

# Health and Wellbeing Board Self-Assessment Questionnaire

## Overview of Responses

### Operation of the Board

#### ***1. Have we got in place the right governance framework and right structure for the board?***

The general view from board members is that the governance framework in place is effective at present, but it will be important for the board to keep this under review and revise as appropriate, particularly as the Board is yet untested in relation to making challenging decisions in terms of commissioning and delivery of services.

The inclusive nature of the board's membership, which enables providers to participate in the meetings, is a positive aspect; however it is seen as important to make the distinction between commissioners and providers, particularly when making commissioning decisions which may result in a conflict of interest.

There is a general view that the governance structure in relation to other decision-making boards needs to be considered and clear arrangements agreed. This is particularly true in relation to clarifying links with the Local Strategic Partnership and strengthening links to the Rotherham Local Safeguarding Children's Board, which has been commented on by Ofsted. Good links to other service areas are also needed if the board is to influence beyond the traditional 'health and wellbeing' services, such as transport and housing.

Developing a performance management framework was also seen as important to measure population outcomes for health and wellbeing and ensure the board is successful.

#### ***2. How do you feel partners are working together (such as the CCG, local authority, NHS etc) to ensure open dialogue about commissioning and contracting decisions?***

Partners are felt to be working closely together and relationships are more open and transparent than they have been in the past. However, as above, it is felt that the board is yet to tackle the more difficult challenges in relation to commissioning and contracting that will need strong partnership working. The production of the JSNA and Health and Wellbeing Strategy has set the context for such decisions however, which is a positive step forwards for the Board, and will help all partners to continue to develop this dialogue.

There is a view that although broadly all partners are working well together, it is felt the links between the CCG and local authority are strong, but there may be more development needed in relation to the Local Area Team/Cluster.

From a provider perspective there is a general view that the board does feel joined up and collaborative. However there are still considered to be some tensions and some feel agencies may be continuing to operate in silos. There is a view that not enough emphasis is placed on the need to develop better coordination and integration of services which are provided by the main provider agencies involved.

### ***3. How do we ensure that real time intelligence regarding quality and efficiency comes through the board?***

It is felt current reporting to the Board is an area which requires some development. When the strategy and implementation plan is finalised it is important that the board regularly reviews and challenges progress. Reporting mechanisms need to be put in place to assure the board of effective delivery, with appropriate exception reports taken, which report innovation in addition to good and poor performance.

All agree that key performance indicators need to be agreed to effectively measure against the Health and Wellbeing Strategy, with a performance management framework (PMF) that is SMART (specific, measureable, attainable, relevant, timely) and managed by responsible key managers across all agencies.

There is also a view that there needs to be more of a focus on actual quality and efficiency, rather than on data and process/compliance.

### ***4. How can the board effectively influence and support in the following areas:***

#### ***a) Influencing local commissioners and having the right skills and expertise to support commissioning (e.g. clinical advice from local providers)***

Board members feel strongly that the Health and Wellbeing strategy is the tool needed to influence local commissioners, ensuring that the right direction, values and outcomes are set and achieved. The strategy therefore needs to be a living document which is regularly reviewed and used by partners to drive action and monitor progress.

It is felt there needs to be regular and timely discussions with both commissioners and providers within and out of board meetings. It is recognised that much of the expertise in managing/changing services lies with the providers not the commissioners, so the Board needs to properly engage providers in supporting the change agenda.

The Board also needs to ensure appropriate analysis and feedback from all agencies and HealthWatch (once in place) on impact of existing arrangements and gaps in provision.

#### ***b) Ensuring the right skills to local contracts***

Again it is felt the key will be for the board to ensure that commissioning decisions are aligned to the Health and Well being Strategy, focusing on outcomes and less on inputs.

There also needs to be summary information provided from commissioner and provider forums to enable the board to deal with issues and check alignment to the strategic outcomes.

***c) Influencing and supporting the CCG and its Single Integrated Plan (SIP)***

There is a view that the SIP is largely a CCG document, and that any plan requiring sign-up by other agencies needs to properly engage those agencies in the actual development of the plan. To enable this to happen it is suggested that having clear direction and outcomes (through the Health and Wellbeing Strategy) will help ensure the SIP is aligned to the overall vision of the Board.

It is also suggested that having clear space on agendas to consider issues (by exception) which impact on delivery will enable the board to agree actions to deal with these jointly as appropriate.

There remains some uncertainty as to how some service areas can best influence the CCG, with a view that regular joint planning and review meetings are important to continue this development.

***d) Influencing organisational development of partner organisations***

It is felt there needs to be consideration as to what organisations need to look like in 12 months, 2 years, 5 years time etc and work together in a multi agency way to embed skills, beliefs and attitudes across the workforce to enable this change agenda to happen. However there also needs to be built into this an understanding of the pressures organisations are under and the impact of commissioning decisions on provider viability.

The Health and Wellbeing Strategy again is noted as a key document which needs to be considered and used by all partners to help shape organisations.

**Strategy**

***5. Do you feel sure that the board's vision and priorities (the strategy) reflect and dovetail with Rotherham's population needs?***

There is a general consensus that the strategy is true to the needs of local people.

The strategy has been developed through a range of intelligence gathered from the JSNA and consultation with local people; however board members will feel more reassured they have got this right once feedback has been received from people in Rotherham.

**6. How do we ensure that local health and social care resources are understood and that this information is used to inform our strategy and help stakeholders improve resource allocation?**

There is suggestion that the board requires a systematic analysis of activity and spending against the Health and Wellbeing Strategy to enable a better understanding of how the Rotherham pound is spent to avoid duplication and ensure system efficiency.

There needs to be more transparency on how resources are allocated, deployed and monitored and receive an evaluation of progress towards outcomes; it is suggested to have an annual finance session for the Board to receive this.

There is also a view that the Board needs to communicate with stakeholders to help them understand what resources have been delivered in relation to quality and efficiency and help them inform where they want the resources to be targeted going forward.

**7. How do we ensure that the strategy effectively influences traditionally 'non-health' related areas (such as planning/transport etc)?**

There is a view that this is an area which requires development. There are examples where encouraging all people to get on board and influencing a particular decision, rather than it being seen as a single agency issue, would have a positive benefit to others (such as reducing speed limits outside of schools and the impact this would have on accidents and air quality).

It is suggested that the governance structures and the strategy need to include clear links to these non-health related areas and there needs to be more effective engagement and involvement of those other agencies in the strategy development.

Much more explicit links need to also be made between decision making for all services through planning boards and Cabinet Members. It is also felt that public health needs to be embedded into local authority policy making.

**Delivery and Work programme**

**8. How do we ensure that the board's agenda focuses on the delivery of the Health and Wellbeing Strategy over the next 12 months and beyond?**

There is a clear view that when the strategy and implementation plan is finalised it is important the board regularly reviews and challenges progress. To enable the board to do this effectively, it is suggested to have regular space on agendas to consider "bite-sized" chunks of the strategy's priorities.

There needs to be quality time for partners to have meaningful discussions on the key issues and have regular symposiums which provide a current state in relation to each of the life stages. This should be done by setting out a clear work plan for the board which includes periodic items on each of the priorities and/or life stages and

reflective learning sessions. The agendas for the Health and Well Being Board need to be tightly managed so that there is a concentration on the most important issues.

It is also felt that the strategy needs action plans and sub-strategies that cover the next 3 years to enable delivery and set specific goals for each priority area. There also needs to be an alignment between NHS and local authority priorities, as well as that of the NHS Commissioning Board.

***9. How does the board want to deal with performance and measuring outcomes?***

It is felt that the board first of all needs to ensure action plans are measurable and outcome focused and that outcomes frameworks are embedded in the delivery of the strategy and its plans.

There is a view that performance monitoring should be a standing item on board agendas, although the preference is for exception reporting for specific issues, to enable thematic exploration of complex issues.

Board members agree that all partners should be held to account through Board meetings, yet be mindful that each of the agencies involved are also accountable to their own boards. It is therefore suggested that all board members be required to ensure that the HWBB minutes and performance indicators are routinely submitted to their own boards for review.