

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	Meeting:	Health and Wellbeing Board
2.	Date:	29th February, 2012
3.	Title:	Health and Wellbeing Boards – Learning from the Early Implementers
4.	Directorate:	Resources

5. Summary

Local Government Improvement and Development (LGID) have published a document, 'New Partnerships, New Opportunities' which pulls together nine case studies of health and wellbeing board early implementer areas where preparations are generally well advanced.

This report provides a summary of the work undertaken by the case study areas and where we have used this learning to develop our own local health and wellbeing board. It also presents a number of potential development areas which members of the board may wish to consider to further develop the board locally.

6. Recommendations

That the Health and Wellbeing Board:

- **Notes the learning from the early implementer case studies, and where this has been applied to the development of the board locally**
- **Considers areas for further development of the board based on the examples presented**

7. Background

A review of health and wellbeing board (HWBB) early implementer areas has been undertaken by LGID and published in a document 'New Partnerships, New Opportunities' late 2011. The document pulls together nine case studies which have been drawn from an initial group of 25 councils that worked with the Department of Health to help shape the early implementer network. The case studies also represent a geographical spread, different size and types of council and political control, and a varied range of approaches to the task.

The review has shown that local areas are taking many different approaches to setting up HWBBs and that it is far too early to identify which will be most effective. The information is not presented as examples of good practice or models which are being recommended, but issues, themes, challenges, messages and solutions that are emerging from some early implementers which others may find helpful when shaping their own boards.

There are five stages outlined for developing a good HWBB, and this report presents where the learning has been implemented locally in developing our HWBB and potential areas for further development which board members may wish to consider.

- **Stage 1 Preparing for the board**

Based on learning from the case study examples, Rotherham has now agreed joint leads for this agenda; RMBC Strategic Director Neighbourhoods and Adult Services and Chief Operating Officer CCG. A multi-agency working group is also being established to support the Board in developing the key areas of work required, including JNSA and joint strategy.

- **Stage 2 Forming the board**

Early implementers reflect two main approaches in relation to their board membership; either commissioner-focused – where the board is mainly confined to the core roles identified in the Bill or a mixed-membership approach - where a number of others are involved in addition to the core roles.

Many areas have agreed to stick to the core statutory members in the first instance until the board takes on its statutory duties, when many will review their membership and it may be that Rotherham wishes to take this approach.

- **Stage 3 Work programmes, priorities and commissioning**

Rotherham has now agreed a work programme for the board, based on a good practice toolkit, and this is being implemented to inform agendas over the next 12 months. However, members of the board may wish to consider how they will manage the other business items alongside the more strategic items required; such as JSNA and priority setting, as well as continuing to develop relationships.

- **Stage 4 Developing joint strategic needs assessments and joint health and wellbeing strategies.**

A proposed timetable for further developing the local JSNA and JHWS has been put in place for the HWBB to consider. This includes an update to the existing JSNA to ensure the final product is of a high quality and accurately reflects the views of all commissioning organisations, priority setting based on the JSNA and public engagement to ensure we have this right.

- **Stage 5 Review, performance and looking forward**

The work programme previously presented to the Board sets out a timetable for the completion of specific tasks and decisions for the next 12 months. This plan includes milestones so that the board can self-assess against a set of specific criteria, which will ensure the board can continue to improve its effectiveness and ensure it is achieving what is expected of it under the statutory duties.

7.1 Further Development Areas

The case study areas demonstrate a number of examples where they have further developed their work in relation to their boards; these are presented below for Rotherham Board members to consider which areas they may wish to adopt or explore further.

- Holding stakeholder events on the topic of developing JSNAs and JHWS, which involve a range of people and organisations beyond the members of the board, have been demonstrated as useful in many areas
- adopting an asset-based approach to the JSNA which includes strengths as well as needs has also been shown as a useful development to the existing document
- It will be important to develop a shared understanding about what is meant by commissioning, including issues such as judging commissioning success in terms of outcomes and ensuring that commissioning covers health improvement and health inequalities, not just service provision
- Many areas are approaching their commissioning role by having a number of subgroups which will support the work of the board, such as for public health, learning disabilities, dementia and mental health, JSNA steering group and Prevention and Early Intervention boards
- Case studies have shown that it is important to have mechanisms in place to help members of the board understand each other's roles and to work together to develop shared vision, priorities and understanding – and potentially to clear up any myths and assumptions, including the cultural and language differences of each partner organisation
- Most areas are considering their existing LSP arrangements and their health and social care joint commissioning partnerships, and undertaking a full review with a view to understanding how the future strategic planning architecture would best meet local needs
- Many areas have taken the temporary measure of locating the board in the LSP structure, with a view to it becoming a council committee at a later stage

- Ensuring that the right governance and accountability structures are in place, including relations with children's trust and safeguarding boards will also need to be considered
- The potential for tension or conflict, such as the role of boards in contributing views to the NHS Commissioning Board for the readiness of CCGs for authorisation, the role of boards in providing a view to CCGs on whether their commissioning plans have had regard to the joint health and wellbeing strategy and directors of adult social services, children's services and public health having a formal membership of the board alongside elected members, have been addressed by the following mechanisms:
 - 1) No mechanism in place – deferred until board is legally established (many boards are taking this route)
 - 2) One member one vote, with the chair having a casting vote
 - 3) Votes restricted to core members of the board identified in the legislation
 - 4) Votes restricted to specified members of the board – always councillors and clinical commissioners, but with other variations
 - 5) Members with potential conflict of interest withdraw for certain items

8. Finance

There may be financial implications in relation to the further development of the local HWBB, particularly in relation to engagement of the public and stakeholders which will need to be considered by all key partners involved.

9. Risks and Uncertainties

Many uncertainties remain in relation to the wider health and wellbeing agenda, and there will be no clear, statutory guidance issued until the Bill receives royal ascent. However, there is a real opportunity to utilise the learning of the early implementers in ensuring an effective HWBB is developed locally.

10. Background Papers and Consultation

'New Partnerships, New Opportunities' LGID (2011)

11. Contact

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