

Izzy Secombe, Leader, Warwickshire County Council & Chair, Warwickshire Health and Wellbeing Board
Shire Hall
Warwick
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March 2015

Dear Izzy

Health and wellbeing peer challenge 20 – 23 January 2015

On behalf of the peer team thank you for the invitation to deliver the Health and Wellbeing peer challenge in Warwickshire as part of the Local Government Association (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 and 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 councillor and officer peers. 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 were agreed with you. The peers who delivered the peer challenge at Warwickshire County Council and its Health and Wellbeing Board (HWB) were:

- Deborah Cadman OBE, Chief Executive, Suffolk County Council
- Cllr Christine Field, Chair, West Sussex Health and Wellbeing Board, Deputy Leader, West Sussex County Council
- Dr Ian Cameron, Director of Public Health, Leeds City Council
- Dr Sarah Schofield, Chair, West Hampshire Clinical Commissioning Group
- Helen Watson, Corporate Director Children, Adults and Families, South Tyneside Council
- Ami Beeton and Judith Hurcombe, Programme Managers, Local Government Association

Scope and focus of the peer challenge

The purpose of the health and wellbeing peer challenge is to support councils and their partners in implementing their new statutory responsibilities in health, as of 1st 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 effectiveness of the local health and wellbeing board (HWB), the operation of the public health function, and the establishment of a local Healthwatch

The 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 HWB 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 underpinning accountability to the public?

You also asked us to comment on:

- **Leadership:** the Board's capability and capacity to lead the health and wellbeing system in Warwickshire, and the extent to which that leadership is being driven collectively by all partners.
- **Governance:** whether the current make-up of the Board, consisting of voting members and active observers, provides the right balance between effective decision making and appropriate stakeholder engagement.
- **Strategy and Planning:** is the Board using its strategic position to influence a Warwickshire-wide health and wellbeing "offer", which draws together the provision of all partners, and is there a robust and integrated approach to planning, both in terms of the Board's own agenda and the distribution of funding.
- **Relationships:** given the complexity of having three Clinical Commissioning Groups, one of which also spans Coventry and therefore reports to two separate Health and Wellbeing Boards, how well are we managing relationships and how could we operate better collectively as a single body.
- **Operation:** as with any partnership body, there is a danger that we all just go back to our day jobs and focus on organisational priorities, rather than the collective strategy.

It is important to stress that this was not an inspection. Peer challenges are improvement focused. As peers we used our experience and knowledge to reflect on the information presented to us by people we met, things we saw and material that we 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 team acted as fellow local government and health officers and members, not professional consultants or inspectors. We hope this recognises the progress Warwickshire County Council and its HWB have made during the last year whilst stimulating debate and thinking about future challenges.

1. **Headline messages**

The work of the HWB is visibly led by the Chair, who is well respected and works hard to nurture relationships across the health economy in Warwickshire. The long term aspiration of the Board is clearly articulated in the revised Health and Well Being Strategy. There is significant appetite from partners for the system to improve and for the HWB to be at the heart of that improvement, managing performance, co-ordinating effort and unleashing creativity and innovation. At local level there is real and tangible energy to make a difference, as reflected in the range of projects underway led by partners.

Your self-assessment showed a good level of self-awareness and identified a number of issues where you would like to make progress, including an ambition to create more impact through the working of the Board. Currently that "added value" is hard to see because not enough "new" activity is taking place under the guise of the strategy.

The Health and Wellbeing Strategy has been agreed but how it will be implemented is less clear, and the absence of an action plan for delivery means that partners and stakeholders largely are uninformed about what will happen next to bring about change for residents and service users across the county. There is limited evidence of significant activity and delivery between meetings: sharing responsibility for delivery will mean that coordinated purposeful activity can begin to take place.

Warwickshire's health economy is viewed as complex due to your inherited factors and geography, including 3 Clinical Commissioning Groups (CCGs), your proximity to Coventry, a lack of co-terminous boundaries with NHS providers who have a wide geographical catchment, a lack of coterminosity for one of the CCGs, and a large diversity of need across your local population. These factors are beyond your gift to control, which means that the role of the Board, how it is comprised and how it works together is of particular significance in bringing about long term improvement.

As in other areas across the country the HWB has evolved from its shadow status into a fully responsible body, and all HWBs are regarded on a statutory basis as a committee of upper tier councils. This means that by its inherent design there is a risk of over-dominance from local authority partners, unless the Board decides to be brave and take radical steps to enable other stakeholders to play a stronger and equal role.

There are a wide range of views about the purpose and scope of the Board, suggesting that the overall purpose of the HWB is not yet widely understood. Your self-assessment reflects the mixed views that we heard about the purpose of the Board and the Board's governance:

- Is it a committee of the County Council?
- Is it a partnership board?
- Is it responsible for health and social care integration?
- Is it responsible for commissioning services?
- "It's more of a health and county thing"
- "It has lots of responsibilities but little authority"
- A lack of clarity about its role in scrutinising performance of partners and providers and how this relates to the County Council's scrutiny arrangements, as well as to Healthwatch
- Some providers would like to be more involved and work with the Board to deliver
- Some providers have intelligence and best practice that they would like to share but don't feel they are able to

In Warwickshire there is inconsistent input into the Board's business from all key members of the health economy, to the extent that the strategy is at risk of not being delivered. The mixed views about what the purpose of the Board is and who should have a seat at the table means that it is currently difficult to identify the overarching authority of the Board. In our view the current arrangements need revisiting to ensure that health partners can play a greater strategic and leadership role on an equal footing, and help the HWB move from high level discussions into shaping action on the ground. Changing the Board's membership however strays into local politics and tensions, but it needs to be addressed if the Board is to make progress.

The Chair is playing a tremendous role in engaging partners and developing relationships, but there is an over-reliance on the Chair to manage and lead engagement. Having a Deputy Chair from a health partner body would complement her work and help further enhance strategic relationships. The work of the Board also needs to have more input from officers, either from Warwickshire CC or its partners, to provide structured support for the Board's business. This should include resources for better agenda management, Board development, a forward plan of business for the Board, and performance management.

It is clear that there is appetite for change and everyone wants the Board and its impact to improve, as one of the partners told us:

“The Health and Wellbeing Board is on the right journey, it is much better than it was, but it could be great.”

2. Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?

You have a credible Joint Strategic Needs Assessment (JSNA), based on sound data and analysis. It is particularly good at describing the complex needs that are presented across Warwickshire. Workshops have been used to help develop the content and understanding of the JSNA across the council and partners, and in particular councillors welcomed these.

Your Health and Wellbeing Strategy (HWS) is clear and has been refreshed following a review undertaken during 2014. How the strategy was reviewed was inclusive and was regarded by stakeholders as a positive means of engagement. Partners told us that the strategy is much improved on the interim version, and that it is more “all-embracing”.

Local strategies and local stakeholder plans feed into the overarching strategy and some partners are taking action to deliver those strategies. However, it is not clear whether the emergence of a local strategy and JSNA in at least one borough area is complementary to the main county wide strategy, or is an attempt to make progress due to frustrations with overall impact.

There is evidence that the Board’s strategy is beginning to have a higher profile and permeate into everyday business across the health economy. For example a presentation made to the HWB on the Better Care Fund in January 2015 showed clear connections to the HWS as one of its guiding principles.

The approach to the Better Care Fund was initially somewhat cautious, but now progress is being made, particularly in engaging at district and borough levels of working.

Partners have an ambition for better urgent social care services which improves social care support, support to carers and out of hours access for services, as well as doing more on prevention to help people before they reach crisis levels. There are concerns about the level of budgetary cuts in the council’s Supporting People budget, and how this fits with prevention. Gaps in carer services have been acknowledged and the service is being redesigned by the County Council. Carers and service users told us that GP services are good once they are accessed, although accessibility is an issue; transport to and from hospital and

services needs improvement; and they are unclear whether carers and caring issues are a priority for the HWB.

As part of the refresh of the strategy last year, you revisited your priorities. Local demographic data as reflected clearly in the JSNA shows evidence of stark health inequalities between different localities in the county, as well as pockets of deprivation, yet these do not appear to be addressed within the strategy. Partners told us that they do not yet see how the strategy will help to address the gap between health inequalities in north and south Warwickshire. On a national level, there is a growing acknowledgement of the need to improve awareness of mental health and deliver better outcomes. However, partners told us that mental health does not appear to be given sufficient priority in Warwickshire.

Some people told us that they feel their work contributes to the delivery of the strategy but do not feel they have a direct link back to the HWB, and therefore do not feel accountable to the Board. There is also a need to focus on outcomes more extensively and ensure stakeholder ownership so that future focus and contracts evidence the difference that is being made.

The absence of an action plan, backed by a rigorous monitoring approach means that progress on delivery will be limited until you establish what delivery will take place, who will lead and implement that delivery, and how it will be scrutinised.

Overall the HWS does not appear to be extensively embedded across partner organisations:

- Some partners confess to being largely unaware of the strategy contents and are therefore unable to articulate their role in delivering it
- Some stakeholders have limited awareness of the difference and purpose between the JSNA and the strategy, and that the JSNA has shaped the strategy
- Others were unaware of the details of the Better Care Fund submission contents until after the bid was submitted

3. Is the Health and Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?

The HWB Chair leads the agenda for health improvement, is very well thought of and works hard to develop and maintain relationships. She has a clear aspiration to make the current arrangements work better and more effectively.

Sub groups have been established. For example it is entirely appropriate that the Health Protection Committee reports to the Board and demonstrates good partnership projects.

A joint meeting was held last year with Coventry HWB to develop a consistent message and culture across the two Boards. There are good relationships and operational working underway at local levels, for example between some providers and the County Council's Adult Social Care staff.

There is a desire across the system for improvement to the local health economy. Stakeholders have greater ambition for the Board and suggest both it and the strategy would benefit from a higher profile, and better understanding of how both relate to the day to day business of its constituent organisations. Health partners do not yet feel they are regarded as equal partners in the work of the Board, and we were told of "us" and "them" sentiments.

Leadership is not being driven effectively by all partners. There isn't yet a sense of shared ownership at Board level, for example some speakers at the January 2015 Board meeting were notable in talking about their own organisations as "us" and making reference to the Board and other partners as "you". This is reinforced by the County Council's own website and the way the Board membership is described. Moving forward everyone needs to work more closely together in a spirit of collaboration and shared purpose.

Reconsideration of the Board's membership is needed to address where and how health partners can make a greater contribution. Working together needs to involve shared agenda planning, removing barriers to collaboration, and taking more responsibility for greater system leadership. This means that everyone – councils, all CCGs, other health partners including providers, and stakeholders – need to step up to the plate and get more involved.

The national focus on health and social care integration means that in many places where and how services for children and young people fit within health and wellbeing strategies and Boards is not always clear, and that applies to Warwickshire too.

The current makeup of the Board does not allow for the right balance between effective decision making and appropriate stakeholder engagement. Consistently stakeholders told us that the meetings feel too much like an old-fashioned committee of the council and not a multi-agency partnership board. Further debate is needed therefore to articulate and agree the Board's role and purpose, and should include a fresh look at who should be on the Board and why. Such conversations will be difficult but are needed if the Board is to make progress.

Behaviours at Board meetings could also improve. There are concerns that some people come to the Board in defence of their own organisations, rather than acting as Board members. Political tensions are also evident at the meetings, which may be detrimental to building good relationships and trust with health and other partners.

Some of this is exacerbated by the Board meeting venue being in Shire Hall. Holding meetings in other venues, for example in those of health or other partners could help to raise visibility. The number of people attending meetings either as participants or observers is considerable, resulting in some attendees having to stand during the meeting, and observations from partners that sometimes it feels more like a conference than a meeting. There is also some confusion for some members of the Board around the observer/voting member role with some partners unsure if they are full members or not.

There could be fewer items included on the agenda and consideration could be given to holding themed meetings, so that the Board can begin to debate different perspectives and develop everyone's understanding on a particular issue, for example on dementia.

The Board provides a large scale focus on some key issues such as safeguarding, but there are also perceptions that only county-wide initiatives are reported back to the HWB because of a "one size fits all" approach is preferred, rather than encouraging or exploring different levels of service in accordance with need. Stakeholders suggest that opportunities to share learning from pilots such as the transport strategy are missed because of such reservations.

Memoranda of understandings are in place between the Board and the County Council's Adult Social Care Scrutiny Committee, and between Public Health and the Clinical Commissioning Groups. However a number of people told us that they don't see these documents as being influential or driving better partnership working or understanding.

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

Health partners are working well together, for example the 3 CCG's meet regularly together, as well as with Providers. There is also evidence that health and council partners are beginning to look at what actions they can undertake at a local level to achieve together elements of the strategy.

Staff are working well at locality frontline service level to deliver services. Clinical teams are working well with social workers on the frontline so patient care is benefiting from a joined up approach. However this appears to have developed "in spite of" rather than "because of" the work of the HWB.

There is a strong community and voluntary sector that are passionate, committed and prepared to do more and make a wider contribution to the health and wellbeing agenda. They are unsure however how they can make better links with the Board, feed in their views and intelligence, and offer their support and share best practice.

A Joint Commissioning Board has been established for the Better Care Fund and is now beginning to consider a wider remit, as it replaces the previous joint commissioning arrangements which were dismantled. This has been welcomed but the awareness of the Joint Commissioning Board and what it does appears to be fairly low, although this may be due to it being relatively new. We were told this was to “deal with the big issues”. Going forward, it will be important to articulate clearly the role and relationship of this Executive with the Joint Commissioning Board and the Health and Wellbeing Board.

Work is clearly underway at locality and district level, especially in the north of Warwickshire, to deliver elements of the strategy. The County Council can play a unique and pivotal leadership role in encouraging and enabling such delivery, so that opportunities are maximised to ensure better service outcomes for residents, duplication is minimised, to share learning, and resources are maximised.

If progress is to be made greater commitment and input is needed across the range of partners to help shift debates from what needs to be done, to how partners will deliver. Partners and stakeholders need to find ways of working better together and not to be constrained by organisational silos. This will require the putting aside of previous tensions around issues such as the unitary council debate, as well as a developing a more robust consideration of health inequalities. Some aspects of service provision will need to be undertaken on a large scale and others may be best delivered specifically within one or more localities, according to need and current and future provision.

A Better Care Fund pooled budget has been established, which is positive, but there are mixed views about who is accountable for it. It is unclear where the financial risks sit within the pooled budget and how the delivery in the acute hospital sector will impact on those risks.

Now that the Board is established further consideration of its infrastructure requirements would help to ensure that it can deliver. This includes the need to develop a formal plan, with clear targets and outcomes, backed by resources and named leaders, and ensure that agreed actions take place. Board meetings need tighter agenda planning with fewer items overall, stripping out items for information only and creating more space for strategic debates, so that the Board collectively begins to develop its understanding and approaches.

6. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?

A model has been developed to evaluate the impact of the Better Care Fund. We also heard views that around two thirds of the Health and Wellbeing Strategy is already reflected within existing partners’ plans, and so will be delivered anyway. However the absence of delivery plans for the HWS and the BCF means that assessing the impact and “added value” of both will be difficult: and

stakeholders could not describe what is changing and will change as a result of the strategy.

The Board's role on challenging the performance of local health delivery is also unclear, and needs to be explored further.

A performance framework has been agreed by the Board but this is not accessible on the webpages either, so it is difficult for members of the public to see how the Board's progress is measured or reported.

7. Are there effective arrangements for ensuring accountability to the public?

Healthwatch has been established and is visible and supportive, and works well with both Public Health and with the voluntary and community sector. As might be expected given its role, Healthwatch also has a higher profile with the public than the Board's profile with the public. Email and Board newsletter updates are welcomed by partners.

Service users are consulted and engaged with but are unclear about what has happened as a result of their engagement, as the feedback loop to them does not appear to be working. There is a risk that they will become disenchanted with giving their views if they do not hear how their views have been heard or are unaware of what has changed as a result. Other stakeholders observe that users feel very distant from the business of the Board.

We heard assumptions that Healthwatch's membership of the Board represents the voluntary and community sectors along with its stated statutory role in representing the patient voice. This is not the case. Broader consideration should be given to the third sector's role at a strategic Board level.

The Board and its strategy have a low profile and feel remote to the public. At the time of writing this letter the HWB webpages are out of date, for example priorities listed are for 2013-15, and the interim HWS agreed in March 2013 is shown rather than the second strategy which was agreed at the same time as the priorities at the November 2014 Board meeting.

Although there is a wide spread of information about health and wellbeing available on partners' websites it is difficult to find any reference to the Board or its role, or how partners engage with it. When asked, stakeholders struggled to describe how the HWS has been disseminated to the public or to staff within their own organisations, or how updates are given to the public about activity or future plans. More attention in this area, backed by more resources is needed if the external profile of the Board is to improve.

7. Moving forward - recommendations

Based on what we saw, heard and read we suggest the HWB needs to consider the following actions. These are areas we think will build on your main strengths and maximise your effectiveness and capacity to deliver future ambitions and plans and to drive integration across health and social care:

- Return to first principles and take steps to ensure there is:
 - A clear definition of the purpose of the HWB and its added value
 - More focus on developing a culture of "we" and "us"
 - Moving towards acceptance that all partners are equal and should take ownership
 - Agreement and understanding of each organisation's role in the delivery of outcomes
 - Determine who holds the ring on activity and performance
- Review membership of the Board.
 - A health partner should be considered in the role of Deputy Chair
 - Who sits around the table and why e.g., providers, 3rd sector
 - Roles and responsibilities of individual Board members
- Develop clear and distinct support for the Chair
- Clarify and potentially simplify the complex structure beneath the Board and its interrelations with WCC's Health and Scrutiny Committee
- Focus on the development of a joint implementation plan for use by all partners across Warwickshire
- Work collectively to enable:
 - Clarity around pooled budgets, resources and risks
 - Clear performance management processes to develop
- Review your approach to digital media, including up to date information on the webpages
- Consider whether the Health and Wellbeing Board needs its own identity and how its success is communicated to the wider community

8. Next steps

You and fellow members of the HWB will undoubtedly wish to reflect on these findings and suggestions before determining how the system wishes to take things forward. As part of the peer challenge process, there is an offer from the LGA of continued activity to support this. I look forward to finalising the detail of that activity as soon as possible.

We are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. Howard Davis, Principal Adviser, West Midlands is the main contact between your authority and the Local Government Association. Howard can be contacted at howard.davis@local.gov.uk 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 you every success going forward. Once again, many thanks for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely

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