

## Rotherham Health and Wellbeing Board

### Work Programme - Year 1 (October 2011 – September 2012)

No.	Key Action	Lead Agency / Lead Officer	Completion Date	Excellence Plan Ref.
1	Agree Terms of Reference, Roles and Responsibility of the Board		Complete December 2011	1.1, 1.2, 1.3, 1.4, 4.1 and 6.1
2	Hold a Health Summit to define priorities for all stakeholders		Complete December 2011	1.5
3	Undertake a review of HWBB pilots and feed learning into Board work programme and improvement plan		February 2012	4.2
4	Agree the Joint Strategic Needs Assessment		January 2012	2.3
5	Agree HWBB Priorities across all stakeholders		February 2012	1.2, 1.3, 1.5, 1.6 and 2.4
6	Put in place a Joint Commissioning Model		March 2012	2.5
7	Develop a Performance Management Framework based on the outcomes framework and the priorities of the board		April 2012	5.1, 5.2 and 5.3
8	Publish Rotherham's Health and Wellbeing Strategy		April 2012	1.8, 2.1, 2.2, 2.4 and 2.6
9	Complete a review of health complaints ahead of the transition		June 2012	5.5
10	Develop effective HealthWatch arrangements in Rotherham		September 2012	4.7

<b>Rotherham Health and Wellbeing Board - Board Development Excellence Plan</b>				
<b>Basic Level</b> Oct 11 – Dec 11	<b>Early Progress</b> Jan 12 – Mar 12	<b>Results</b> Apr 12 – June 12	<b>Maturity</b> Jul 12 – Sept 12	<b>Exemplar</b> Oct 11 – Dec 12

<b>1. PURPOSE AND VISION</b>			
<b>No.</b>	<b>Key Action</b>	<b>Who?</b>	<b>Timeline</b>
1	Agree purpose of the Board	complete	October 11
2.	Publish values and board priorities to public and in key stakeholder documents		November 11
3.	Ensure all HWBB members understand the boards role		December 11
4.	Hold a Health Summit to identify priorities with all stakeholders.		December 11
5.	Agree values, board priorities and work programme		January 2012
6.	Agree priorities and stretch goals with all stakeholders		January 12
7.	Agree ethical values combined with a robust mechanism for adding and removing services and/or care settings against these		March 12
8.	Ensure all plans are rooted in local population needs		April 12
9.	Undertake public engagement and public accountability testing on purpose and vision		June 12
10.	Ensure the work of relevant existing local partnership groups eg. The Local Strategic Partnership has been considered		June 12
11.	Hold an annual HWBB debate on organisational purpose, and how in-year achievements or issues impact on this.		August 12
12.	Ensure we systematically match how purpose dovetails with population needs		September 12
13.	Demonstrate we are achieving our purpose and vision as we are benefiting population health in accordance with our plans		December 12
14.	Influence both local health and local authority commissioners		December 12

## 2. STRATEGY

No.	Key Action	Who?	Timeline
1	Undertake a review of all relevant strategies		January 2012
2	Set out a timetable for developing HWB Strategy		February 2012
3	Agree the Joint Strategic Needs Assessment and make sure the JSNA is the base for all strategic decisions		February 2012
4.	Ensure the HWBB Strategy is underway		February 12
5.	Put in place a joint commissioning model and an agreement is in place for areas of joint commissioning.		March 12
6.	Publish the HWB Strategy, which includes improvement milestones and how these will be measured		April 12
7.	Put in place a framework for ensuring the HWBB strategy has been reviewed and refined in the light of successful achievement of milestones, and new intelligence and aspirations		September 12
8.	The HWBB strategy has benefited other healthcare economies to our own, as well as influencing the strategic direction of all local partner organisation		December 12

### 3. LEADERSHIP OF THE LOCAL HEALTHCARE ECONOMY

No.	Key Action	Who?	Timeline
1	Communicate the leadership of the HWBB and their contact details to key stakeholders		January 2012
2	Identify relevant stakeholders and invite to participate		January 2012
3	Make sure that local health and social care resources are understood		January 2012
4.	Make sure Leadership development for HWBB discussed and agreed and development plans initiated		February 12
5.	All stakeholders understand leadership issues for HWBB		February 12
6.	Relevant stakeholders regularly attend and provide input into work programme		March 12
7.	Results of partnership working systematically reviewed by HWBB.		April 12
8.	Evidence that relationships with CCG's are positive and there is ongoing dialogue about commissioning and contracting decisions		June 12
9.	Public health voice is evident in commissioning and contracting decisions		June 12
10.	Review success of leadership approach.		July 12
11.	Make sure ongoing succession plans are in place		September 12
12.	Demonstrate benefits of partnership working have enabled the majority of stakeholders to meet their improvement trajectories and resource allocation		September 12
13.	Demonstrate benefits of partnership working have enabled the majority of stakeholders to exceed their improvement trajectories.		December 12
14,	Outcomes have been improved and this is traceable back to initiatives from the HWBB		December 12

## 4. GOVERNANCE

No.	Key Action	Who?	Timeline
1	Membership and terms of reference for the HWBB have been drafted, shared and are fully agreed	Complete	December 11
2	Examine the work of the pilot HWBB's to inform how we work		January 2012
3	The HWBB has been fully set up and first annual cycle of business agreed.		January 12
4.	Develop relationships with relevant local organisations		March 12
5.	Local stakeholders have clearly incorporated HWBB accountabilities into their own governance arrangements.		June 12
6.	Carry out a structured annual review of the HWBB and make improvements to structure and organisation		September 12
7.	Develop effective HealthWatch arrangements in Rotherham and make sure that they are embedded into the HWBB governance.		September 12
8.	Good governance benefits to HWBB identified and we know how our better governance practice has influenced local partner organisation.		December 12

## 5. INFORMATION AND INTELLIGENCE

No.	Key Action	Who?	Timeline
1	Identify information requirements and agree format for initial performance management framework.		January 2012
2	A dashboard of key information and performance management framework has been developed based on the outcomes framework and priorities and discussions on how to improve our information are underway.		March 12
3	KPI's reflect shared performance objectives across health and social care		April 12
4.	The HWBB has current published strategy, which includes improvement milestones and how these will be measured		April 12
5,	Complete a review of health complaints to ensure that customer experience is captured and feeds into the HWBB		June 12
6.	HWBB informed by real-time intelligence, demonstrating improved outcomes, quality and efficiency across health and social care		September 12
7.	Outcomes and performance benchmark against the best performers		December 12

## 6. EXPERTISE AND SKILLS

No.	Key Action	Who?	Timeline
1	Skills and expertise for HWBB members have been indentified and agreed		February 2012
2	Induction and development plans for the HWBB are up and running		March 12
3	HWBB influencing skills are evident by success in positive change to local contracts and the pattern of local provision.		June 12
4.	The HWBB supports CCG's and local authority by valuing key commissioning skills.		September 12
5.	The HWBB acts as a forum to bring specialist skills and expertise to support commissioning e.g. clinical advice from local providers		September 12
6.	The HWBB is influencing the organisation development of partner organisations.		December 12
7.	The local health and social care economy is recognised as being a good career choice for commissioning professionals.		December 12

## Overarching cross-cutting 'impact' performance measures

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