ROTHERHAM BOROUGH COUNCIL - REPORT TO HEALTH AND WELLBING BOARD

1	**Meeting:**	**Health and Wellbeing Board**
2	**Date:**	**19 February 2014**
3	**Title:**	**Governance Arrangements**
4	**Directorate:**	**Resources**

5. Summary

The Health and Wellbeing Board has been in operation as a statutory board since April 2013 and in that time has matured well, developing strong working relationships between partners. There has been real enthusiasm and a commitment to improving the health of the Rotherham community and improving integrated working across the health and social care sectors to support this.

The health and wellbeing landscape has changed considerably and local boards are increasingly being directed by government to provide leadership and direction on a number of key policy agendas. To ensure the Rotherham board remains fit for purpose and able to deliver what is required; it is felt timely for the board to review its governance arrangements.

6. Recommendations

That the Health and Wellbeing Board:

- **Notes the previous agreement to establish an Executive Group and agrees the membership**

- **Considers the recommendations set out in 7.3 and agrees appropriate changes to the terms of reference**

7. Proposals and details

The Health and Wellbeing Board has matured well since taking on statutory responsibilities in April 2013. Strong working relationships have been built and there is a joint commitment across all health and wellbeing partners to improve health and reduce health inequalities, working towards better outcomes for all local people.

It is important that this collaborative approach continues and the board remains focused on the joint priorities as set out in the Health and Wellbeing Strategy. However, in future there is a need for a more business focused approach as the board is increasingly being directed by government to provide leadership and direction on a number of policy agendas, for example the Better Care Fund.

With this in mind, it is felt timely for the board to review its governance arrangements to ensure it remains fit for purpose.

7.1 Health and wellbeing executive

At the meeting of the Health and Wellbeing Board on 11 February 2014, the first draft of the local Better Care Fund (BCF) plan was approved.

As part of this there was agreement that in order to deliver against the requirements of the BCF, clear governance arrangements need to be in place, which does not add to the burden of any agencies or partnership mechanisms.

The local vision for the BCF is fully aligned with the delivery of the Health and Wellbeing Strategy, as a result of this it is agreed that existing mechanisms should be fit for purpose, with some adaptation to support delivery of the BCF actions.

It was therefore agreed by the board to establish an executive group. This group will report directly to and provide a support mechanism for the Health and Wellbeing Board, as well as holding the strategic overview of the health and wellbeing agenda, including delivery of the Health and Well Being Strategy workstreams and the Better Care Fund plan.

The board is asked to consider and agree the appropriate membership of the executive group.

7.2 Feedback from Board members

During September 2013, board members undertook a self assessment, looking at a number of key themes in relation to governance and operation of the board. In reviewing the governance arrangements, it is important to draw on the outcomes from this and the specific issues that were raised.

Members generally felt positive about the board's role, relationships and effective collaborative working that had taken place since being established. There was a clear understanding that the board's unique contribution was to provide a whole system view on issues and promote integration between health and social care. However, a number of key areas are worth considering:

- Board members felt that although the governance arrangements were clear to them personally, outside of the board this was not always the case, and there was often misinterpretation about whether certain items should be brought to the board or not.

- The Health and Wellbeing Strategy was seen as positive, and the sharing of the priority area plans had been useful in embedding the principles. However, members were less aware of significant commissioning decisions having been made on this basis, and felt agendas needed to be much more focused on these priority areas.

- There was concern about the agenda items being presented to the board, some members felt the right issues were being taken but there was a disappointing response to them, or there was insufficient time given to consideration of issues across too wide an agenda, others felt that too many items were being included for information and single issue reports that were not strategic enough or did not fit with the board's priorities.

- There was a view that the frequency and format of meetings needed to be reviewed, to enable a more focused agenda and opportunities for discussion and challenge.

- The majority of board members agreed that providers should be a part of the board. It was felt that providers were able to make significant contributions to the work of the board and were often key to the delivery of the board's Health and Wellbeing Strategy. However, some felt providers were not always active participants and there was a missed opportunity to shape agendas. There was also a general view that providers should remain non-voting members.

7.3 Recommendations

Taking into consideration the new governance arrangements in relation to the executive group and delivering the Better Care Fund Plan, and the responses from the self-assessment, a number of recommendations are being proposed in relation to the operation of the board.

Format of meetings

To enable the board to develop in line with the emerging national policy agendas, allowing for real discussion and challenge between commissioners, and giving providers a forum to influence and contribute to key agendas, it is recommended that the format of board meetings is reviewed.

Although the feedback from members suggested a reduction in meeting frequency, it is proposed that meetings remain monthly for the time being, due to the current volume of work. However, it is recommended that the format changes so that every other meeting is for core members only (commissioners), to cover key business items such as commissioning plans, financial information and any major service reconfigurations, the Better Care Fund plan and performance management. The remaining meetings will be more reflective and in two parts, the first for any necessary core business and the second with provider and VCS involvement, giving an opportunity to contribute to and help shape agendas, specifically around the local strategy priorities. This new format will allow for more focused agendas, which

address the strategic priorities of the board, whilst allowing for real discussion and challenge on specific issues.

Example schedule is shown below:

- March meeting – business meeting (core members only)
- April meeting – reflective meeting in 2 part (providers/VCS invited to second part)
- May meeting - business meeting (core members only)

The Executive Group will hold the strategic overview for the health and wellbeing strategy and Better Care Fund, reporting directly to the board. The health and wellbeing steering group and other relevant groups (delivering BCF actions) will feed into the executive in relation to delivery and performance management.

Board membership

It is recommended that to allow for quality of debate, the Board membership is slimmed down, to only those core members that provide value to the board's key business through decision making and influence. Currently there is some duplication in those who attend the board as participating observers, and there may be more value in some members attending only as and when required, due to the nature of the business.

It is proposed that the membership of the board is reviewed as suggested below:

Core members:
Cabinet Member for Health and Wellbeing (Chair)
Cabinet Member with responsibility for Adult Services
Cabinet Member with responsibility for Children's Services
Director of Public Health
Chief Executive RMBC
Strategic Director of Neighbourhoods and Adult Services
Strategic Director of Children and Young People's Services
Chief Operating Officer CCG
Chair of Clinical Commissioning Group (CCG)
NHS England representative
Chair of Rotherham HealthWatch
Chief Superintendant, South Yorkshire Police

Provider/VCS involvement (for reflective meetings):
Chief Executive RDaSH
Chief Executive Rotherham Foundation Trust
Chief Executive Voluntary Action Rotherham

There are many other professionals who contribute to the health and wellbeing agenda and priorities of the board, many of whom will be part of the delivery structure for the health and wellbeing strategy and better care fund plan, who will report to the executive. Board members are invited to comment if they feel there is any significant value in extending the core list of members.

There is also a need for stronger engagement with the public and the board are asked to consider how they wish to develop this; either through encouraging public attendance at meetings, or through more focused forums on specific topics.

8. Finance

There are no financial implications associated with this report.

9. Risks and Uncertainties

The board continues in its current format and is unable to move to a more business focused approach, which allows for discussion and challenge by commissioners and the opportunity for providers to influence key policy agendas.

Membership of the board is not reviewed to create a more focused board, which allows for proper debate and challenge of the core business priorities.

10. Contacts

Kate Green
Policy Officer
Kate.green@rotherham.gov.uk