

**ROTHERHAM BOROUGH COUNCIL  
REPORT TO HEALTH AND WELLBEING BOARD**

<b>1</b>	<b>Meeting:</b>	<b>Health and Wellbeing Board</b>
<b>2</b>	<b>Date:</b>	<b>16 October 2013</b>
<b>3</b>	<b>Title:</b>	<b>Health and Wellbeing Board Self-Assessment 2013</b>
<b>4.</b>	<b>Programme Area:</b>	

## **5. Summary**

Health and Wellbeing Board members and official attendees were asked to complete a self-assessment questionnaire during September 2013, to consider the governance and operational arrangements of the Rotherham Board.

13 responses were received in total. This report provides a summary of the responses and outlines the key comments and issues raised. Members of the board are asked to consider and agree appropriate actions which may be required to address any issues and further develop the board's work programme.

## **6. Recommendations**

**For the Health and Wellbeing Board to:**

- **Consider the responses and comments made by members of the Board**
- **Discuss and agree appropriate actions needed to address any issues raised**

## 7. Proposals and Details

### Summary of responses

#### Theme 1: Governance

##### **Q 1. Is the local Health and Wellbeing Board governance structure understood?**

69% agreed that decision making routes and engagement processes were clear, and as a sub-committee of the council, political decision making was clear.

However, a number of respondents felt that:

- It may be understood by those involved in the main meetings and sub groups, but unsure whether it is understood by a wider audience, including front-line staff and managers
- The governance structure is clear but there have been times in the board when the interpretation of the structure and whether certain items should be brought to the board, has been debated
- The relationship with scrutiny is not clear
- There is a need for a clear governance structure document to be included in the terms of reference

##### **Q 2. Do you understand clearly where the HWB fits in your organisation?**

92% either strongly agreed or agreed, but there was a view that outside of the board, other stakeholders did not necessarily understand or appreciate its significance. Information sessions had been used in some areas and were suggested as a good way of raising awareness.

A number of respondents suggested it was unclear what the role of board was in decision making and where the board fit within certain service areas (mainly in relation to RMBC).

##### **Q 3. Is the HWB having an impact and influencing decision-making for the council, CCG and other organisations?**

77% either strongly agreed or agreed and felt the board's priorities were now becoming embedded across organisations and starting to influence thinking.

However, those who disagreed or were unsure, felt that it was too early to tell whether the board was having any impact on influencing and challenging decisions as yet. And it was felt that the 'board' itself may not be having impact as it felt too much like its component parts, rather than a single unit.

#### Operation of the board

##### **Q 4. What do you think is the unique contribution of the HWB in Rotherham?**

#### Comments included:

- A whole system view on issues and aiding integration between health and social care

- Networking & effective communication
- The HWB strategy provides a clear, comprehensive and accessible document that guides organisations
- Meaningful debate and challenge that can result in actual improvements for the residents of Rotherham
- The breadth of its membership and the effective collaborative working are particular strengths of the Rotherham board.
- Education not being included in the Rotherham board was seen as a negative.

**Q 5. Is the HWB fulfilling its role in promoting integrated working across the health and wellbeing sector?**

77% agreed and felt there had been a positive start, with the board agreeing to proposals that support integration. However, those who agreed also felt much more work was needed, there were good examples of integrated working in Rotherham, but no real drive being led by the board. It was felt that to improve integrated working, partners needed to start sharing commissioning and budget plans to ensure there was alignment on priorities and spending.

Those who disagreed or were unsure felt there was no “appetite” for integrated working from all partners, and that some partners were not actively contributing to the discussions. Some also felt there were no new ideas or innovation coming from the board.

**Q 6. Is the HWB effecting change in Rotherham, through the delivery of the strategy?**

85% agreed that the development of the strategy had been a good start, and the initial phase of sharing the work of the workstreams had been useful in embedding the principles. However, members were less aware of significant commissioning decisions having been made on this basis.

A number of respondents felt it was too early to tell, and the scale of the task was significant, but that there was real potential to effect change and this was a positive beginning.

**Q 7. Is the HWB having an impact on reducing inequalities within Rotherham?**

Only 38% agreed, with a number of respondents unsure of the impact, mainly because it was felt to be too early to tell, and there were many factors outside local control that was impacting on health inequalities, although the right local issues were being focused on.

Those who disagreed felt there had been positive work in key areas, but no evidence of significant changes being made as yet.

**Q 8. Are the right issues coming to board?**

There was roughly a 50/50 split with those who agreed or disagreed with this question (with 1 being unsure).

Those who agreed felt the right issues were going to the board, but there was a disappointing response to them, or there was insufficient time given to consideration of issues across too wide an agenda.

Those who disagreed felt that:

- Too many items included for information and single issue reports which are not strategic enough and do not fit into the board's priorities, some felt the frequency of meetings needed to be reviewed and possibly reduced to enable a more focused approach
- There was often a crowded agenda resulting in disengagement and a lack of opportunity for debate
- The agenda needed to be better focused on key priorities, The board needs to be able to drive forwards strategy, and have the opportunity to debate and challenge commissioning priorities (from all partners), how we do things differently, and how we spend and refocus activity
- Budgetary allocation and budgetary decisions and challenges, and the potential impact on partner agencies needs to be considered much more
- There has been a lack of children's issues at the board

**Q 9. Do you feel comfortable that you are able to positively contribute to discussion?**

100% either strongly agreed or agreed and felt that everyone had the ability to contribute at the meetings.

**Q 10. Are HWB members fulfilling their role as set out in the terms of reference:**

**a) To attend meetings as required or send deputies where necessary**

100% agreed

**b) To act in the interests of the Rotherham population, leaving aside organisational, personal, or sector interests**

62% strongly agreed or agreed

**c) To fully and effectively communicate outcomes and key decisions of the HWB to their own organisations**

69% strongly agreed or agreed

**d) To contribute to the development of the joint strategic needs assessment and joint health and wellbeing strategy**

92% agreed.

**e) To deliver improvements in performance against measures within the Public Health, NHS and Adult Social Care outcomes frameworks**

69% agreed.

Some felt the board was not there yet and there were still a number of gaps, including children's issues.

**f) To act in a respectful, inclusive and open manner with all colleagues to encourage debate and challenge**

92% agreed, although a view that some members attend but do not always contribute to discussions.

**g) To read and digest any documents and information provided prior to meetings to ensure the board is not a forum for receipt of information**

77% agreed, however the lack of debate suggested to some that papers were not always read.

**h) To act as champions for the work of the HWB**

85% strongly agreed or agreed.

**General comments for Q10a – h:**

- The strategic role and planning history of Rotherham's HWB has been exemplary
- There is clearly a collective commitment to effective working and to optimise the contribution of the board
- The board has not developed as it should have done over the last 12 months. Partners are too passive, both inside and outside meetings. It's easy to agree on issues, more difficult to implement.
- Change has been slow. Agenda items not coming from members.
- The chair is a champion of the work of the board

**Q 11. Providers are not a statutory member of HWBs, and local authorities differ greatly on this subject; should providers be a part of the Rotherham HWB?**

77% either strongly agreed or agreed that providers should be a part of the board, with the majority view that they should be non voting members. It was felt that providers are able to make significant contributions to the work of the board and are often key to the delivery of the board's Health and Wellbeing Strategy.

However, it was also felt there has not been active provider participation or challenge at the board, and providers were missing the opportunity to play an active role in shaping messages.

**8. Contact**

**Kate Green**

Policy Officer

[Kate.green@rotherham.gov.uk](mailto:Kate.green@rotherham.gov.uk)