

Cllr Rachel Harris
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The Council House
Priory Rd
Dudley
West Midlands
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September 2014

Dear Cllr Harris and John

Health and well-being peer challenge, 15th – 18th September 2014

On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited into Dudley Metropolitan Borough Council 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. 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 Dudley were:

- Joanne Roney, OBE Chief Executive, Wakefield Council
- Cllr Sue Whitaker, Chair of Adult Social Care Committee, Norfolk County Council
- Dr Nonnie Crawford, Director of Public Health, Sunderland City Council
- Helen Hirst, Chief Officer, Bradford City and Bradford Districts CCGs
- Samantha Hudson, Head of Health Partnerships, Hampshire County Council
- Sally Burlington, Lead officer supporting the LGA's Community Wellbeing Board, Local Government Association
- Kay Burkett, LGA Challenge Manager, Local Government Association

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 1st April 2013, by way of a systematic challenge through sector peers in order to improve local practice.

Our framework for the challenge was five headline questions:

1. Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?
2. Is the Health and Wellbeing Board (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 ensuring accountability to the public?

You also asked us to comment on the following areas which we have incorporated into the five methodology questions and headline messages:

- How is the Board ensuring high levels of engagement from key stakeholders including clinicians and providers?
- How does the Board ensure it adds value/makes a real impact?
- How does the Board build capacity of individual members and collective capability to drive change and integration and champion health and wellbeing issues?
- How far have health and wellbeing objectives been embedded across the council?

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 Challenge 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 Dudley Council and its Health and Wellbeing Board (HWB) have made whilst stimulating debate and thinking about future challenges.

Headline messages

The people who sit on the Dudley Health and Wellbeing Board (HWB) are well regarded and have a real sense of commitment to tackling the long standing health and wellbeing challenges in the Borough. The board is signed up to a common set of principles to underpin the priorities in the Joint Health and Wellbeing Strategy (JHWS). Placing the HWB at the heart of partnership working will help the board to capitalise on the strength of the buy-in by partners to become the main driver of system transformation across Dudley, and support a solid move into the delivery stage of its development.

Dudley Council has embraced the new opportunities for health and wellbeing and wants to make a difference by absorbing the public health agenda into the fabric of how the Council works. Public health has placed itself at the heart of health and wellbeing and the Council restructure provides an opportunity for strengthened corporate working

The peer team found lots of examples of effective projects but there is a need to capitalise on these, and better co-ordinate, what is available across the system so there is a 'golden thread' creating coherence between strategic priorities and evidencing tangible outcomes for communities.

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

The JSNA is well developed and coherent and the JHWS clearly reflects that evidence. Dudley's online JSNA resource 'All About Dudley' is overlaid with crime statistics and is constantly updated as new information becomes available. The annual JSNA synthesis and life course approach provides a good basis for reviewing and refreshing priorities and could be taken to the next level and used to inform a joint commissioning approach between the Council and Clinical Commissioning Group (CCG).

There is clear alignment between the JHWS and CCG Operational Plan and 5 year strategy and there is some evidence of the JHWS influencing wider council and partners' agenda in relation to health improvement and the wider determinants of health including housing, alcohol misuse, tobacco control and economic regeneration ambition. However, the JHWS and other plans need to 'mesh' together for aligned strategic direction and to drive service and integration ambitions.

There needs to be a single vision and narrative to harness ownership and resources across the system. This would enable a refreshed JHWS and other strategies to find the right focus between short and longer term priorities. The next step would be to ensure tighter alignment between implementation plans and clear targets to ensure they are embedded within cabinet portfolios and public health priorities.

The Spotlight initiatives have been successful events for involving stakeholders, including people who use services, to focus on 7 specific challenging issues identified from the JSNA e.g. urgent care, alcohol misuse and mental wellbeing. Information and recommendations from the events have been presented back to the relevant partnership board as key actions to take forward in 2014/15 and have been effective in developing a deeper and shared understanding of the issues.

Dudley is rich in data but needs to make smarter use of intelligence across the health and wellbeing system to inform priorities and resource allocation. A more systematic approach in the use of local intelligence and evaluation would unlock the potential for scaling up innovative work to focus on prevention and health inequalities.

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

There is widespread enthusiasm and respect for the Chair of the HWB, who is keen to ensure the HWB fulfils its role as the health system leader to become an effective driver of change.

The HWB is focused on delivering the JHWS and the priority areas. The right partners at the appropriate level to influence delivery of the JHWS are sitting as members of the HWB with good formal and informal relationships to build upon. However, there is not parity between HWB members in relation to signing off plans and voting rights. The HWB is about collective membership and its activities need to be seen as trustworthy by all its members, otherwise, when it comes to issues like pooling budgets partners may be understandably reluctant.

There is confusion about how some aspects of the partnership landscape works in Dudley to deliver the JHWS priorities. The protocol being developed for working relationships with the children's and adult safeguarding boards could be the model used to clarify other partnership boards links, otherwise there will be discussions about the same things in different places. A membership refresh of partnership boards could revitalise partnership working and refresh communication. In doing this consideration should be given to engagement with all providers, as their role is critical to developing sustainable whole-system approaches, and the important role of elected members to make the links back to communities.

Governance and accountability needs to be strengthened by better aligning Council and partners' plans to ensure alignment to the shared strategic direction for Dudley. Partners plans and actions need to be brought together to deliver the strategy at the same time as investing time in ensuring clarity about accountability to help the HWB to conduct its business more effectively. Continue development for HWB members so each partner can fulfil their system leader role.

The development days have enabled the HWB to get 'under the skin' of the issues and have the potential to be a forum to develop a more coherent system to inform priorities and resource allocation. In doing this, ensure the 'golden thread' is developed so implementation plans collectively effect the change and improvement in services that the strategic direction requires.

Public health is at the heart of driving the HWB agenda and making some inroads corporately, for example, in parks and leisure by funding park rangers to support Healthy Hubs. The public health team have input into licensing applications with the Licensing Committee now positively engaged with the minimum unit price debate to reduce alcohol related harm and public health has funded a trading standards support officer to focus specifically on underage drinking and smoking and illicit tobacco sales.

There are examples of joint working between public health and other council services, such as work on health protection with adult social care which has helped reduce infections in care homes. Relationships are good and such joint working is clearly delivering real results, but you could go further. There is a real appetite from council staff and partners to do much more work jointly.

Dudley was an early adopter of the Healthy Living Pharmacy initiative and has led the way, with leadership from elected members, in the national programme to show the benefits of this new approach. The Public Health Volunteers and Health Champions programme has used a community development model to involve volunteers and communities in rolling out this approach to helping people with long term conditions manage their own conditions more effectively. This has been recognised nationally through the Investing in Volunteers Award.

Public health transition into the Council went well and is a well-resourced public health facility. However, there is further work needed to develop a more integrated, visible, coherent and assertive public health function to enhance support to the HWB, have an influencing and advisory role and to develop external and professional networks.

Development days and scrutiny process are not seen to be driving a more proactive approach to improvement. Take the opportunity to learn from innovation and benchmarking so Dudley can be the best it can be building on the advantage of co-terminosity to make progress faster than in other places and ensure the Council's restructure drives the corporate and outward facing culture which is needed to make health and wellbeing everyone's business.

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

The HWB has recognised the importance of engagement with voluntary and community sector through representation at the board to help progress work on community and individual resilience to help shape proposals and plans for

implementation. However, leadership across the system needs to include putting community assets and opportunities at the heart of the JHWS building on plenty of good examples, like co-production for the Wren's Nest Open Hub, which offers an approach that could be adopted across the Borough and could take you beyond engagement and accountability. To make this happen there is existing expertise in the Office of Public Health and Dudley CVS which could help create a community of practice. Increasing awareness will offer the opportunity to create a platform to capitalise on asset transfer, which is currently in its infancy.

Dudley has used the Better Care Fund (BCF) as a galvanising force to pull the health and wellbeing system together providing the platform for practice based integration to drive transformation. Dudley CCG is proactive in driving systems leadership as demonstrated by resourcing the development of practice based integration teams. Other partners like the police and fire and rescue service, are keen to adopt a more joined up and targeted approach with the HWB to align priorities and services further based on the Marmot principles of 'Fair Society, Healthy Lives'. Build on this to consider how to adopt a proportionate universal approach by all partners, so that universal provision is added to and targeted based on need. This will achieve maximum benefit for communities using evidence based data to underpin the rationale. Take better advantage of having a unitary council with one co-terminous CCG for more joined-up, targeted working.

Staff expressed frustration on the number of uncoordinated activities, too many campaigns in the same area, lack of clarity of who was leading what and no unified programme management approach. This is resulting in duplication of resources. By creating a shared methodology and identifying leads, (either client based or geographic), a more joined up approach could be achieved. There is an opportunity to establish a programme management approach and identify leads to create a more coherent plan and campaign/engagement strategy which could lead to real collaboration across public services and with local people.

The HWB is not sufficiently sighted on the immediate and longer term constraints within which the Council and health economy are operating. There is a recognised issue within the system about avoidance admissions and delayed transfers of care. These linked resource issues would benefit from being tackled on a continuous system-wide basis rather than by individual organisations. This could build on the work of the System Resilience Group to ensure NHS England dialogue and the voice of providers is heard for system solutions.

To enhance its role in influencing and steering commissioning the HWB will need to have collective conversations about financial challenges and opportunities and a shared understanding of the complexities of co-commissioning. A focus by the HWB on outcomes, not services, will show there is a clear focus on the need to shift from providing services it has always

provided to using resources to make an impact on the wellbeing of the community within the context of financial constraints.

There are many good examples of collaboration across the system e.g. Dementia Gateway, the extra care housing schemes and children's centres. However, there is capacity in the system that is not currently being directed for maximum impact, for example, public health and its many assets should be systematically mapped, its achievements understood and resources harnessed in the delivery of the JHWS. Additionally, Dudley, as a unitary council, appears not to be taking advantage of the many opportunities which its role as a housing authority offers in improving the health and wellbeing of its residents.

Relationships with a wider set of key providers are not co-ordinated well across the system. Facilitate methods so it is clear to the HWB about if providers feel part of the system and are engaged in helping shape and deliver outcomes through contributions to the JSNA, JHWS and service re-design.

There are opportunities for scaling up projects based on evaluation, using joint commissioning and a shared outcome based budgeting system. This could include a number of well-regarded projects that have had recognition such as the award winning Healthy Living Pharmacy and Breast feeding programme that has attracted attention across the region and plans to expand the Healthy Pregnancy Service role in community midwifery. Have a vision and clear plan for where pooled budgets may be appropriate building on the BCF opportunity e.g. for children, for some community health and social care integration.

The HWB has yet to fulfil its potential to reach out and influence the private sector and linkages to economy, e.g., in increasing employability for young people. Use the approach that identifies needs and assets in the JSNA and JHWS in order to be more effective in enabling good health and 'wellness' than one which focuses solely on needs. Addressing the structural, material and relational barriers to individuals and communities achieving their potential will significantly contribute towards tackling health inequalities.

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

The HWB undertakes six monthly monitoring of health and wellbeing priorities with a clear intention to evaluate the impact of the JHWS and communicate this to the public. Putting outcome based measures in place (beyond the BCF) to assure the delivery of the JHWS by developing one dataset for health and wellbeing performance will enable strategic oversight so that progress towards outcomes is visible.

The peer team think it would be helpful to spread insight into population health more widely and contribute to evaluating the impact of the JHWS by

supporting Elected Members' to embrace their new public health role and act as health champions for their ward. Ensure they can make use of disseminated ward level data intelligence (from a Data Observatory) that is enriched by 'real life' stories. This will help elected members' feel they know what is going on and have a stake in tackling health inequalities and building community resilience. A corporate performance management system would help to mainstream health and wellbeing outcomes for residents.

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

Healthwatch is well regarded and provides a good platform for a more targeted and wider community engagement plan. Dudley is fortunate to have such a strong Healthwatch. To make the most of this resource improved HWB forward planning is required. This will give sufficient lead in time to ensure meaningful work is carried out and provide assurance that the public's voice is embedded into the work of the board.

The principles of engagement adopted by the Board make engagement everyone's business. This is evident through the way in which the JHWS is informed by involvement of the voluntary and community sector and residents. The Spotlight event, and July conference, on 'healthy communities' have provided a valuable opportunity for the public to contribute to priorities. Enhance this approach by giving due weight to qualitative evidence such as personal stories of service users, patients, carers and community voices to bring alive the vision and narrative for health and wellbeing in Dudley. The HWB's recognition that everyone, not just Healthwatch Dudley, is responsible will pay dividends in the future.

There is a draft communication and engagement plan that provides a firm foundation for internal board communication and a basis to create better conditions to co-ordinate communication by partners. Once a clear narrative for the health and wellbeing system is defined it will be possible to better co-ordinate clearer messaging with partners that includes using 'All About Dudley' to provide performance data to the public.

The HWB has already given consideration to branding and improving communication. Existing resources such as the Councils health and wellbeing internet pages and the firstchapter.wordpress.com (that includes videos of the first annual conference and supporting information) are a good start. Be energised and proactive in your communication and the methods you use (e.g. social media) – you have many good stories to tell.

There is recognition of the need to clarify the respective roles of Health Scrutiny and the HWB so the important mechanism of holding the board to account is positively established and the Chairs are having regular meetings to facilitate this.

Health Scrutiny has done some good insight work on tobacco control involving

expert witnesses and the public to inform policy development, future work on physical activity is also planned. A more effective approach can be developed through ensuring recommendations from insight work is reported to the HWB, there is an alignment of agendas and members are developed to have a full understanding of the role and working relationships.

The protocol for defining working relationships between Health Scrutiny and the HWB is currently being updated and will include working relationships with the adult social care and children's services scrutiny committees. This provides an opportunity for the HWB to ensure that scrutiny becomes an important source of information through the enquiries they conduct about the quality of services and issues of concern to patients, service users and the public. The three-way relationship between Dudley Healthwatch, the HWB and Health Scrutiny about how they work together and independently also needs to be clarified.

6. Other messages

The HWB has recognised for itself that there are important next steps to take to strengthen governance and ensure it can make a real impact. The peer team recommend the following actions:

- strengthen a shared narrative for the system on the priorities
- maintain the approach and style that enables maximum contribution from board members and other relevant partners
- consider a review of the constitution to ensure parity between board members and possible inclusion of health providers as members
- develop a joint communication plan that has residents at its heart
- move to a joint commissioning arrangement that puts resources into the priorities creating a strong platform for greater integration of services, and decommissioning where appropriate (e.g. children's services in particular would benefit from a joint commissioning framework based on data)
- find a balance between short term wins whilst planning for the longer term impact
- make use of time between HWB meetings to ensure big ticket and performance concerns are tackled and reported back
- agree a set of focused performance measures for the system that would clearly demonstrate outcomes to residents
- review the officer support structure needed to support the HWB and drive performance

7. Key recommendations

Based on what we saw, heard and read we suggest the Council and HWB consider the following feedback on things we think will help improve and develop effectiveness and capacity to deliver future ambitions and plans:

- Place the HWB at the heart of partnership working in Dudley

- Look outwards to seize opportunities from working across a wider Black Country footprint
- Look forward jointly to get ahead of the financial context
- Continue to develop your partnership working and corporate culture to make health and wellbeing everyone's business
- Make better use of the existing data to strengthen commissioning
- Dudley does a lot of good stuff – you need to join it up
- In refreshing your JHWS you must have a single set of priorities and have a clear system wide performance in place

7. 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, including a post peer challenge six month follow up initiated by the Challenge Manager.

In the meantime 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, and will be in contact to finalise the detail of that activity as soon as possible. Howard can be contacted at howard.davis@local.gov.uk (or tel. 07920 061197) 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

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