life for people with long-term conditions • Quality of life for people in social care
Preventing deterioration and helping people to recover from episodes of ill-health or following injury	<ul style="list-style-type: none"> • Hospital admission for things that should usually be treatable outside hospital • The proportion of people leaving hospital who end up back in hospital within 28 days
Ensuring people have a positive experience of care	<ul style="list-style-type: none"> • Peoples experience of GP services • Peoples experience of being in hospital • Satisfaction with social care services
Treating and caring for people in a safe environment and protecting them from avoidable harm	<ul style="list-style-type: none"> • The number of safety incidents reported by hospitals and the number of incidents that leave to serious harm