Dear Judith, dear Paul

Health and wellbeing peer challenge, 25-29 November 2013

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

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

- Joanna Killian, Chief Executive, Essex County Council
- Cllr Gillian Ford, London Borough of Havering
- David Hagg, Chief Executive, Stroud District Council
- Janet Maxwell, Director of Public Health, Bristol City Council
- Joanne Smithson, Voluntary Organisation’s Network North East
- Cathy Winfield, Chief Officer, Berkshire West Federation of CCGs
- Alyson Morley, Senior Advisor, Health, LGA
- Paul Clarke, Programme Manager, LGA
- Anne Brinkhoff, Programme Manager, LGA
Scope and focus of the peer challenge

The purpose of the health peer challenge is to support Councils in implementing their new statutory responsibilities in health from 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 of effective health and wellbeing boards, the operation of the public health function, and the establishment of a local Healthwatch.

Our framework for our challenge was four 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. How effective are the key relationships? Is good use being made of the available energies, commitment and skills across the local health and wellbeing system?
4. Are there effective arrangements for evaluating impacts and for underpinning accountability of the public?

You also asked us to comment on the following issues:

- Operation and governance of the HWB and whether this is fit for purpose given the transformational challenges ahead
- The position of the HWB in the wider partnership landscape within Cornwall
- The visibility of the HWB within the Council and whether it is recognised as a systems leader?
- The transfer of public health into the Council and the extent to which it is mainstreamed
- The awareness and preparedness of moving resources across the system¹ to deal with financial pressures and increasing demand on health and adult social care

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

This letter provides a summary of the peer team’s findings. It builds on the feedback presentation delivered by the team at the end of their on-site visit. In presenting this feedback, the peer team acted as fellow local government and health officers and members, not professional consultants or inspectors. We

¹ When using the term ‘system’ we refer to the wellbeing, health and social care system
hope this will help provide recognition of the progress Cornwall Council and its Health and Wellbeing Board have made during the last whilst stimulating debate and thinking about future challenges.

1. **Headline messages and operating context**

HWB’s were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the health and wellbeing system could come together to improve the health and wellbeing of their local population and to promote integrated services, which will be of better quality, more citizen centred and cost effective. The operating context of the local health and wellbeing system is a factor that will influence the effectiveness and speed with which integration can be achieved.

The challenge team felt that the following context was important for us to bear in mind as part of our challenge:

- A complex history and a challenging year for Cornwall Council and Kernow CCG, due to changes in political and officer leadership as well as the formation of a new organisation

- The sheer scale and rurality of the Council as well as significant demographic pressures with an expected 25% increase of the over 65 over the next 10 years

- Enormous financial pressures for the system as a whole: some £200m for the Council and £200m for the CCG over the medium term. In this context the integration of health and social care and the need for prevention and early intervention to reduce pressures on primary and secondary care becomes a game changer for future financial sustainability of the system

- National requirements for health and social care integration by 2017/18, and the need to widen this to include the wider wellbeing agenda

- A strong sense of Cornish identity and independence, bringing with it an opportunity to engage and appeal to residents’ pride in their community and place and to try out new things

- A very mature and engaged voluntary and community sector, bringing with it an array of resource, expertise, participation and skills

- Very many enthusiastic, talented and committed people working within the system with passion and drive to improve lives of the local community
Overall, we felt that the combination of local talent and commitment and the co-
terminosity of organisations such as Cornwall Council, Kernow CCG, Healthwatch and many of the providers provide a huge opportunity. We would urge you to hold on to the concept of simplicity and the notion that ‘it should be easy to achieve what you want to achieve’.

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

The Council and partners have made a good start on building a comprehensive Joint Strategic Needs Assessment (JSNA) data set. The JSNA is accessible via the Council’s website and many people across the system are aware of it and are using it to inform their work. We found examples of robust analysis, for example on Housing and Safeguarding Adults, which has informed specific and targeted initiatives, including adaptations based on data of trips and falls. This approach should help interventions to have a higher impact.

The Council and partners have a good awareness of health inequalities and are committed to reducing them. The Joint Health and wellbeing Strategy (JHWS) recognises the ethical and financial impact of health inequalities on the system and devotes one of three outcomes (‘fairer chances for all’) to tackling these, targeting the wider determinants of health such as safe, warm and secure housing, improving skills and education, and focusing on families with complex and multiple needs.

Informed by local data and other intelligence, we heard of great projects with specific communities to tackle health inequalities. For example, the NHS Health Check team is working with the Fisherman’s Mission to deliver specific health checks in ports with a large proportion of seamen who will be working on long haul vessels providing them with assessments and managing onward referrals and primary care that is required for their working patterns. Similar approaches are taken to working with rural farming communities. These are good examples where use of data, intelligence and partnerships with trusted voluntary and community organisations can result in high impact and cost effective delivery.

Members have a deep understanding of their communities and are strongly committed to improving their quality of life. Many of the local communities are close knit with strong connections and pride. This knowledge, understanding and links provides a great opportunity for building strong and effective alliances with the public health team to deliver public health initiatives more tailored to local communities and in a way that continues to build on the good understanding the teams already have. Looking forward to the challenges of system integration and changes to health provision and reconfiguration, local members will have to play a key role in advocating changes that are crucial in ensuring that the Council can continue to deliver a breadth of services.
The challenge team was impressed with the quality and results of the Newquay Pathfinder and the Integration Pioneer bid. Given the requirements of the Better Care Fund (BCF)\(^2\), Cornwall has real opportunities to build on the successful pilot and to deliver it on a larger scale, covering the whole county within the five year planning horizon.

While the JSNA is data rich, a stronger emphasis on better and more accessible analysis would make it more beneficial to drive decision making. It is also recommended that the JSNA forms the basis of a ‘narrative’ of health and wellbeing challenges and assets for communicating the HWB Vision to the community and other stakeholders. This was a theme emerging from several conversations with council staff, who did not have time or expertise to make sense of the various data reports in order to use it for their work. The CCG has chosen to manage its primary care data in house, which needs to feed into the datasets more readily. In the context of less resource for data management and analysis there is a need for the HWB to agree how it uses its JSNA and research capacity to best effect for the system. The JSNA Steering Group has an important role to prepare the ground for this discussion. If successful it will secure greater leadership among decision makers and will drive commissioning decisions to a greater extent.

There are opportunities to create additional capacity by bringing together the existing resource in research and intelligence across different council services and the whole system. At present resource is spread across Community Safety, Children’s, Adult Social Care, Public Health and the Chief Executive’s department as well as partners such as the CCG, Police and the new Healthwatch. A more joined up unit and a more system facing data and analysis repository, such as a Joint Intelligence Unit, would create a powerful repository of data, stories and analysis to facilitate commissioning decisions across and for the system.

The JHWS captures well the contributions of a wide range of partners and stakeholders on the health and wellbeing of the people of Cornwall. We understand that many of the plans and actions will be delivered through services in the Council and partners, including the ALMO, schools, colleges and the LEP. It provides a useful broad framework of responsibilities. Looking forward, the challenge team would encourage the HWB to be more ambitious and focus on fewer and more tangible priorities with clear accountabilities and delivery plans. In determining these, the HWB may want to focus on those that only it can achieve. This will emphasise the HWB’s added value to existing local partnerships, strategies and action.

In particular, the challenge team felt that there could be a stronger focus of the HWB on the children and young people’s health and well-being agenda. It is in a

\(^2\) Formerly known as the Integration Transformation Fund (ITF)
unique place to provide system-wide commitment and a higher profile to children’s health and well-being. In more operational terms, this means that the Children’s Trust and HWB need to work together effectively.

In view of the focus and push towards system integration and reducing the pressures on the acute sector, there is a need for the Council and the wider wellbeing, health and social care system to develop more effective methodologies to understand the benefits realisation of prevention and early intervention. The public health team is in a good position to work with colleagues across the council, CCG and wider partners to strengthen an upstream approach of building community resilience and promoting wellbeing demonstrating the health benefits gained through improved housing, education and employment for instance that will reduce spending on services further downstream.

The Council has a limited understanding of the implications of the Care Bill and the financial impact on the Council, service users and those that fund their own care. Other Councils have done more to model what will be significant set up costs as well as the costs (and benefits) of delivering this policy, for example the impact of the new eligibility criteria. Given the forecast medium term financial pressures, the current overspend in Adult Social Care (£9 million for 13/14) as well as the requirement to generate further savings of £11m in 14/15, it is important that the Council now builds a coherent, corporate change programme to reconcile all these issues and implements the necessary transformation. The Council needs to feel confident about the current cost and quality of service provision, and learn from the good work that has done to raise performance and effectiveness in children’s services. Without this confidence it will be more difficult to act as a strategic commissioner alongside the CCG.

There is no corporate commissioning strategy in the Council. The challenge team felt that more needs to be done to differentiate between commissioning and provision activities and functions and to develop further joint commissioning across the system to enable the integration. The peer team felt that commissioning practice needs to be developed for the Council to clearly articulate its commissioning (and thereby decommissioning) intent for Adult Social Care in particular. In this context it is important for the Council to clarify its commissioning role and how it will work alongside its partners, and consider how it will reconfigure operational services as a provider. Clarity about this delineation in roles and functions is critical in going forward. This does not necessarily mean structural changes but the development of expert commissioning capability, able to work alongside peers in the CCG.

Given the scale and pace of action required to meet the expectations on the Integration Pioneer bid and deadline for the Better Care Fund submission, there is an absence of a resourced and integrated corporate programme to manage this significant transformational project. The newly formed Transformation team in Adults could provide the engine for this Corporate Programme, but it needs
leadership from the top if it is to work. It also needs better alignment with the CCG’s integration and transformation resource. With the co-terminosity in your system, one Integration and Transformation team is a real option.

3. Delivering the best for people in Cornwall – integrating health and adult social care

You asked us specifically to focus on the awareness and preparedness of moving resources across the system to deal with financial pressures and increasing demand on health and adult social care.

The context for this is the ‘top-down’ requirements for integration through the Better Care Fund as well as Cornwall’s own ‘bottom-up’ ambition expressed through the Pioneer bid and successfully piloted Newquay pathfinder. These are two complementary drivers, combining national expectation and pooled resource with local knowledge and proven delivery. They however operate within a context of significant financial pressure, rising demand and differing organisational structures, accountabilities and values that can easily lead to organisations looking inward as opposed to adopting a systemic approach.

The peer team consider that there are four necessary conditions to make a success of the Pioneer bid and the BCF. These are:

- a joint vision for the future health and social care system
- a clear and compelling view of what services will look like in 5 years’ time, and with these a shift from acute and primary to prevention, early intervention and non-medical solutions
- mature relationships among leaders and partners, appreciating each other’s organisational challenges, norms and values, and
- robust and joined up programme management arrangements to deliver at pace.

In our conversations with people across the system we encountered enthusiasm and commitment to integration and an appreciation of its significance in view of the future financial stability, as well as plans and teams working on transformation. What will be required going forward, however, is a clearer vision and narrative about the future service provision across the wider system and with it a leadership of communities and organisations of the wellbeing, health and social care system as a whole.

Suggested questions to consider in developing the narrative for the future of health and social care services and how they will be delivered include:

- 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 (ie ‘Annie’)?
• How can you work with your communities to build resilience, better self-management and personal responsibility?
• What is the right balance for Cornwall 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?
• What different organisational and governance arrangements and reconfiguration might be needed, given the scale and sustainability of providers in Cornwall?
• What is the balance between local projects and county wide programmes to maximise efficiency?
• What are the risks to current providers in reshaping services closer to home? How can essential hospital based services be sustainable in a newly configured health and care landscape?

In going forward, partners will want to see a comprehensive and visibly led programme with political and managerial engagement at the highest level and a delivery and engagement structure that is connected to communities and localities. This prompts some key messages for the Council, Kernow CCG and for community engagement:

(a) Messages for the Council
• This is core to your future financial sustainability
• It should be a corporate priority.
• Maximise synergies with other partnerships & innovation (eg LEP)
• Provide strong political and managerial leadership
• Initiate wider Member engagement
• There are opportunities for a common integration and transformation programme between CCG, the Council and its partners, including the Isles of Scilly
• There are opportunities for a single transformation team, requiring corporate support and direction
• This requires a fundamental review of the governance of the HWB, including its relationship with and between PACs and Health Scrutiny to provide the right accountability
• This requires a fit for purpose commissioning function and clarity about your role as provider
• Adult Social Care – quicken the pace of change
• You have a 15 months window of opportunity
(b) Messages for Kernow CCG

- This is core to your future financial sustainability
- It should be a corporate priority
- Currently bottom up incremental approach – needs to move swiftly to overarching joint county-wide strategy
- There are opportunities for a common integration and transformation programme between CCG, the Council and its partners
- There are opportunities for a single transformation team, requiring corporate support and direction
- There is a need to actively develop and agree with the council cost effective health and social care provider configuration to deliver the strategy
- Optimising the primary and community care potential and maximise the engagement with the community
- You have a 15 months window of opportunity

(c) Messages for Community Engagement

- Build a positive and clear vision for health, wellbeing and social care together
- Build further strategies to support self-management and individual responsibility for health and wellbeing
- Focus on outcomes, community assets and services, not buildings
- Council and CCG need to engage openly and courageously in this conversation
- Develop a single narrative and conduct a single conversation which is communicated by different organisations
- Make every contact count
- Measure, evaluate and communicate outcomes
- Use the 15 months window

The preparedness and ability to have honest conversations between partners, for example about viability of provision, is crucial at times where demands of individual organisations conflict with demands of the system as a whole. Unless these conversations are happening, no progress will be made in driving integration and shifting provision upstream. Our observation of the HWB and discussions with partners highlighted that this is lacking. People we spoke with told us that problems are not yet jointly owned and solved. We heard of a tendency for organisational retrenchment and blame when things get difficult and of a lack of courageous and solution focused leadership. This needs to be addressed urgently if you want to reap the benefits from Pioneer status and the BCF.
4. Is the Health & Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?

The HWB has made a strong start in its shadow year. Membership reflects well the wider health and Wellbeing system, including the Police and Crime Commissioner, the portfolio holder for Housing, and the voluntary and community sector. NHS Kernow was a proactive member of the shadow HWB and the CCG chair is now the vice chair of the Board. The HWB had a good grip on two of its responsibilities, i.e. the development and refresh of the JSNA and the preparation of the JHWS. There is a complex support structure around the Board, with a range of groups feeding into the HWB providing strategic links, review and challenge and communication, engagement and intelligence.

The HWB has skilful and committed officer support. The peer team was impressed by the enthusiasm and commitment of the lead officer for the Board, her grasp of the health and social care policy changes and vision and positive intent to support the Board in leading this. This is crucial to facilitate and support the future direction of the HWB.

The HWB has good links to other strategic partnerships. Partners regard it ‘on a par’ with the Local Enterprise Partnership (LEP) and the Local Nature Partnership (LNP) in particular. This helps to establish the links between the economic, environmental and wellbeing agendas and help to unleash further resources through European funding for research, innovation and growth in the region. Chairs of the three partnerships appreciate the connectivity and interdependency of the respective work streams, and the potential and benefits for wellbeing. They have started meeting informally to ensure alignment of work where possible, including the system leadership work around local food which is led by the DPH.

Partners recognise the strategic importance of the HWB. One respondent to our pre-site survey highlighted that they were most excited by the HWB being ‘the opportunity to re-write the way Cornwall provides timely, effective and appropriate healthcare for the people of Cornwall … which they, ultimately, own’. Other comments highlighted the potential of partners to influence commissioning decisions and hold the Council and each other to account for their impact on healthcare commissioning. High aspirations for and expectation of the HWB and its constituent parts are at the heart of driving the changes to the way it operates that are necessary given the changing context with the focus on integration.

A common theme among partners was that the Board needs reigniting. Many Board members and partners we spoke to articulated that the HWB needs to fundamentally revisit its purpose. This means articulating not only what it will do but also how and why. In view of the national and local expectations on the HWB the peer team would challenge that the HWB needs to make best use of its time to focus on the issues that only it can resolve and delegate other matters
to existing partnerships of groups. One partner told us that the Board is being used to give its 'seal of approval'. This will require skilful and decisive agenda planning and management, engaging with the Chair, Vice Chair and the DPH, and the use of a Forward Plan. With greater clarity about purpose and the appropriate membership the challenge team believe that the HWB could be the fulcrum of leadership across the system to deliver transformation at pace, taking people with it.

The need for clarity of purpose and specific accountabilities also applies to the wider Board structure. At present there are five support groups, including a Stakeholder Group that includes a wide range of organisations including providers. In addition, and not explicitly part of the HWB Board Structure, there is a Leadership Summit, originally established by NHS Kernow where local health, social care and voluntary sector leaders in Cornwall come together quarterly. We heard from many partners of the need for an Executive Commissioning Group as a matter of urgency that can lead on the Pioneer and BCF work, which can be tasked by the HWB to develop the vision and narrative for health, wellbeing and social care integration for Cornwall. We would recommend that this group include the Chief Executives of the main providers and commissioners across Cornwall with direct accountability to the HWB. This will create a senior operational forum to initiate and lead the organisational changes at pace.

There is a perception that democratic processes constrain the work of the HWB. Health and wellbeing Boards are intended to be a genuinely new model of partnership working. Though the HWB is formally constituted as a Committee of the council, the Board’s processes should not stifle debate or constrain members in participating. The Council and its partners can take advantage of the flexibility allowed by the regulations to develop ways of working that genuinely reflect the wishes of their members and the needs of the communities they serve. For example, many HWBs work on a consensus basis and avoid, wherever possible, voting on matters.

While the peer team did not observe a formal meeting of the HWB, partners raised with us the style and lengths of papers, requirements of all papers to go through formal Council processes, which require them to be ready 6-8 weeks ahead of a formal meeting of the HWB. We heard comments about the formality, tone and style of meetings that partners feel are not conducive to effective partnership working. Partners also commented that the current style of meetings makes it difficult (if not impossible) for members of the public to understand the content and purpose. It might be useful for the HWB meeting to be held in a public place or one of the partner offices to visibly demonstrate that while the HWB is a committee of the Council, its prime purpose is to act as a forum where senior leaders from the health, wellbeing and care system come together to improve the health and wellbeing of communities.
Relationships between the new Policy Advisory Committees, Health Scrutiny Overview and Scrutiny and the HWB are not clear and there is a danger that they could work in conflict rather than having complementary roles. There is an important role for the PAC to engage in policy development work for Adult Social Care and Health, bringing views and perspectives of its wider membership. Similarly the role of Health Scrutiny is important to provide assurance and challenge. There is scope to use both functions to support the work of the HWB. Consideration now needs to be given to the roles and responsibilities of each committee. In practical terms, informal meetings of the Chairs of each of the groups to discuss work programmes and identify priorities which would help to manage the interface of these committees for the benefit of the system as a whole.

5. How effective are the key relationships? Is good use being made of the available energies, commitment and skills across the local health and well-being system?

There are generally strong relationships between organisations and partnerships who deliver health and wellbeing outcomes for communities in Cornwall. We referred to the links with the LEP and LNP earlier in this letter. In particular the LEP, now managing the European Structural Funds, provides a real opportunity to focus on skills development and job creation and addressing poverty. Using EU funding, the Council and partners are investing in developing opportunities for business growth such as the Health and wellbeing Innovation Centre in Treliske, providing business space, support and access to networks, peer support and specialist advice. Links with Cornwall Housing (the Council’s ALMO), the Leisure Trust and other services are established and senior managers get together through the Public Health Outcomes Group informally to link into the work with Public Health. Officers and partners see this as a valuable mechanism but felt that accountabilities between their work and the HWB could be strengthened and that the ownership of some of the performance measures needed to be reviewed, particularly with regards to Housing.

Links with research institutions and networks on the peninsula are excellent and fostered through the public health team responsibility for academic public health research responsibilities; they are being used to good effect and will offer huge potential in the integration work. Examples are the European Centre for Environment and Human Health, and through its links to Plymouth and Exeter Universities and various research networks. We heard of some great examples of research into the interaction between health and the environment for example in work place but also home insulation, which is a significant area of focus for Council. Other examples were research into e-health and e-wellbeing through digital technology and social media. Strong links and the benefit of EU funding should enable Cornwall to be at the forefront of these developments.
Cornwall has a reputation for being innovative and these approaches have developed working with the whole system to improve health and wellbeing around specific themes. Championed by the HWB, and with strong leadership and support through the DPH, Cornwall is part of a systems leadership pilot to explore and address problems and opportunities around local food. Kick-started through ‘big conversation’ process, bringing together a wider range of stakeholders the system has adopted a focus on food poverty and obesity, with partners identifying and committing to removing barriers. Run as an applied learning project, part of its remit is to understand and experiment with approaches to lead and manage systems. In addition to addressing some of the key issues for Cornwall, the project should identify valuable lessons to apply to other systems that can address local wellbeing challenges.

We found strong links with the Public Health England Centre and NHS England Area Team as the newly reorganised elements of the NHS begin to bed down and recruit to new positions. The PHE Centre will provide support and PH intelligence from a range of national sources to the local authority team and provide the main Health Protection function across the region. The NHS England area team now has taken on some of the PH functions including delivery of screening and immunisation programmes and offender health but will work closely with the local team so that the DPH can retain oversight of these functions for the local population.

The commissioning of Healthwatch has been innovative and effective. Building on the strengths of the voluntary and community sector, the Council co-created the local Healthwatch service, rather than procuring it in a traditional way. This has facilitated a smooth transition from LINk, ensuring learning was not lost, and arrangements were strengthened where necessary. It is important that the wider wellbeing, health and social care system support the development of local Healthwatch facilitating information and intelligence flows and providing space for debate and opportunities for participation in service redesign and reconfiguration.

There was some concern that following the transfer of public health into the Council, the voice and advocacy role of the Director of Public Health and her team has felt to be less strong than before the transfer. Different parts of the system hold different views about whether and why this might be the case. In going forward, there is a need to ensure that the structure and positioning of the public health team and the organisational culture enable and support the DPH and her team to use their skills and expertise to the best effect. The challenge team considers that this is as much about the DPH taking the opportunity to lead her team and influence all of the Council spend as much as her CLT colleagues to encourage, support and enable her to do this.

The transfer of Public Health into the Council was managed well in the main. Technical issues during the transition from the PCT to the Council such as access to the Council’s ERP system, e-mail addresses and the physical location...
of teams in St. Austell are being resolved. Positively, all staff we spoke to recognised the opportunities of working in the Council to forge links with colleagues in Education, Housing, Licensing, Planning and other services as well as those within Adult Social Care where they are currently located.

Although good progress is being made to develop better understanding of the public health role within the local authority, this process of integration needs to continue to ensure the role is optimised across the whole council. In particular, Public Health staff told us that they would welcome more formal networking opportunities across the other Directorates and on-going support to understand working practices of a Council and in particular how to engage and work with elected members.

The ring-fenced public health grant is causing some organisational friction that needs to be overcome as it is protected against the budget savings required of all of the departments. Managers and leaders across the organisation need to recognise and deal with these issues and appreciate each other’s backgrounds and skills, and to use them to the best effect to deliver better outcomes for local people.

6. Are there effective arrangements for evaluating impacts and for underpinning accountability of the public?

A key role of the public health team is to help ensure that there is robust evaluation of services that are commissioned or delivered. This is recognised in the core offer of Public Health advice to the CCG health commissioners but could be better understood across the council functions. Public health has an important role in intelligent commissioning ensuring that evaluation frameworks are built in at an early stage of the commissioning process rather than as an add on at the end when the service is already up and running.

There is an understood opportunity for Healthwatch to bring together intelligence from a range of patient public engagement mechanisms to build the ‘big picture’. For example Healthwatch has already raised the issue of support for children with autism. However, it is recognised that Healthwatch is a new organisation and needs to work with the HWB in order to identify priorities for itself that will make a unique and influential contribution to the JHWS priorities. For example, being seen as the organisation which brings together all of the information on patient and public experience to the HWB, and using its enter and view powers to gather intelligence to influence of high quality, effective and accessible services.

Healthwatch is well established with strong links to a number of other organisations, networks and partnerships, including Age UK, Disability Cornwall and the Children’s and Young People partnership. This creates a powerful network which it can rely upon to effectively engage with residents and patients.
The peer team found little evidence of a coherent way to measure outcomes and success measures, including patient experiences. There is scope for Healthwatch to support the provision of this intelligence.

8. **Other messages from the peer challenge**

There are some messages which are not directly related to our brief but are important for the Council and partners to reflect on:

- We met with very talented and enthusiastic staff who are keen to play a valued role and learn. Our programme was designed in a way that permitted discussions and learning around the BCF, Social Impact Bonds and the HWB which demonstrated that partners were keen to reflect on their own practice and saw the peer challenge as a good opportunity to do so.

- The peer team saw some truly innovative work at local level, some of which is making a real difference to people in highest needs. Examples are the work of health trainers and health champions supporting people with health needs going back into work, including using volunteering. The Cornwall Health and Making Partnerships Team (CHAMPS) is part of the Council’s Health Promotion Service and includes eight people with a learning disability and/or autistic spectrum condition – experts by experience – whose role is to improve access to health services for people with learning disabilities by checking services and training staff on their needs. The Public Health legacy document sets out comprehensively the work of the public health team over the previous 8 years and provides a systematic description of the very wide ranging work of the team and the lessons that can be taken forward. It will provide a good foundation for the Council and the HWB to prioritise work programmes.

- At times of huge change and pressure it is vital that senior leaders and manager manage morale and support staff positively.

- There are huge opportunities for the development of staff and member engagement in delivering the new health and wellbeing agenda, and for ward members in particular to engage with local GPs, the health improvement teams and other public health services. This will require the facilitation of contacts, maximising the existing infrastructure through the Community Networks, and briefings or other support to local members to ensure that they are briefed and supported to lead on the health and wellbeing agenda locally.
9. **Moving forward**

Based on what we saw, heard and read we suggest the Council and HWB consider the following actions. These are things we think will help improve and develop your effectiveness and capacity to deliver future ambitions and plans and drive integration across health and social care.

1. Ensure plans are in place to submit a fully owned BCF bid by the 14th February

2. Establish longer-term programme management arrangements to deliver your ambitions over the next 15 months

3. Using the public health knowledge and expertise demonstrated through the JSNA work and the legacy document to improve the shared understanding of health needs of the population in Cornwall

4. Develop a joint strategic vision for health, wellbeing and social care in 5 years’ time

5. Develop and deliver a joint narrative about the future of health and social care in Cornwall

6. Understand your joint financial position and move resources around the system to improve patient outcomes and experience and deliver financial sustainability

7. Co-design a provider landscape that maximises the contribution of the third sector and the opportunities for service integration along care pathways

8. Develop new funding mechanisms to fund the realistic costs of core hospital services for Cornish residents

9. Brief all Cornwall Councillors on the implications, challenges and necessities of the health and wellbeing agenda

10. Progress the organisational mainstreaming of the public health service through better understanding of roles and responsibilities

11. Ensure that HWB, PAC and OSC have a clear understanding of their respective roles and contribution in driving forward the health and well-being agenda including especially for the integration work

12. Give system-wide commitment and profile to children and young people's health and wellbeing agenda and ensure that children's trust and HWB are working together effectively
13. HWB to lead a communications strategy to report progress, improvements to outcomes and services and continuing challenges

14. Maximise the potential of the VCS place on the HWB

15. Explore and agree how Healthwatch can add maximum value to the HWB and the system as a whole

16. Ensure the Isles of Scilly is giving due consideration when commissioning services

10. **Next steps**

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

In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. Andy Bates, Principal Adviser, South West is the main contact between your authority and the Local Government Association. Andy can be contacted Andy.Bates@local.gov.uk (or tel. 07919 562849) 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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