Cllr Simon Allen, Chair of the Health and Wellbeing Board
Jo Farrar, Chief Executive
Bath and North East Somerset Council
Guildhall
High Street
Bath BA1 5AW

10 February 2014

Dear Simon and Jo

Health and wellbeing peer challenge, 27-30 January 2014

On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited into Bath and North East Somerset (B&NES) 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 were agreed with you. The peers who delivered the peer challenge at B&NES and its Health and Wellbeing Board (HWB) were:

- David Hill, Chief Executive, Milton Keynes Council
- Cllr Sir David Williams, Deputy Leader of the Opposition, Richmond upon Thames Council
- Frances Cunning, Director of Public Health, North Lincolnshire Council
- Sharon Liggins, Chief Officer (Partnerships), Sandwell and West Birmingham Clinical Commissioning Group
- Mark Browne, Local Government Policy Lead, Department of Health
- Jon Sutcliffe, Senior Advisor (Workforce, Policy & Strategy), Local Government Association
- Anne Brinkhoff, Programme 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. In this context, the peer challenge has focused on three elements in particular: the establishment and operation of effective Health and Wellbeing Boards (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 are arrangements for underpinning accountability of the public?

You also asked us to comment on the following issues:

- The effectiveness of your arrangements for the HWB, in particular:
    - How good is the Board in initiating change?
    - The position of the HWB versus the broader partnership landscape in B&NES
    - Relationships with the general public
    - Effectiveness of provider engagement
- How well is Healthwatch supported by the system to fulfil its role?
- How well does the PH team work across the Council?
- How good are relationships with Public Health England and NHS England
- How effectively does the system tackle Helping children to maintain a healthy weight?
- How effectively does the system tackle alcohol misuse?

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 recognises the progress B&NES Council and its Health and Wellbeing Board have made during the last year whilst stimulating debate and thinking about future challenges.

1. Headline messages

Bath and North East Somerset demonstrates strong commitment to improving health outcomes for its communities. The peer challenge team saw a strong understanding of health needs, including health inequalities, which is informed by a thorough process of review and is based on data and intelligence from the council and partners. This thorough approach has led partners in B&NES to identify and agree clear priorities under three key themes.

Relationships between organisations that form part of the health, care and wellbeing system are very strong and the HWB is setting the stage to provide effective system leadership in the future.

The transfer of public health into the Council was planned and delivered very well. The history of joint working between the former PCT and the Council was a key enabler to support NHS staff moving into the Council. We experienced strong political and managerial leadership to put health and wellbeing at the heart of everything the council does. The Council is ambitious in seeking to address the wider determinants of health through its plans for economic development and regeneration, including through schemes that are in or adjacent to the most deprived wards in B&NES, to deliver a healthier environment and to promote skills and employment opportunities.

Joint commissioning is part of the DNA of the health, care and wellbeing system in B&NES. The established arrangements for integrated commissioning and indeed the integration of delivery for Community Health and Adult Social Care (Sirona) is an example of national best practice and a significant advantage in planning the further integration of services to achieve better outcomes for residents.

It is now timely for you to articulate and communicate what your health, care and wellbeing system will look like in the next five years and how to make the transition. Some of the key questions you are already discussing are:

- How much money is in the system? What can you afford as a system and place? Do you understand the finances across all partners, including providers?
- What are the assets in your community that you can build on?
- How can you shift to better prevention, early intervention, non-medical solutions?

- How can you work with your communities to build resilience, better self-management and personal responsibility?
- What is the right balance for B&NES between primary, community and acute services?
- How will you use financial modelling to understand and decide how you will spend your resource in the future to provide the best care and the best outcomes?
- How can you pool and align resources amongst organisations and with the voluntary sector?
- How can you raise your ambition to deliver better outcomes based on the assets you have but also in leveraging the HWB and associated leverage to make a transformative change?

In the shorter term there is a need for greater focus and wider engagement to turn the Joint Health and Wellbeing Strategy (JHWS) into real measurable impact on the ground.

In summary, given your assets locally the peer challenge team consider that you should be more ambitious and take the opportunity to address health inequalities even more vigorously and quickly – placing yourselves at the forefront of innovation and transformation. To achieve this there is a need to develop better performance management arrangements, a stronger geographic focus, closer work with providers. Building on strong relationships and firm foundations, the HWB has an opportunity to provide system leadership in raising ambition and delivering better outcomes through a period of change.

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

The health and wellbeing system in B&NES has a comprehensive and convincing analysis of the health and wellbeing of its population. The Joint Strategic Needs Assessment is at the heart of this. It acts as a single vehicle for all strategic intelligence of the place, including health and wellbeing, the built environment, economy and society, and also includes information about carer and patient experiences. In 2013 the format was changed to a continually evolving on-line ‘wiki’ resource which is updated by partners with the Council providing oversight, quality assurance and managing the system overall. The system was regarded as a ‘beacon of excellence’ by partners and council officers. It is well known, understood and valued as a tool to inform the preparation of strategies, service plans or funding bids. In moving forward, attention needs to be paid to ensuring quality assurance in order not to jeopardise the credibility of the JSNA.

Building on the data and intelligence and using an inclusive process has enabled the HWB to deliver a strong narrative and effective framework for its work. The

Joint Health and Wellbeing Strategy (JHWS) stipulates the system's overall vision *'to reduce health inequalities and improve health and wellbeing in Bath and North East Somerset'* through three themes and eleven priorities. Themes and priorities are appropriate and well understood by partners. The strategy acknowledges the need for a shift from acute care to primary care and prevention as well as self-care as a means to ensure that priorities can be met within a challenging financial climate for the Council, CCG and partners. This provides a good strategic foundation for better health outcomes.

There is a widespread understanding of the health and wellbeing priorities among stakeholders in the system and a willingness to help deliver these. Conversations with councillors, senior managers and officers across the Council, CCG, Healthwatch and the voluntary and community sector highlighted a good understanding and commitment to action. Each of the eleven priorities has a lead commissioner who is responsible for co-ordinating activity and for ensuring that action is delivered. Given the complexity of partnership working which relies on trust and good will as opposed to direct accountability, the understanding, appreciation and commitment to delivery across the system is crucial for its success. Also, lead commissioners will require strong endorsement and support from their managers to be able to co-ordinate and lead delivery for their priority, particularly in an environment of shrinking resource and reducing capacity.

Partnership working between commissioners and providers is strong. They are working together well to design processes and patient pathways to reduce demand for urgent care, which has had a positive impact on 'winter pressures' this year. Another example is the redesign of community and adult social care provision with a stronger focus on re-ablement as an up-front package but introducing a six week care package for everyone (not means tested), resulting in above average numbers of people being restored to their previous state of health.

Arrangements for joint commissioning between the Council and the CCG (and previously the PCT) are very strong and are creating the capacity to implement the strategic direction for health and wellbeing. Following the establishment of the CCG, a new Joint Working Framework has been agreed between the Council and the CCG, setting out mechanisms to support integrated commissioning of services across health, public health, adults and children's services. Joint arrangements work at all levels, from a joint commissioning leadership team (involving chief officers), the oversight of joint working (involving elected members and CCG Board members), the use of section 113 arrangements for staff from either organisation to commission on behalf of the other, pooled budgets, an emerging joint commissioning programme as well as a joint leadership programme and co-location of staff. These arrangements are forming a 'golden thread' at all levels of the commissioning process and address not only systems and processes but also leadership and governance.

Building on strong relationships, a history of integration and the relative financial stability of the health economy at present, but with future challenges to come, our key challenge is whether the local system can be more ambitious and deliver even better outcomes with more pace? For example could the system set itself more stretching targets to address health inequalities in between deprived wards such as Twerton or in Radstock, or tackling specific conditions such as childhood obesity or alcohol, with more urgency and greater ambition? In particular the Council's focus on economic growth and regeneration, and their geographic locations should provide opportunities to tackle health inequalities faster. The challenge team believe that you could be at the forefront of national efforts to tackle health inequalities through service transformation and redesign.

Given the system's progress with health and social care integration, the peer challenge team feel that there appears to be a too comfortable a reliance on the current integrated model. The advent (and deadlines) of the Better Care Fund provide an opportunity to challenge the current model of integration and go further and faster, putting you at the forefront of innovation. This requires a better articulation of how your health and social care system will look like over the next five years, how and by whom services will be provided and how you can change the system to ensure more self-care and preventive actions. There is a need to seek dialogue with providers such as the Acute Trust and Sirona as well as GPs and the Voluntary and Community Sector to co-create services that are better and more cost effective. The HWB needs to drive these conversations about transformation with ambition.

While health inequalities are well understood at data and intellectual level through the JSNA and strategies, the challenge team found an absence of 'user stories'. By this we mean for decision makers to have rich and realistic understanding of what it is like for families or individuals to live in the diverse areas within B&NES, the day-to-day issues they deal with, and why they make the choices them make. It is often the exposure to human stories that will create the passion, motivation and drive in people to make a difference. Elected members as well as Healthwatch have a key role in representing the needs of specific communities and creating a rich source of stories and experiences that will drive action through compassion.

While the challenge team found a clear strategic focus on health inequalities, we question whether there is a sufficiently strong focus on specific wards or communities which can be clearly identified as needing effort and resources. Similarly whether there is a sufficiently nuanced understanding of the background to some (very) local patterns of deprivation and inequality that are not apparent from quantitative analysis alone. The JSNA will provide you with detailed data and information at ward (and below) level that can be used to target projects or initiatives with precision. In our discussions with councillors, staff and partners we felt, however, that that there was limited geographic or community focus.

Implementation and performance management arrangements for the JHWS now need to be agreed so that lead commissioners understand what is required of them. We welcome the approach of establishing priority leads for each of the eleven priorities and requiring them to provide assurance to the HWB on a bi-annual basis, together with an annual progress report (Joint Annual Account) of the work of the HWB as a whole. The challenge team consider that a process needs to be agreed quickly to develop performance indicators and milestones so that the priority leads can measure/demonstrate progress and the HWB can have a grip on delivery and progress. Care needs to be taken to develop strong links with the council's work on Connecting Communities and the Community Organisers in particular, to maximise opportunities for delivery and outcome monitoring at local community level. Of course, the system will need to balance the need for structured performance feedback against the risk that approaches that become unwieldy and cumbersome.

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

The composition of the wider partnership system plays in favour of the work of the HWB. Co-terminosity between the Council and the CCG is a real strength, as is the integrated provider of community services (Sirona) and the Royal United Hospital NHS Trust (RUH) as the main acute provider. It is good that RUH has made strong efforts to improve the quality of data that it provides to the whole system, for example on alcohol related submissions.

There is a good line of sight from the HWB to the Public Service Board and three other thematic partnerships, i.e. the Safer Partnership, the Environmental Sustainability Partnership and the Economic Partnership, the latter feeding into the sub-regional Local Enterprise Partnership (LEP). These strategic partnerships form the pillars of partnership working within B&NES, with the Public Service Board providing leadership and co-ordination across the entire partnership landscape. Connectivity between partnerships tends to be informal and via members as opposed to formalised accountability. So far, this has been effective and has enabled stakeholders to have good sight of each others' purpose and work streams and making connections where required.

The HWB has been established in a thoughtful and effective way, respecting the formal decision-making and accountabilities of the Council and the CCG. It has purposefully been kept to a small membership based on the statutory minimum, making it a commissioner forum. To date, this approach has worked well, enabling the HWB to refresh its JSNA, agree its JHWS and strengthen joint working around alcohol misuse and unhealthy weight, ensuring active engagement in the Council's place making plan and focusing on complex multi-agency issues such as Domestic Violence. HWB members are ambitious and excited about the potential of the Board, in particular to have oversight of the

wider health and wellbeing agenda and to influence the ambitious growth programme within B&NES, and to put a clear focus on upstream investment and development of services that will help communities to become more self-resilient.

The HWB operates within a cordial and collaborative partnership culture and relationships between HWB members are trusting. Meetings are chaired well and in an open and inclusive manner and Board members feel that they are able to influence across and beyond their own organisations. This is a key requirement for system leadership, where individual members and the HWB as a whole work without positional power but through influencing.

Support to the HWB is strong with Board members being positive about the quality and timeliness of papers and internal communication. The focus on using web-casting and social media to promote openness and accountability is seen as a real strength by some members. Partners feel well supported overall but the council needs to check back regularly whether the support it gives is appropriate for the needs of all partners, in particular those who have less corporate capacity, for example Healthwatch, or those who are not used to the institutional context and practice of a council.

The location of HWB support and overall management within the strategy and performance team is beneficial in that it ties it into the wider corporate and partnership structure. This is particularly relevant given the Council's ambition to use the regeneration programme in a proactive way to deliver healthy places and communities. At the same time, the peer challenge team experienced effective input from the public health team and the Director of Public Health (DPH) into agenda setting and planning for the HWB.

Culturally, the strong focus on a 'One Council' approach and - with the establishment of the Public Service Board a 'One Place' approach - provides a critical building block to achieve whole system change and works in favour of the health and wellbeing agenda. Members, managers and staff within the Council highlighted positively the cultural change introduced by the new Chief Executive to ensure better communication and alignment of work streams within services to serve the purpose of the Council as a whole as opposed to individual Directorates or services. This cultural shift will benefit the integration of public health and a focus on tackling health inequalities and the social determinants in health. On a B&NES system level, the introduction of a Public Service Board with its broad vision of *'Bath and North East Somerset will be internationally renowned as a beautifully inventive and entrepreneurial 21st century place with a strong social purpose and a spirit of wellbeing, where everyone is invited to think big – a 'connected' area ready to create an extraordinary legacy for future generations*' will provide a framework for partners to tackle wider health inequalities and to ensure that local assets are used to best effect.

However, providers currently feel ‘out of the loop’ and unable to contribute to service innovation now and over the longer term. Discussions with a range of providers confirmed that they are unclear where and how to engage in a wider debate about what the health and social care system will look like over the long-term and how they can contribute to designing this. Providers acknowledge that they will have self-interests but are prepared (and keen) to adopt a system wide perspective. The planned Strategic Advisory Group, a forum for large providers in the health and wellbeing field is seen as a very positive development. Its terms of reference would benefit from greater clarity about the purpose of the group, not only ‘what’ it will discuss but also ‘why’ it is being established.

Partners and staff are not clear about the partnership landscape in B&NES and the positioning of the HWB, particularly in relation to the Children’s Trust and the Safeguarding Boards for Adults and Children. The diagrammatic representation of circles of influence is useful but does not show any formalised links or accountabilities. The peer challenge team understand that this is deliberate in that the intention is for the system to work based on trust, influence and recognition of a joint purpose. This is a valid approach but must be communicated to partners and staff to clarify expectations. Over time the HWB may consider introducing some more formal links to partnerships or groups where accountabilities might be appropriate to ensure that delivery can be monitored. This is likely to be important where the HWB may wish to tackle a particular well-being issue which requires more formalised leadership or where it needs to focus on a particular issue that only it can tackle.

Roles and responsibilities of Health Scrutiny in relation to the HWB could be strengthened to ensure maximum impact and best use of resource. Given the broad remit of Health Scrutiny, which includes policy development, there is potential to duplicate work. Similarly there is a need for Health Scrutiny to distinguish between scrutinising health outcomes and scrutinising the work of the HWB. The challenge team would recommend for the Chairs of both committees to consider their Forward Plans jointly and to establish synergy and appropriate challenge as opposed to duplication.

The Voluntary and Community Sector is not sufficiently structured to make a strategic input. At present, there is no organisation with the remit (and resource) to co-ordinate the voluntary and community sector and speak on its behalf. This means that while strategic partnerships will have representation from individual Voluntary and Community Sector bodies, they will bring a particular organisational perspective and knowledge.

The Council’s planned ‘Connecting Communities’ programme seeks to strengthen community engagement and build social capital and community resilience across ten geographical clusters but it is not clear whether the clusters will be brought together to deliver a strategic voice for B&NES as a whole.

Building on the strengths of relationships, assets and integrated commissioning arrangements our principal challenge, as outlined above, is whether you could by now be further on your path to designing an integrated health and social care landscape, and whether you are making best use of the BCF and the commissioning plan for the CCG to articulate this at pace. The comparatively stable financial environment within the Council and CCG mean that you don't currently face the pressures and urgency many other areas will have. This creates a role for the HWB to challenge the system to accelerate because it will be beneficial for everyone in your communities. Your sound and trusted relationships provide a strong platform from which to challenge; but it is important that the system does not become complacent or too comfortable.

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

There is strong leadership and commitment to health and wellbeing across the Council and the CCG. Within the Council, the peer challenge team was impressed by the clarity of vision and focus among councillors and chief officers to incorporate health and wellbeing into everything the Council does. One partner told us that *'B&NES has the best political leadership around health and wellbeing I have ever experienced'.* The place-making agenda in particular is regarded as a significant opportunity to deliver wellbeing through healthy spaces, employment and training to the more deprived communities. Similarly we heard strong voices in the leadership of the CCG about focusing on prevention, up-streaming and influencing GPs to become more engaged in prevention and self-reliance.

Staff we met with were motivated, skilful and enjoyed working for the Council. The workforce is stable, ensuring continuity and strong organisational memory. Many staff have worked across the Council and the NHS and appreciate the different cultures, norms and values. Such understanding and appreciation will be invaluable in driving further service integration.

Relationships with NHS England and the Public Health England Area Centre are good. The PHE Centre Director confirmed that B&NES was not on her 'worry list' and seemed to be demonstrating sound good practice. She was pleased that the transition of Public Health responsibilities had gone so well, despite the absence of a substantive DPH at that time – she felt that was a tribute to both the interim Director and to the political and managerial leadership of the Council. She queried, however, whether B&NES could not do even better: she felt they had the potential to be at the forefront of innovation and transformation of health and wellbeing.

The transfer of public health responsibilities into the Council has been welcomed and is widely regarded as successful. Given the existing shared arrangements and co-location of public health staff with CCG, Sirona and Children's Services,

many told us that '*very little changed'*. The Director of Public Health is seen as pragmatic and very able to work across the Council influencing agendas and providing challenge and 'grit' in the system. He has regular and direct access to the Chief Executive and is able to link effectively with the Strategic Directors. There is a strong focus on mainstreaming the use of public health specialist skills into other services and Public Health continue to fund staff who are located in other teams, for example in the research team and the public protection team.

Embracing the importance of the wider determinants of health and wellbeing in addition to lifestyle factors, Public Health staff are confident and impactful networkers across the Council. They have created a good mix of informal and formal arrangements for integrated working across the Council. These include an informal 'working group' with colleagues that have shared health and wellbeing objectives as well as a more formal Development Coordination Group, led by the regeneration team, to ensure that public health can contribute to key strategies and plans and can provide operational input, for example into the evidence base on how major development can be health promoting places, the development of planning guidance or health impact assessments. These are key initiatives to ensure that the Council's vision can be delivered over the longer term.

Similarly, we heard that Council officers are increasingly receptive to and seeking specialist public health staff engagement with their service issues, for example place making, regeneration, parks, play or transport infrastructure. Council staff appreciate the additional technical skills, expertise and networks the public health team bring, particularly around the robustness of evaluation and construction of a convincing evidence base.

We heard of many examples of joined up projects. For example, the council provided information about its fuel poverty programme as part of health promotion campaign on winter flue jabs organised by GP surgeries, leading to an increase of take up of advice and 'warm and well' investments.

While relationships between incoming NHS and council staff are strong and growing, there is recognition that the joint working needs to continue and ultimately should result in a shift of thinking from '*non-health partners helping out the public health team to deliver their stuff'* towards a genuine joint ownership of outcomes for residents across all aspects of life. This calls for an on-going message that public health is not an 'add on'. Operationally it requires on-going dialogue and the sharing of information and knowledge to ensure all staff 'get' the concept of wider social determinants of health. However, there is also a need to acknowledge the importance and make best use of the specialist skills set of public health staff. In this context there is also a need to ensure that professional staff continue have access to appropriate Continuous Professional Development to maintain their skills. This will be particularly important for consultants and aspiring consultants going through the registration process with the Faculty. At a

national level there is a strong focus on building a highly skilled flexible public health workforce and B&NES is in an excellent position to embrace this agenda and make a real contribution to it through being a centre of excellence on public health skills linked to the whole wellbeing agenda.

The Voluntary and Community Sector consider that their potential contribution to delivery as providers is not well understood and potentially underutilised. We heard from several groups that they are keen to contribute to the discussion around service changes and the need to focus on prevention. The new Strategic Advisory Group will provide such a forum for large providers. The peer challenge team would recommend to the Council to consider how Connecting Communities can develop links with smaller providers, often focusing on specific neighbourhoods, as well as the building social capital and community resilience locally.

The Council and the HWB need to encourage the maximum involvement of the local community, local organisations and the thousands of potential volunteers to deliver the best health outcomes. The Community Coordinators, as key employees in Connecting Communities, should have this as a priority. Community engagement and empowerment should involve ward councillors, parish councils, parish clusters and neighbourhood forums. The prize is not only better health outcomes but better community outcomes. Similar emphasis is also needed in Bath itself. This will cost money, but the savings to the public sector and the benefits to the residents make this an 'invest to save' strategy.

More strategically the peer challenge team question whether the HWB is maximising every opportunity to use levers in the system to drive better health and wellbeing outcomes? For example, the 'Call to Action' which calls for CCGs, LAs and their partners to redirect resources towards prevention; the NHS operational and strategic planning process, and the Better Care Fund.

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

Led by the HWB, the health and wellbeing system has a good awareness of the importance of monitoring and evaluation of its work and the implementation of the JHWS in particular. This is a necessary condition to ensure deliver and continuous learning and improvement.

Mechanisms for monitoring are being put in place and are led by the policy and performance team and the Deputy Director of Public Health, ensuring broad ownership. There is a devolved responsibility framework which envisages the appointment of a priority lead (normally the lead commissioner) for each of the eleven priorities in the JHWS. The framework proposes that priority leads will provide assurance to the HWB on a six monthly basis through a simple and short

performance report which focuses on activity, investment and outcomes. Given the complexity and lack of direct causality between input and output/outcome, as well as the need to vary approaches, there is a need for flexibility within a clear desire to address specific measures. The HWB will also issue an annual performance report (the Joint Annual Account) that will report progress on the implementation of the JHWS as a whole. This will enable the HWB and the wider community to understand progress and impact.

The Council's emerging Connecting Communities project provides an opportunity to involve the wider community in monitoring outcomes and success. Our discussions with stakeholders and officers highlighted the scope to use the Forum and Conference mechanisms envisage in the Connecting Communities project to monitor and evaluate the delivery of priorities locally and compare the impact of different approaches across the ten community areas. This is a good opportunity to conduct local evaluation of impact and to share learning across localities.

While the proposals for monitoring and evaluating the impact of interventions are being developed, it is too early to comment on their effectiveness. The peer challenge team welcome the proposed 'light touch' approach based on trust in principle but care needs to be taken that this system is applied with rigor and that data and intelligence is used to reflect on performance and is used to reflect on whether interventions are working. We heard about good links with the Universities of Bath and Sheffield to learn from current academic practice which is a strength. The team also heard about the use of systems approaches (such as Outcome Based Accountability) that are used to challenge existing practice and drive new thinking and innovation. Given the complexity of issues such as helping children to achieve and maintain a healthy weight it is crucial that practice remains flexible to meet local variation. Within this experimental context, the use of performance monitoring and evaluation is however crucial to understand the impact of specific interventions, and to provide continuous challenge to drive improvement.

There is scope to use Connecting Communities to undertake evaluation of impact at local level, particularly in communities with greater health inequalities, in order to evaluate whether specific strategies work or not and why. The proposed Terms of Reference for the Connecting Communities programme identify the scope of the Forum as being to listen, prioritise, join up, work with you and share ideas, and could usefully include '*to monitor impact'*

Building on the 'wiki' format of the JSNA, there is considerable scope to develop locality based data as well as data on patients from CCG and the RUH to strengthen the shared open data community in order to monitor and evaluate outcomes. While data is key to understanding outcomes and impact, data sharing and use is complex and subject to many regulations and restrictions. Oversight

of the development of the data sharing through the HWB would ensure a clear strategic focus.

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

The JSNA is a strong tool for the public to hold service providers to account. It is accessible and easy to use and enables partners and individuals to get an understanding of issues in their communities, and to use this information to challenge the status quo.

Using a variety of communication channels, the HWB is opening itself to the public. Meetings are required to be held in public but are now also webcast, with a report that the November meeting had some 800 hits. The HWB is using social media (twitter) to engage with the public the public can submit questions to the Board in person or by twitter. The health and wellbeing network is a forum for stakeholders and meets on a monthly basis. Members of the HWB embrace openness and public accountability. Given the future challenges of system reconfiguration and the importance of promoting health and wellbeing, this open and accountable approach will stand the HWB in good stead.

Healthwatch are a valued partner on the HWB and feel welcome and engaged. The Council allocated two voting seats to Healthwatch, one voting member is required for quoracy, to ensure a strong community voice. Partners recognise that Healthwatch continues to develop and there is good support from partners in helping them to establish themselves. Healthwatch is run by the Care Forum who also provides the service to Bristol, Somerset and South Gloucestershire. It manages the Health and Wellbeing network, a forum for small providers, which attracts high numbers of stakeholders. Network meetings are held prior to HWB meetings and their content is linked to the agenda items of the HWB, with the intention of enabling stakeholders to influence content of the HWB meetings. Healthwatch are using social media to engage with users and small providers prior the HWB meetings.

While many people the peer challenge team spoke with regarded communication as a strength, particularly within the HWB and externally, we also heard that stakeholders as well as council officers were confused and at times baffled by the richness of partners and stakeholders all trying to improve the health and wellbeing of people in B&NES. Some felt comfortable operating within this environment and engaging with agencies and partners as needed, while others felt uncomfortable with this approach and asked for more structure and oversight. There is a call for the Council and HWB to articulate and communicate better the key partnerships within the system and how they relate to each other as well as how people and organisations can and should operate within a complex system. This is likely to involve clear reference points about what to do and with whom to

work but also encouragement to engage with different people or projects as long as activity contributes towards delivery of the JHWS.

One of the purposes of communication on health and wellbeing is to change the culture over the years about alcohol, obesity, smoking, drugs, and so on. A higher profile for communication would help the charities and the VCS and coordinate the regular campaigns. Good news stories about individual successes are newsworthy and effective, and highlight the outcomes. If parts of the local media can sign up to specific campaigns, this will give health and wellbeing issues a higher profile

HWB meetings need to be seen by the community as forums for public debate. The commitment of the HWB to public engagement was evident in the HWB we observed. The room layout was inclusive (a semi-circle facing the public) and the meeting was chaired in an open and inclusive manner. There were some 35 representative from the public and stakeholders. We also heard the next day that the webcast had some 350 hits. However, the level of debate observed by the peer challenge team could have been more robust given the significance of agenda items such as system integration (the Better Care Fund) and commissioning intentions. We understand and appreciate that challenge happens earlier in the system but these are critical items for the future of the health and wellbeing landscape in B&NES and there is a risk to the credibility of the HWB in the eyes of the public if they are not seen to debate such issues with rigor.

Healthwatch requires on-going support to become an effective organisation. In line with many places nationally, Healthwatch has established itself as an institution with a good web-presence, a firm focus on social media and good networks. The set up in B&NES where the Care Forum provides Healthwatch services for four unitary authorities will undoubtedly create efficiencies and economies of scale. However, we heard concerns about the capacity of Healthwatch to deliver the contracted functions within the resource envelope. The peer challenge team understand that the Care Forum are working with all four commissioners and an external partners to re-consider how contracted functions can be delivered.

7. Helping children and families to have a healthy weight

Over 26% of B&NES' year 6 children are of an unhealthy weight and 14% are obese. At the same time 23% of reception aged children are either overweight or obese, higher than the national average.

Leadership and prioritisation of healthy weight in children is strong. 'Helping children to be a healthy weight' is one of eleven priorities in the JHWS, elevating it to a key priority for the health and wellbeing system as a whole. Within the Council, there is a good understanding of the complexity of childhood obesity and

the need for a multi-faceted approach. This sits alongside the Council's focus on 'healthy places' as an important platform for creating healthy communities.

There is a strong strategy framework underpinning delivery. The challenge team found explicit links and shared language between the JHWS and key strategies such as the Children and Young People Plan, 'Shaping UP' and 'Get Active'. 'Shaping up' is the strategic framework for healthy weight; it has a clear and succinct vision and five cross-cutting themes. They are multi-facetted and recognise the need for whole system change: promoting and providing a healthy environment, promoting self-care, prevention and early intervention, treatment, using intelligence and building an effective workforce. The strategy focuses on three key cohorts across the life course (new and expectant mothers; early years and school aged children; middle aged adults). This provides a clear and focused framework to guide service delivery.

Data is used effectively. The council is using data and intelligence from a range of sources to understand needs and inequalities at a very granular level. (for example: secondary analysis of NCMP (national child measurement programme) data by the University of Bath; data from schools; surveys with children themselves; built environment audit). This enables it to unpick assumptions about links between prevalence and determinants (chiefly deprivation) and use this to target interventions. This means that interventions can be designed and delivered in a targeted (and cost effective way) and are based on evidence as opposed to assumptions.

Partnerships and networks are strong, ensuring joint working and formal accountabilities. Overall leadership comes though the HWB and, in line with the new performance management arrangements, the requirement to feedback on progress bi-annually. In addition there is a good degree of influence across other partnerships, including the Environmental Sustainability Partnership as well as good links to primary and secondary schools (via school nurses), and commissioners of key services such as breastfeeding. On a day-to-day basis, progress is reported via the Children's Trust Board. This multi-pronged approach ensures clear lines of accountabilities for the work as well as scope to influence across the wider partnership arena.

There is a strong sense of commitment and shared purpose among staff and providers to tackle this complex issue. Our discussions highlighted that council staff and providers have a very clear and strong understanding of the complexity of issues impacting on childhood obesity and a high sense of dedication and commitment.

Good progress has been made in drawing some 'non-health' partners (i.e. those who might not initially think of themselves as 'health partners') into the debate and securing a growing contribution. Examples are Leisure Services and Transport who are developing a better understanding about the 'why' and 'how'

they may design their services or provision to help to the identified target groups lead more active and healthy lives.

The peer challenge team was impressed with the range of service currently provided and the variety of settings and access points in particular. Examples are targeted breastfeeding support for new mothers, personalised engagement with parents whose children have been identified as having an unhealthy weight, work with the Canal and River Trust to create active spaces and work with public health protection to reduce the number of fast food outlets. The breadth of services is significant and a result of effective engagement with partners and council colleagues.

Our key points of challenge dovetail with some of the points we made earlier in the letter. In particular we consider that now is the time for B&NES to develop, together with stakeholders, a clear narrative about what a healthy weight environment would look and feel like for residents: where do we want to be in 5, 10 or 20 years' time. While partners recognise that tackling child overweight is a long term challenge, we have observed in other places that this can cause a sense of "not knowing where to start" which undermines action. In this context it is helpful to have a clear sense of direction over a shorter period of time, and an understanding of how partners can be confident that the environment is beginning to shift to make healthier choices easier.

Importantly, this needs to people centred and be imagined around the particular environment and communities of B&NES. For example, how does the environment for a 10 year child in Keynsham need to look like to make healthy and active choices? How does she travel to school? What parenting does she experience? How does she spend her leisure time? … etc. This person centred approach will create a more convincing narrative for the place and will engage citizens, commissioners and providers alike.

A clearer and more person centred narrative can then be used to:

- Embed a shared sense of the problem, its challenges and the healthy environment among 'non-health' providers, leaders and the community

- Accelerate the process of embedding the promotion of healthy weight throughout the council – so that strategic links and prioritisation are translated into a real change of practice. For example, transport planners will regard the introduction of cycling paths as more than just a matter of providing infrastructure and will understand and consider how to facilitate and promote its usage

- Build community engagement and community capacity, using Connecting Communities, to nurture a shared ambition and galvanize community action locally

More can be done to determine the unique contribution the HWB can make. The Board in its entirety but also as a collective of chief officers and decision makers across a range of organisations will have significant scope to influence. Is there scope for different leadership, leverage or brokerage that might achieve a step-change in the progress made to-date? For example, how do HWB members in their role as employers use their own policies and practices to target parents and middle aged adults to maintain a healthy weight?

8. Tackling alcohol misuse

Since 2002, alcohol related hospital admissions in B&NES have risen by 12%. Approximately 800 11-15 year olds are thought to be drinking to get drunk every week and over 29,000 people are considered 'risky' drinkers and are threatening their health because they are drinking too much. The majority of the alcohol related admissions are aged 60+ which is consistent with the demographics of B&NES

There is a strong focus and robust strategic framework for tackling alcohol abuse. It is one of the 11 priorities in the JHWS and the peer challenge team sensed strong commitment and ownership among councillors and senior decision makers to tackle this issue. The work is guided through the Alcohol Harm Reduction Steering Group which provides a clear outcome focus on reducing the rates of alcohol misuse. A series of outcome measures are being developed to ensure effective monitoring and reporting.

Partnership arrangements are very solid and this has resulted in a good understanding of the complexities around alcohol misuse and ambiguities around Alcohol use. Operationally, the work is overseen through the Alcohol Harm Reduction Steering Group and the Joint Commissioning Group for Substance Misuse and local structures such as the Midsomer Norton Community Alcohol Partnership which links to the Safer Partnership and is in sight of the Public Service Board and other thematic partnerships. A recent 'scrutiny inquiry day' which resulted in a report and recommendations has been helpful in discussing the issue and approaches with a wider range of councillors and partners and raising the profile of the issue.

The quality of data is improving. For example, the partnership is receiving better admissions data from the RUH, enabling them to better target interventions. This will enable activity to be better targeted.

There is a deep understanding of the need to engage with services across the Council, including community safety and Children & Young People as well as Licensing, to tackle not only consumption but the problems caused by drinking irresponsibly. Public Health, as the lead Commissioner is engaging effectively

with ‘non-health’ staff from other council services, in particular ensuring front-line staff increase awareness and understanding through the training programme.

There are many good examples of initiatives and projects to tackle alcohol abuse. For instance the Purple Flag Award for recognising excellence in the management of town and city centres between 5pm and 6am for Bath City and the adaption of these standards to support other parts of the area. Other examples are work with schools, the investment into an alcohol liaison service at the RUH and work with the Council’s housing provider on supported detox.

Building on the clarity of strategic direction and strong partnership arrangements our key points of challenge is similar to the one we made on helping children to a healthy weight. We consider that now is the time for B&NES to develop, together with stakeholders, a clear narrative about what a healthy drinking environment would look and feel like for residents: where do we want to be in 5, 10 or 20 years’ time, and for this to be person centred, geographically specific and not generic.

Other points of challenge to consider are:

- To develop a more holistic approach and to maximise the links between alcohol abuse and other risk taking behaviours or issues which might be typical for this target group, for example smoking, domestic abuse, poor parenting or social isolation, which may lead to alcohol misuse may hidden, for example taking place in peoples’ homes. This will enable more considered and people centred responses that are likely to have greater impact

- Maximise the opportunities for making every contact count, for example working more systematically with GPs, ensuring Brief advice, support, and appropriate care pathways are in place in custody suites. Similar to our challenge above, we would question whether the HWB as a collective and as individual partners could play a greater role in leading the work back in their own organisations

- How to better invest in prevention, for example embedding screening and advice on alcohol misuse across the health, social care and wellbeing system.

9. Moving forward - recommendations

Based on what we saw, heard and read we suggest the Council and HWB consider the following actions. These are things 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.

1. With all your advantages you should be setting more ambitious objectives for health and wellbeing and to reduce health inequalities

2. Develop a compelling picture of what the health and wellbeing system will look like in 5 years' time, taking the opportunity of the BCF and the CCG commissioning plan to start this process

3. Test the assumption that your current performance management reporting mechanisms will secure the effective implementation of the JHWS and achieve the desired priority outcomes

4. Exploit the willingness of providers to co-create and design solutions

5. Articulate and communicate more clearly the role and ambition of the HWB and how it relates to the rest of the partnership structure

6. Use Connecting Communities to develop a clear understanding of the distinctive needs of specific communities and to develop community capacity and resilience

7. Work with and continue to build the capacity and capability of Healthwatch

8. Encourage better coordination across the voluntary and community sector to enable them to make a strategic input into the work of the HWB and other partnerships

9. Ensure good links and coordination between the HWB and Health Scrutiny

10. Make the most of the communication opportunities

11. Further develop your JSNA as a public repository of data, intelligence and patient experiences with HWB providing strategic guidance

12. Develop with stakeholders a clear narrative about what the environment in B&NES looks like for your key health and wellbeing priorities, in particular healthy weight and safe and sociable drinking.

Unlike many areas you have the luxury of time to plan and deliver a coherent longer term vision for health and wellbeing; but this work needs to start now and the conversations need to be more challenging.

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.

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

Yours sincerely

Anne Brinkhoff
Programme Manager – Local Government Support
Local Government Association

Tel: 07766251752
anne.brinkhoff@local.gov.uk