

**SUNDERLAND HEALTH AND WELLBEING BOARD**

16 May 2014

**HEALTH AND WELLBEING PEER REVIEW – RECOMMENDATIONS AND IMPLEMENTATION PLAN**

**Report of the Assistant Chief Executive**

**1. Purpose of Report**

The purpose of the Report is to update the Board on the recommendation of the Peer Review and share the implementation plan for comment.

**2. Background**

Following the review to the health and wellbeing system that came with the Health and Social Care Act, the LGA developed a health and wellbeing system improvement programme which included a peer challenge for local systems based on the principles of sector led improvement. The Sunderland system volunteered itself for the challenge and this was delivered during February 2014.

**3. The Findings of the Challenge**

Overall the LGA report was positive, complimenting Sunderland on its approach to Health and Wellbeing, the strategic leadership of the Health and Wellbeing Board (HWBB), strong and stable partnerships between the Clinical Commissioning Group (CCG) and the Council, the innovative approach to the Health and Wellbeing Strategy (HWBS) and the strength of Area arrangements. The LGA letter is included as Appendix 1.

In terms of challenge, the Peer Team emphasised the need to build on the momentum of the HWBS by embedding the design principles throughout the system ensuring the vision is clear and bought into action by commissioners from all local organisations and by providers, regardless of size and sector (e.g. public, private, independent, voluntary and community). Areas for further work and development include developing a performance management framework, ensuring read across from strategic to operational level and embedding Public Health expertise into the whole system.

An improvement plan built on the recommendations from the review is included as Appendix 2 and 6 monthly updates on progress against this should be provided to the HWBB.

**4. Recommendations**

The HWBB is recommended to:

- Note the overall findings of the LGA Peer Review;
- Review the Implementation Plan; and

- Agree to receive 6 monthly updates on progress against the implementation plan

Sarah Reed,  
Assistant Chief Executive  
Sunderland City Council  
Civic Centre,  
Burdon Road,  
Sunderland  
SR2 7DN

19 March 2014

Dear Sarah,

**Health and wellbeing peer challenge, 11-14 February 2014**

On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited to Sunderland to deliver the health and wellbeing peer challenge as part of the LGA's health and wellbeing system improvement programme. This programme is based on the principles of sector led improvement, i.e. that health and wellbeing boards will be confident in their system wide strategic leadership role, have the capability to deliver transformational change, through the development of effective strategies to drive the successful commissioning and provision of services, to create improvements in the health and wellbeing of the local community.

Peer challenges are delivered by experienced elected member and officer peers from Councils, CCGs and other organisations. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge at Sunderland City Council (SCC) and its Health and wellbeing Board (HWB) were:

- Jamie Morris, Executive Director (Neighbourhood Services), Walsall Council
- Cllr Keith Cunliffe, Portfolio Holder (Health and Adult Social Care), Wigan Council
- Dr Jane Moore, Director of Public Health, Coventry City Council
- Dr Adrian Hayter, Clinical chair NHS Windsor, Ascot and Maidenhead CCG
- Sue Stevenson, Chief Operating Officer, People First Advocacy Cumbria
- George Leahy, Deputy Director, Department of Health
- Paul Clarke, Programme Manager, LGA

## Scope and focus of the peer challenge

The purpose of the health peer challenge is to support Councils in implementing their new statutory responsibilities in health from 1<sup>st</sup> April 2013, by way of a systematic challenge through sector peers in order to improve local practice. In this context, the peer challenge has focused on three elements in particular: the establishment of effective health and wellbeing boards, the operation of the public health function, and the establishment of a local Healthwatch

Our framework for our challenge was five headline questions:

1. Is there a clear and appropriate approach to improving the health and wellbeing of local residents?
2. Is the Health and Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?
3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
4. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy
5. Are there effective arrangements for ensuring accountability to the public?

You also asked us to comment on the following issues which we have sought to address within this report, encapsulated within the five headlines above:

- Test the leadership of the HWBB and the advisory group structure
- Test the extent to which the principles of the HWB Strategy are embedded throughout the system
- Examine the extent to which public health is influencing other council services
- Assess progress in bringing together social care and health resources
- Uncover any barriers to service integration/pooled budgets across the system
- Critically assess the engagement of patients and the public and the progress towards co-production
- Provide recommendations on the future direction of the HWBB that will enable it to affect a positive step change in residents health

It is important to stress that this was not an inspection. Peer Challenges are improvement focused. The peers used their experience and knowledge to reflect on the information presented to them by people they met, things they saw and material that they read.

This letter provides a summary of the peer team's findings. It builds on the feedback presentation delivered by the team at the end of their on-site visit. In presenting this feedback, the peer team acted as fellow local government and health officers and members, not professional consultants or inspectors. We hope this will help provide recognition of the progress SCC and its HWB have already made whilst stimulating debate and thinking about future challenges.

## **Summary of feedback: overall observations and messages**

Our overwhelming view as we departed Sunderland at the end of the peer challenge was that there is both a real passion and strong ambition within the council and its partners to make a fundamental difference to the health and wellness of Sunderland residents. This is perhaps best embodied in the strong and purposeful alliance that the council has with the Clinical Commissioning Group (CCG).

We saw a Health and Wellbeing Board (HWB) that was clearly providing system-wide leadership. The Board has, in our view, the 'right people at the table'. It is proactive and is investing in new ways of working to maximise its impact. The mix of formal meetings with regular development sessions has served to clarify the Board's ambitions and has promoted effective relationships amongst its members.

We were impressed with the Health and Wellbeing Strategy (HWBS). This has taken some time to develop but offers a coherent plan, emphasising an asset based approach to health and wellbeing and your ambitions for the city.

Your next challenge is to develop the narrative that underpins this strategy and promote this widely within the council and partner organisations to foster a shared understanding of the board's aims and the principles underlying the strategy. This will then enable you to move forward with the strategy's implementation plan, which is awaited by many stakeholders and is currently in embryonic form.

You recognise that the health and social care system will look very different in the future and through your joint plans, most recently evidenced within your Better Care Fund (BCF) submission, you are actively working on this now. This would be a very opportune time for the board to develop a "road map" with clear deliverables for this significant transformation and the steps that will be taken towards a more integrated system. This would help people understand the scale and direction of change ahead and also provide a high level plan for the board to evaluate progress.

You have excellent locality arrangements already in place. Your area committees provide a strong focus on localities with the emphasis on people and places. The area committees are a very effective vehicle for ensuring community aspirations are recognised and that local people have a say in matters affecting their area. In terms of health and wellness, local actions should also reflect your strategic aims. In this way area committees can be an important contributor to the achievement of city wide plans. But to do this local actions need to be based on strong evidence.

Finally, we saw at first hand the real opportunities for system-wide change to maximise impact on wider determinants of health. A good example of this is the Health Impact Assessment carried out on the council's Core Strategy. This should serve as an exemplar for a more systematic approach to health impact assessments in the local authority. It is an area which you recognise is 'work in progress' but an area which needs development at pace if you are to fully utilise the potential of the system you are leading and managing

## **1. Is there a clear and appropriate approach to improving the health and wellbeing of local residents?**

There is a clear and collective understanding, among the key stakeholders in the system with whom we spoke, of the health and wellbeing of the communities in Sunderland. The Health and Wellbeing Strategy (HWBS) is a determined strategy based upon strong and compelling design principles with six clear objectives on how these will be improved:

- Promoting understanding between communities and organisations
- Ensuring that children and young people have the best start in life
- Supporting and motivating everyone to take responsibility for their health and that of others
- Supporting everyone to contribute
- Supporting people with long-term conditions and their carers
- Supporting individuals and their families to recover from ill-health and crisis

Health outcomes in Sunderland show the challenges the city faces. For example, although you can point to real improvements around school age children you remain an outlier around children and young people, as well as several other measures. As such it has been of fundamental importance for the HWB to focus its efforts upon creating the conditions for improvement.

The strategy uses an assets-based approach. This starts with a focus on the strengths within communities, not the risks and deficits. The approach is one which emphasises the need to understand local communities and build relationships and resilience, rather than devising interventions to fix problems. The strategy reflects Sunderland's model of area working and its approach to community leadership. We found that this approach was coherent and understood by partners.

We saw a clear 'read across' and alignment between the HWS and the CCG's priorities. There is a strong relationship between the council and the CCG with the latter now providing a coherent voice for GPs, which is welcome. It is plain that as one stakeholder told us 'we are on the same page'. We witnessed an integrated approach to local authority commissioning encompassing public health and plans to extend this with the CCG. All of this bodes well

Our only cautionary notes in relation to the above was that we believed there needed to be greater attention required on a primary care commissioning plan as we did not in our short time see real evidence of this. Additionally, in our view there is a real opportunity to use the skills and work expertise across Public Health to create strong evidence based commissioning that incorporates co-design and co-production of the interventions with local communities. These things should be built upon

We had access to the draft Better Care Fund (BCF) submission which we believe is ambitious. It has an intention to pool significant budgets, establish an integrated commissioning structure as well as single NHS and social care system and invest in voluntary and community provision. This approach clearly reflects the priorities of the CCG and council.

In our view a next key step is to develop a compelling narrative for communicating the strategy with the workforces across the system, the areas across the city and its residents within them. You have a strong tradition of effective engagement and we believe that you will embrace this as a way of engaging 'hearts and minds'.

The implementation plan and performance framework of the strategy is still 'work in progress'. We have seen the fledgling infrastructure and draft plans that lie beneath the six core priorities of the strategy. Momentum now needs to develop to see these through into tangible plans. This should go hand in hand with the narrative outlined above.

Again in support of the narrative and the implementation plan referred to above we believe it would be very worthwhile to articulate and communicate what your 'system' will look like in the next say 5 years and beyond and how to make the transition. This will build upon the BCF submission and really help people see, understand and positively respond to a potentially very radically different health and wellness landscape.

The Health inequalities across the city are well understood and the JSNA (which is just about to be updated) provides a clear and evidence-based assessment of these. That rational understanding could perhaps be underpinned by a stronger user perspective, which didn't shine through as strong as we might have expected. We did report back in our feedback from Beverley, a user of care from Washington. Such stories help explain what the health needs are, how people are engaged effectively and what can be achieved. As Beverley said 'They weren't listening to our complaints 2 years ago so we started the 'here I am campaign'. We are now training doctors, nurses, and home care staff. There is a long way to go but now they are listening.

It is well understood that of the six key objectives referred to within the strategy all services within and across the system need to recognise their contribution to health improvement by influencing the wider determinants. We saw some important green shoots of this within the council itself, the HIA of the Core Strategy already referred to and the excellent extra care housing plans in place. However it was clear that to achieve the ambitions of the strategy these good examples need to be replicated across the council and the system. It's a challenge that should remain front and centre.

We came across a range of stakeholders holding the view that public health interventions had not worked, as evidenced by the continuing health inequalities in the city, and that radical change was therefore needed. As one interviewee put it, 'The old ways of doing things haven't worked'. However, what is perhaps more the case is that they haven't worked as well as you would have liked especially in relation to achieving benefits for those with the greatest need. It is therefore important that you do not underestimate the effectiveness of the interventions delivered whilst continuing the work started in the integrated wellness model to improve access and sustain change in those communities with the greatest need.

In terms of the above we found many schemes and approaches that have worked very effectively, but not always at the scale to achieve population-wide tangible

differences. The exercise referral programme has generated positive results though we acknowledge your concerns about areas of the service and the biased population using the service change. New approaches will certainly need to be explored given the pressure on resources and the scale of change needed, but there is good practice to build on. We commend the approach Public Health is taking to develop an integrated wellness model with a single point of access and a grounded approach to supporting the population. However, we would suggest given your concerns about health inequalities that you need to do more around the behavioural and cultural issues that underlie why people do not make changes or access services if you are to make progress

## **2. Is the Health & Wellbeing Board (HWB) at the heart of an effective governance system? Does leadership work well across the local system?**

The HWB is recognised across the city as being at the heart of the system. The peer challenge team saw a strategic decision-making Board. The Board purposefully chose to base its membership on the statutory minimum. It has reporting to its three core advisory groups: a provider's forum, the Children's Trust and Adults Partnership Board.

The shared political leadership and involvement of key council portfolio members and indeed the leader of the council as part of the board emphasises its core relevance. This filters through the political management arrangements within the council and across the city. The fact that the CCG has structured itself to reflect the council's five core city areas reinforces the pervasive ownership of the health and wellness agenda at all levels.

The investment in development sessions for the HWB has led to a clear relationship of trust between board members which promotes good working relationships. It is a Board that challenges itself. We endorse the pragmatic approach to engaging with providers through a separate board to avoid conflicts of interest and applaud the HWB for responding to the need to do this as it is become an additional part of the governance architecture in 2013.

It was clear to us that there are effective links with the Adults and Children's Boards which provide opportunities for dialogue. Related to this we saw that the Overview and Scrutiny arrangements in place are providing an important challenge. All local authorities are mapping out the boundaries and inter-relationships between HWBs, cabinet and scrutiny and you are no different. We applaud the clear protocol developed in Sunderland to respond to this. It is a general but obvious observation to suggest that you should regularly review your working arrangements to ensure they are helping you deliver and in line with the general theme of this report communicate that well.

One of the phrases we heard quite regularly was that in terms of the Boards influence was that it was "early days..." in the same breath people would also describe the challenges to be faced and the speed at which they need to be tackled. Our key observation here is to be clear and consistent about the scale and pace at which you are and need to be travelling. A key question we have is how will the HWB



provide the leadership to ensure the system delivers transformation at pace? In truth this relates to the need to have in place the action plans that underpin the strategy and ensure that these outline important milestones for progress and the gauging of this.

We spent some time as a team questioning the current positioning of both the public health function and its influence in helping drive on behalf of the HWB, the level of change required to achieve the ambitions required. There was clear evidence of a desire within Public Health to respond to the challenges set by the HWB to deliver step changes in the health and wellbeing of the people of Sunderland. However, although there were good examples of Public Health involvement in working with people across the council and city already referred to herein, there were wider areas where Public Health could have a much greater impact (e.g. the role of Public Health in supporting a prevention/early intervention approach to the BCF and the potential of involving Public Health in areas such as regeneration, employment and other aspects of the 'Marmot' agenda). It was not always clear from the discussion across the three days how Public Health could leverage influence across the council or where it was seen as having a clear leadership role.

Finally, we also questioned whether there is a shared understanding of the provider role in delivering a step change in outcomes. One area that you could develop is the role of the NHS and Council as employers in delivering improvements in health outcomes. You are both aiming to be healthy workplaces that demonstrate your commitment to the importance of health and wellbeing at work and we believe this could be a key aspect of the Council's employment and regeneration agenda. However, wider than this, real step change is only going to be seen if service providers are committed to an agenda that places prevention and early intervention at its heart. This ranges from more emphasis on primary care role, to considering how do health and social services, with the voluntary sector and others work with communities to empower them to develop models of support that recognise the importance of social models (the role of social isolation) as well as health models in ensuring people can maintain vibrant lives without the need for intensive service intervention. This recognises that a lot of the improvements will not come from specific Public Health interventions but a mind-set within providers around promoting early intervention and supporting people to maintain their lives within the community.

### **3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?**

An overriding impression the peer team received from our time in Sunderland was the energy and commitment to the health and wellbeing agenda. This commitment was evident right from our first engagement, when amongst other key stakeholders, the leader and chief executive of the council and the chief officer from the CCG attended the planning meeting prior to the challenge itself. That commitment was maintained throughout. It is a top priority for Sunderland City Council and its partners.

The Area structures that underpin the council's ideology and ways of working are reflected also in the way the CCG arranges itself. The area committees have a strong focus on both a People and Place agenda. The very impressive Community

Leadership Programme places local councillors at the centre of community leadership. This coupled to its aims of creating partnerships for growth and reconfiguring local public services all bring the health and wellbeing agenda to life in real places and real communities. We witnessed this at first hand during our attendance at the Washington Area Committee where local projects to tackle obesity and the potential role of adult learning were both considered.

The area committees provide an opportunity for very diverse and locally responsive services and projects, which reflect the very different local communities in the city. However you need to ensure that local interventions are properly evidence-based and informed by professional judgements about what works. If these committees are used in conjunction with some of the consultation methods used on the healthy weight/integrated wellness model consultation you have a real opportunity to get real reach into your communities.

There was a clear realism about future resources available to the system and the implications this would have. At the same time there was a whole range of excellent approaches, programmes and activities that demonstrate the focus on delivering sound outcomes:

- Your Integrated wellness model which outlines your overall approach and pathway to wellness: It's development with people from your communities means it recognises the need for a stepped approach to support individual and group change via Universal opportunities->programme management-.Brief advice and signposting->responsive equitable delivery->supportive delivery->Direct delivery
- The range of Wellness Services you commission including components such as Wild Walks, Weight Management, Lifestyle Activity and Food.
- Sunderland Health Champions programme with over 600 fully trained health champions, including a number of elected members (More on this – it is much more significant that the commissioned wellness services above which everyone does).
- Extra Care Housing. You have an ambitious programme that will provide choice for people and reduce the use of more costly traditional and institutional options
- Creative approaches to Telecare
- VCS strength at a local level. We were enormously struck by the enthusiasm and energy that existed amongst those that we met from this sector. There was a depth of understanding about the real issue that need to be tackled and a recognition that these were reflected in the HWBS "it's what we do"

The coterminous arrangements at city and area level for the local authority and the CCG give real potential for a focussed approach to meeting people's health and wellbeing needs. As one key stakeholder said 'The stars have aligned-it's within our control now'. Essentially this was pointing to the right 'system' conditions being in existence on the ground now. The next significant step is to build upon the examples above and deliver the city wide tangible outcomes you seek.

Inevitably there are further areas which we feel you could address. A key focus from the peer team's point of view is to encourage you to use a sound performance framework for planning future activities. It is crucial in your strategic model that

evidence drawn from the strong data you possess is aligned with effective solutions delivered at a region, city or local level (as per your Integrated Wellness Model).

Not unique to your situation but crucial to its success will be developing a workforce plan for the future outlining the landscape and the skills, competencies and capabilities that will allow your workforce to thrive. This should build upon the narrative that is being developed now and embodied in your BCF submission.

Given your focus on building resilience and capacity at a local level your model will require greater capacity within the VCS) It may be helpful to review how the wealth of skills, experience and passion in this sector is resourced and supported, we are aware that there are many excellent activities taking place at grass roots level but heard that the sector would welcome an opportunity to learn how to better collate evidence of success and quantify improved outcomes. This would help to build up a picture of what works and therefore help to direct appropriate future commissioned activity.

Alluded to above in relation to performance management it is important to reflect upon how the area activity best support the delivery of the HWBS and begin to map in a locality how that might be done. Area structures are a significant strength but your next challenges are how you look beyond these to increase community engagement and empowerment. There is a recognition from many of the people we spoke to that area committees are not enough. They are a focal point for local decision making but need a wider range of approaches to give local people more of a say. The local voluntary sector forums are also important in this regard but you will also need to develop other approaches, including social media, to engage local communities.

We saw strong evidence of effective joint working across the system. However, to ensure that these build into effective delivery in the long term it is important that the roles of partners is clearly defined within MOUs and work plans. Some of this exists and works well, others we felt could benefit from additional work. For example, the role of the Public Health working with the CCG on commissioning and agreements to how the Council (Public Health), the area team and PHE will work together on Health Practitioner issues

#### **4. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy**

As outlined already there is an emerging outcomes framework for ensuring the effective delivery of the strategy. One could be critical that these are essentially drafts only. However, we do applaud the HWB for seeking to create the necessary conditions to establish the concept, as one stakeholder put it of 'form following function'. The acid test is whether those emerging plans hold true to this and both reflect the core purpose of the strategy but are also practically deliverable.

The council is at the forefront of developing a new and ground-breaking 'Intelligence Hub'. The potential for the Hub is significant in providing a rich, empirical and 'joined up' data warehouse. This in turn will provide information to be translated into core

intelligence upon which to base future commissioning of services. We discussed the potential of this with senior council officers as a means of delivering real transformation within the council, across the city and importantly in relation to the wider health and Wellbeing system. .

The project is at a relatively early stage but already there is enthusiasm from within the council and partners about its potential. The HWB needs to explore how it would support the effective delivery of their strategy and additionally how the development of the hub could be informed by the expertise and knowledge of health partners and specifically how it can be informed by public health expertise in terms of content and analysis'.

A key development for the future is to ensure that there are robust evaluation approaches in place for area based initiatives. It is crucial that there is a focus on local delivery and we saw at first-hand how the area boards are setting programmes and activities in place. We were less certain about: how they related to the principles of the HWBS, how they impacted upon key health outcomes as evidenced through the JSNA and how they might be effectively evaluated.

A thorny but important issue is the whole question of the financing of public health across the council and system. We believe it would be a worthwhile exercise to measure the impact of the re-profiling of the Public Health Budget to assure yourselves that you were generating sufficient efficiencies but also gaining real effectiveness from it. This is of particular importance given in future Public Health funding will reflect progress in improving health outcomes.

Aligned to the above we also wondered whether you are using your PH expertise to develop more evidence based evaluation? The scale of innovation you want to put in place is impressive however without effective evaluation you may struggle to deliver effective changes or to be able to demonstrate that the initiatives have delivered the change expected from them. We would suggest a real opportunity for Public Health expertise to be used to develop collaborations with PHE and local universities to deliver this

## **5. Are there effective arrangements for underpinning accountability to the public?**

A key strength of Sunderland is the democratic engagement, through frontline councillors. This has ensured public input to the strategy. Equally, the breadth of the engagement with key groups and communities to build the commitment to the HWBS was first class. This signals a strong intent around accountability.

We have highlighted the work of scrutiny in supporting accountability and there were specific examples of the reviews of public engagement and adolescent self-harm. There is clear evidence of a scrutiny work plan that addresses the priorities within the HWS

Healthwatch is building on networks to increase engagement. It provides an independent mechanism to capture and analyse the experiences of people and is working on the philosophy that it is better to engage people where they already are rather than create new groups. This was a strength.

A further key development is the commissioning of customer insight studies to inform current initiatives in Public health. This will provide a richer picture and like Beverley's story outlined earlier in the report provide a stronger user perspective.

The area model and the new arrangements for People and Place Boards as part of this provide a real opportunity to highlight at a local level what is done and why. Also it is important that the public can see this. As part of this and the wider fabric of a performance framework for the delivery of the HWBS you could give further consideration to how best you share intelligence around health and wellbeing with the public and importantly the evidence base and analysis that informs your decisions as a consequence. You could develop an approach which demonstrated the 'value added' for the resources you commit to the wide range of activities that you commission.

Finally we felt that Healthwatch Sunderland can help to strengthen public accountability by providing a route for involving people in an iterative conversation of "you said, we did". People want to know that their comments have had an impact and there is an opportunity to use Healthwatch to increase transparency and thus public accountability

## **Moving forward**

Based on what we saw, heard and read we suggest the Council and HWB consider the following actions. These are a range of things we think will help improve and develop your effectiveness and capacity to deliver future ambitions and plans and drive integration across health and social care. These are all included in this report and some are specifically highlighted below:

- Develop a strong and compelling narrative to underpin the HWBS and promote this widely within the council and partner organisations
- Increase the pace of the HWBS's implementation plan.
- Articulate and communicate what your Health and social care 'system' will look like in the next 5-10 years and within this develop a "road map" with clear deliverables for your integration transformation.
- Build upon your area arrangements to co-design effective consultation methods to achieve best reach into your communities
- Ensure there is a more systematic approach to embedding Health and wellness into the core of council and partners services so you fully utilise the potential of the system you are leading and managing
- Use the skills and experience of your Public Health expertise to create strong evidence based commissioning that incorporates co-design and co-production of the interventions with local communities

- Develop a shared understanding of how you will work with and utilise the provider role in delivering a step change in outcomes
- Ensure you have in place a use a sound performance framework for planning future activities
- Given your focus on building resilience and capacity at a local level your model will require greater capacity within the VCS and you should establish the ways and means to respond to this challenge
- Develop a workforce plan for the future outlining the landscape and the skills, competencies and capabilities that will allow your integrated workforce to thrive. This should build upon the narrative that is being developed now and embodied in your BCF submission
- Confirm how your intelligence hub will be informed by the expertise and knowledge of health partners and how the hub will support the effective delivery of the HWBS
- Consider measuring the impact of the re-profiling of the Public health Budget to assure yourselves that you are generating sufficient efficiencies but also gaining real effectiveness from it and the PH function

## 10. Next steps

The Council's political leadership, senior management and members of the HWB will undoubtedly wish to reflect on these findings and suggestions before determining how the Council wishes to take things forward. As part of the Peer Challenge process, there is an offer of continued activity to support this. We made some suggestions about how this might be utilised. I look forward to finalising the detail of that activity as soon as possible.

In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. Mark Edghill, Principal Adviser, is the main contact between your authority and the Local Government Association. Mark can be contacted [mark.edghill@local.gov.uk](mailto:mark.edghill@local.gov.uk) (or tel 07747 636910) and can provide access to our resources and any further support.

In the meantime, all of us connected with the peer challenge would like to wish the Council every success going forward. Once again, many thanks for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely

Paul Clarke  
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## Health and Wellbeing Peer Challenge – Improvement Plan

ID	Improvement Actions	Lead	Timescale for completion
<b>A</b>	<b>Is there a clear and appropriate approach to improving the health and wellbeing of local residents underpinned by accountability to the public?</b>		
A1	Develop a strong and compelling narrative to underpin the Health and Wellbeing Strategy (HWBS) and promote this widely within the council and partner organisations.	Neil Revely	November 2014
A2	Increase the pace of the HWBS's implementation plan and ensure this includes important milestones and outcomes that will demonstrate progress.	Fiona Brown/Debbie Burnicle	November 2014
A3	Articulate and communicate what the Health and Social Care 'system' will look like in the next 5-10 years including: <ul style="list-style-type: none"> <li>• a "road map" with clear deliverables for integration &amp; transformation</li> <li>• a workforce plan</li> <li>• Primary Care commissioning plan.</li> </ul>	Neil Revely & Dave Gallagher	November 2014
A4	Ensure there is a more systematic approach to embedding health and wellness into the core of council and partners services, to fully utilise the potential of the system.	Ken Bremner (LSP Chair)	November 2014
A5	Use Public Health expertise to create strong evidence based commissioning that incorporates the co-design and co-production of interventions with local communities.	Nonnie Crawford	May 2015
A6	Develop greater understanding around the behavioural and cultural issues that underlie why people do not make changes or access services, ensuring that: <ul style="list-style-type: none"> <li>• evidence drawn from data is aligned with effective solutions</li> <li>• there is a robust process for sharing intelligence around health and wellbeing with the public</li> <li>• that public intelligence is added to the evidence base to inform decisions</li> <li>• the JSNA is underpinned with a stronger user perspective.</li> </ul>	Sarah Reed/ Liz St Louis/ Nonnie Crawford/HealthWatch	May 2015
<b>B</b>	<b>Is the Health &amp; Wellbeing Board (HWBB) at the heart of an effective governance system? Does leadership work well across the local system?</b>		

<b>ID</b>	<b>Improvement Actions</b>	<b>Lead</b>	<b>Timescale for completion</b>
B1	Strengthen the engagement of NHS providers to deliver a step change in outcomes, putting prevention and early intervention at the heart of plans	Ken Bremner/Mel Speding	November 2014
B2	Review the Public Health team's leadership role to ensure it is able to leverage influence across the council in order to respond to the challenges set by the HWBB.	Sarah Reed /Nonnie Crawford	November 2014
<b>C</b>	<b>Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?</b>		
C1	Support the VCS to respond to health and wellbeing challenges.	Charlotte Burnham	December 2015
C3	At an area level map how area activity best supports the delivery of the HWB Strategy ensuring that local interventions are properly evidence based and are informed by professional judgements about what works. Ensure that there are robust evaluation approaches in place for Area based initiatives.	Charlotte Burnham	November 2014
C4	Build upon Area arrangements to co-design effective consultation methods to achieve best reach into communities.	Charlotte Burnham/HealthWatch	November 2014
<b>D</b>	<b>Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?</b>		
D1	Put in place a use a sound performance framework for planning future activities.	Neil Revely/Dave Gallagher	November 2014
D2	Ensure that the intelligence hub is informed by the expertise and knowledge of health partners and supports the effective delivery of the HWB Strategy.	Liz St Louis	December 2014
D3	Measure the impact of the re-profiling of the Public Health Budget to provide assurance that it is generating sufficient efficiencies but also gaining real effectiveness from it for the PH function.	Nonnie Crawford/ Sonia Tognarelli	November 2014
D4	Use Public Health expertise to develop collaborations with PHE and local universities to deliver the evaluation of the HWBS.	Nonnie Crawford/Sunderland University	November 2014