Introduction

Cornwall Council, NHS Kernow and the Cornwall Health and Wellbeing Board welcome the LGA Peer Team to Cornwall to review our approach to delivering the new responsibilities for councils and the NHS set out in the Health and Social Care Act 2012.

The NHS reforms gave rise to new commissioning arrangements in Cornwall which is probably one of the least complex areas in the country in terms of local authority and clinical commissioning group boundaries, but complex given its rural and coastal geography and demographics. It is early days and positive relationships have developed but partners are not complacent about the challenges ahead being driven by the demographic implications and financial climate. There are opportunities in sharing similar boundaries with the Local Enterprise Partnership and Local Nature Partnership and close proximity to the Isles of Scilly and Devon where the respective populations are dependent on the same services such as health care, social care, employment and transport. This prompts the need to ensure that effective dialogue is maintained during the commissioning cycle and planning process and to ensure that a truly joined up understanding of the collective resources and need are more effectively matched in future. The Health and Wellbeing Board (HWB) has an important role to play in maintaining and building relationships across the health and care system and brokering others to improve people’s wellbeing. The Board understands its responsibility to steer a difficult but necessary set of changes to ensure future health and care services are sustainable in Cornwall in the future.

1. Background:

Cornwall has a population of c. 540,000 (current year estimate). It is a maritime area, set on the most south westerly tip of the South West peninsula, covering an area of 3,559 sq km. It is the second largest local authority area in the South West region, and has the longest coastline of all English counties at 697 km. Cornwall has a distinctive peninsular form with a long indented coastline and the River Tamar forms the eastern border with Devon and the Isles of Scilly lie south west of Lands End, the most south westerly point. Cornwall is an area of many contrasts; with varied landscapes with remote rural, coastal and environmentally sensitive areas, interspersed with villages and historic market towns; where affluence sits alongside some of the most disadvantaged areas in England;
the difference in life expectancy is nearly eight years between the most affluent and disadvantaged communities and there is also a 12 year gap in healthy life expectancy between these same communities.

Cornwall Council (Council and democracy web page) is a Unitary Council with 123 Councillors, working with and supported by 213 Parish and Town Councils. There are also six parliamentary constituencies in Cornwall. In May this year, whole Council elections took place which resulted in 46.3% new councillors being elected (57 out of 123) and a new alliance of Independent and Liberal Democrat councillors forming the Cabinet; the Leader of the Council is from the Independent group and the Deputy Leader is the leader of the Liberal Democrat group. The Chairman of the Council is the leader of the Independent group. The Localism Act has enabled a new model of governance to be designed to encourage inclusive decision making. The modified Cabinet system involves more Members in the decision making process with portfolio advisory committees (PACs) working closely with each portfolio holder. These politically balanced committees also provide a forum for policy development and performance management and support and provide an important mechanism for the Cornwall Health and Wellbeing Board to engage with councillors.

The Council is organised into six directorates under the leadership of the Chief Executive (directorate information). The workforce has reduced from approx 22,000 in 2009 to around 14,000 and comprises 6,700 direct employees and a further 7,300 employed in local authority maintained schools. The workforce reduction has been accelerated by changes in service delivery; 3,000 staff have transferred to Cormac, the Leisure Trust (Tempus), Cornwall Housing, Cory (as a result of the waste contract) and BT Cornwall in the last two years. Since 2010, 50 schools have converted to Academies, and a further 40 have expressed interest or are anticipated to change. Approximately 4,000 employees have transferred from the Council’s employment as a result of the Academy conversion process so far.

Public health (120 employees) successfully transitioned from the NHS to the Council from 1 April 2013 (Public Health Cornwall web page). The strategy adopted by the Council during Public Health Transition was to have a two-stage approach. The first stage was safe transition based on a transfer of all current public health functions and structures remaining as they were in the NHS and to use a new Adult Care, Health and Wellbeing Directorate as the home for public health. The second stage of transformation – embedding of public health into all parts of the Council is in its planning stages. The Chief Executive and Leader have asked for a new Public Health Vision and strategy for prevention to be developed by the Director of Public Health. This work is being taken forward in Autumn/Winter 2013/14 and will include looking at all public health resources, roles and responsibilities across the Council. The Director of Public Health (DPH) remains the leader of the local public health service as part of the Adult Care, Health and
Wellbeing (ACHW) Directorate led by the ACHW Corporate Director. The DPH continues to be a member of the Council’s Corporate Leadership Team (CLT) with direct access to the Chief Executive and Members. The DPH is also a statutory member of the local Health and Wellbeing Boards (HAWB) for Cornwall and the Isles of Scilly respectively. The Public Health team work across the Council and partnerships on a wide number of priorities, including the health of children, adults and older people, health improvement, the wider determinants of health and tackling health inequalities. The total budget for public health is £19.6 million.

NHS Kernow, the Clinical Commissioning Group (CCG) for Cornwall and the Isles of Scilly, was a proactive member of the Shadow Health and Wellbeing Board during its development in 2012 and early 2013 and the CCG’s chair is now the vice-chair of the Board. NHS Kernow is set up as a networked organisation built on 69 GP practices, grouped in 10 localities. The organisation has built strong links with the Council and organisations across Cornwall and Devon to align commissioning processes and plans and is working towards an overall aim to reduce the need for services through improving health and wellbeing, ensuring services are safe and sustainable and improving people’s experience of care. The CCG commissions most health services in the county with an annual budget of some £700 million and is working towards integrated commissioning with the Council and integrated services across providers. NHS Kernow coordinates a regular leadership summit involving local authority and NHS commissioners and NHS trust providers at chair and chief executive level. This group is the strategic body for determining health policy and takes its lead from the Board. At a more grass roots level, many GP practices have Patient Participation Groups and these groups will be pivotal to the development of NHS Kernow’s People’s Commissioning Board, an ambitious project to ensure local people have a central role in influencing commissioning. GP localities are long-established and have been brought together in the Network Leadership Group where local GP leaders are able to share ideas and develop plans for their own communities, supported by the central organisation.

During the shadow period of the Cornwall Health and Wellbeing Board and the transition from the former NHS structures, there was a representative from the PCT cluster - before the formal membership of Devon, Cornwall and Isles of Scilly Area Team, NHS England was confirmed - on the Health and Wellbeing Board. Links are developing and there are existing relationships shared between the new NHS commissioning organisations and the Council.

Although Cornwall’s demographic profile is changing with the net migration rate for younger people with families moving into Cornwall increasing, we still expect an overall 25% rise, over the next 10 years, in the number of people aged over 65. The costs of health and social care for this section of the population represents the biggest proportion of public sector spend and creates significant challenges. For the Council alone, the cost
of adult social care over the last two years has risen from 15% to more than 27% of the Council’s budget. As central and local government grapple with this issue nationally, we are making changes locally which will help us to be more innovative and flexible in how we provide these services in the long term. NHS Kernow and the Council, together with other leaders in the system, are actively working together on a more sustainable and improved system through Cornwall’s Health and Wellbeing Board.

**Question Responses (new methodology, Nov 2013)**

Q1. **Is there a clear and appropriate approach to improving the health and wellbeing of local residents?**

In Cornwall we have seen a 37% increase since 2011 in older people eligible for support from social care. We have a rising birth rate, increasing complexity of pregnancy in older mothers, child obesity and children and babies surviving with increasingly complex health conditions. Our 65+ population is expected, by 2031, to increase by 83% and the number with a limiting long-term illness (now 53,922) will increase by 59%. We expect 114% increase (to 20,228) in the 85+ age group. People with long-term illnesses make up 80% of GP activity, 40% of out-patient activity and 80% of hospital in-patient bed days. Challenges to wellbeing include 10% of people living in communities with high levels of deprivation; 53% of homes are off the gas grid with higher costs to stay warm and eat healthily; more people are using food banks and going to Citizen’s Advice Bureaux about debt and the welfare reforms are likely to impact on those groups who are already frequent users of health and social care including disabled adults and children, people on pension credit and households with children. People in Cornwall tell us that services are not coordinated in a way that helps them when they most need it. It is against this backdrop that the Cornwall Health and Wellbeing Board was established and its joint health and wellbeing strategy produced.

The Strategy has been co-produced in partnership with stakeholders in the community and alongside a range of interests to ensure it reflects the needs of the community, based on evidence and public and patient experience of existing services. Over 250 organisations, user groups and stakeholders participated in the engagement programme together with 100 (including 10 easy read) online responses. Draft outcomes and priorities were presented to all NHS commissioner and provider boards and the local authority’s scrutiny committees, Cabinet and Council for comment and endorsement. The Health and Wellbeing Strategy will inform and influence commissioning decisions across local services to be focussed on the local needs and communities, and tackle the factors that impact upon health and wellbeing across service boundaries. It will also influence the commissioning of local
services beyond health and care to make a real impact upon the wider determinants of health. Public health expertise has been integral to the development of the strategy and the process has provided an opportunity for council and public health staff to work together in advance of the public health function moving to the Council in April 2013.

In assessing needs and priorities, the Health and Wellbeing Board has adopted an outcomes-based approach and has set local priorities for joint action based on indicators from the national outcomes frameworks but the next step is to develop an integrated outcomes framework for Cornwall. There is a significant opportunity to bring together strategic objectives for the economy, environment and community, building on the many assets in Cornwall, including the education and research establishments and innovation centres. During the strategy development process there was regular cross referencing with the Kernow Clinical Commissioning Group’s commissioning intentions. These included:

- people with long term conditions
- planned care in hospital
- medicines management
- healthy lifestyles
- mental health
- access for people with learning disability
- urgent care
- children and young people

The health and wellbeing of Cornwall and its communities is key to our success. The vision for Cornwall’s Health and Wellbeing Strategy is:

‘People in Cornwall will live longer happier, healthier lives and good health and wellbeing will be everyone’s responsibility’.

The Strategy is focused on three long term outcomes which are:

- Helping people live longer
• Healthier lives
• Improving the quality of people’s lives; fairer life chances for all.

These are described in 12 priorities, which cover a range of services and programmes within the Council and its partners. (health and wellbeing strategy)

The JSNA and Joint Health and Wellbeing Strategy identify key challenges for the health and wellbeing of the population and this evidence base is constantly building. We know that many of the wider determinants of health are beyond the traditional reach of the NHS and as such we all have a part to play recognising that it’s linked to everything we do - not just hospitals, doctors and medicines. Within Cornwall there are a number of key intelligence products which, alongside specific JSNA products, form part of the intelligence base and feed the JSNA including the child poverty, substance misuse, community safety, local economic assessments, alongside a variety of socio-economic data and locality profiling. There are pockets of work undertaken by various teams/individuals and whilst on the whole work is undertaken to ensure consistent messaging and prevent duplication of effort, it is recognised that more can be done to really integrate and align expertise, tools, resources and products.

The Board has also recently started to develop a document, `Our Future Health and Wellbeing’ which will act as a communication tool to engage partners and the public in the debate around the shared challenges namely:

- Demographic change
- Lifestyle and behavioural changes
- Rising demand and treatment costs
- The state of public finances

There are many evidence bases which present information about the priorities for Cornwall. Some of these messages have a wider impact than their audience, and require agencies to work in partnership to address certain issues highlighted. The variation in the characteristics of people and places within Cornwall includes some real ‘hotspots’ for a number of issues such as deprivation, worklessness and child poverty. In Cornwall, there are neighbourhoods and households that are identified consistently as having challenging and inter-linked issues, and therefore a high level of service need. There is also consistent and strong anecdotal evidence that some individuals and households are in contact with multiple agencies. These are longstanding messages, and there is a lot of good work already underway in many of these areas and with many of these households.
Cornwall as a whole is not deprived but there are some areas where there are very high levels of deprivation and this has not changed for some years. There is a strong relationship between living in a disadvantaged area and worse outcomes across a range of issues including education, crime and health.

As well as ‘hotspots’ there are also areas or households with high need which might not be obvious due to their location. Likewise there can be a smoothing effect if affluent and poorer areas are located close to each other – this is when the boundary of the area used for analysis can make a real difference to the issues that are identified within the area.

There is an agreed Health Inequalities Strategy and there is a range of supporting and underpinning data and intelligence derived from a number of other assessments including the Child Poverty Assessment, Drug and Alcohol needs assessments, Local Economic Assessment and a range of products produced through the Community Intelligence Team. This is the most developed area in respect of cross-boundary working primarily via the community safety needs assessment.

Public and patient experience data gathering and analysis is becoming increasingly important and this is an area that the Board recognises as an area for development. Finding ways of coordinating data from a variety of sources including health and wellbeing board partners, providers, GP surgeries, Healthwatch Cornwall and Health Complaints Advocacy Service is currently a challenge not least in terms of working through information sharing protocols, and IT systems. There are existing mechanisms in place within individual organisations to capture public and patient views and experiences. However, what isn’t currently achieved is a system wide view of the issues and experiences. Pulling together this existing wealth of information and developing a collective understanding of the key issues is something that the Board has discussed and has asked to explore how this can be taken forward. Whilst individually learning and changes take place, currently there is no collective mechanism for communicating how we act on the findings from consultations – demonstrating that we listen and change what we do.

Co-terminosity of boundaries between NHS Kernow and Cornwall Council has many advantages, including ease of whole population analysis. However, operationally there are a number of different boundaries; for example, directorate, electoral divisions, community networks, GP localities, and police etc resulting in place based integrated planning and commissioning remaining complex. The JSNA provides us with a process to identify and monitor changes in local health and wellbeing needs and inequalities of the local population which helps inform future service planning across the public sector although recent budgetary decisions do indicate
however, a lack of buy-in to the evidence. One example would be around prevention services/activities where the evidence is clear that effective prevention and early intervention can make a real difference to people’s lives, benefiting families, communities and society through cost savings and improvements in quality of life as well as providing potential savings across a number of service areas. However, recent budget and resource allocation decisions have resulted in cuts and remain a threat to prevention services following the outcome of the comprehensive spending review and further pressure on public sector funding.

Some cross-border discussion has taken place between HWB mainly during the shadow period although there are reciprocal observer seats for Chairs of the Cornwall, IoS, Devon and Plymouth boards. NHS Kernow and the Council have regular liaison with equivalents in the other board areas but there is still more to do in this respect to achieve aligned and or integrated commissioning based on the joint health and wellbeing strategy.

The Board has been clear that it does not see itself duplicating the work of other partnerships or delivery bodies, but instead it is there to add value to the work and address the issues which prevent effective service delivery and outcomes for the population. Cornwall’s communities remain very varied, and flexibility in the delivery of services to meet different needs is still an important issue. This is played out through the Board’s delivery plan for year one, which is focused on addressing some of the system issues and operational issues of the Board. This was based on the belief that focusing on addressing some of the systemic issues in year one would provide solid foundations for the Board to deliver integration moving forward. Given the pace of change it is planned to revise the strategy in 2015.

Q2: Is the Health and Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?

Cornwall was an early implementer area for health and wellbeing boards and the Council established its shadow health and wellbeing board in May 2011. The statutory Cornwall Health and Wellbeing Board is Chaired by the Portfolio Holder for Adults, Care, Health and Wellbeing and the Vice Chair is the Chairman of NHS Kernow clinical commissioning group. Membership of the Board is based on the statutory guidance with the addition of the Police & Crime Commissioner, Chief Superintendent (Devon & Cornwall Police) and a voluntary sector health and wellbeing theme lead. There is a commitment from partners involved in the health and wellbeing board to work towards achieving shared system leadership. Informal meetings provide a ‘safe’ place for more in-depth debate and
challenge and development of the Board. Existing member organisation governance arrangements are used to support or facilitate decisions relating to Board activity and there is still some work to do regarding governance and particularly to prepare for the Board’s role in integration.

The Board is keen to promote the use of all resources such as Cornwall’s unique environment, the vibrancy of the community and voluntary sector and our distinct culture and heritage. We are working to understand and identify creative ways of using Cornwall’s unique strengths to improve wellbeing. The Board is applying the following principles to achieve success:

- Leadership and shared vision
- Shared values, assessment and agreed multiple outcomes
- Integrated delivery and mainstreaming prevention
- Encouraging self care and self management
- Increasing capacity for expertise and shared learning

There is a strong foundation of partnership working in Cornwall and the Health and Wellbeing Board has been incorporated into an existing landscape of partnerships, some of which are statutory such as the Children’s Trust and Safer Cornwall Partnership and new strategic partnerships such as the Cornwall & Isles of Scilly Local Enterprise Partnership (CIOS LEP) and Cornwall & Isles of Scilly Local Nature Partnership (CIOS LNP). Strategic links are being formed with the chairs of the Local Enterprise Partnership and Local Nature Partnership. The objective is to explore mutual priorities using the environment as a driver for health and wellbeing and the economy and potential activity relating to skills, workforce and business development particularly exploiting technology and superfast infrastructure. Good links have already been formed with the European Centre for Environment and Human Health and the Health and Wellbeing Innovation Centre which are managed by Exeter and Plymouth Universities. Inclusion Cornwall will continue to play a major role in the health and wellbeing and skills agenda working closely with Jobcentre Plus, and in particular, to understand the implications arising from welfare reforms. The Voluntary Sector Commissioning Board (VCSB) provides a forum for commissioners to engage with the sector and social enterprises recognising the important role these organisations have in the community and the potential for future commissioning of services.
However, against this positive landscape of partnership arrangements the complexity of a range of statutory partnerships with ‘similar’ roles such as the Children’s Trust, together with the Council’s and partners’ own governance arrangements and the role of health scrutiny requires simplification, not least to facilitate decision making in one of the most challenging periods for managing growing demands and delivering affordable public services.

Cornwall was selected as one of four national pilots across England to establish the readiness of the voluntary community and social enterprise sectors for health commissioning; the final report was published in November 2012. The pilot provided an opportunity for voluntary, community and social enterprise organisations to begin a dialogue with the Kernow Clinical Commissioning Group and Council commissioners. Cornwall Council had already established its Voluntary Sector Commissioning Board as a strategic mechanism for engagement with the sector and proposes to develop a relationship with the Health and Wellbeing Board to deliver the outcomes in the health and wellbeing strategy. One area that is yet to be explored is links to the clinical and science networks which the public health team have strong links with and will facilitate.

The Public Sector Group brings together leaders from the public sector organisations in Cornwall and was formed when the local strategic partnership was dissolved in 2010. This partnership is leading on community budget principles to explore opportunities for whole place budget planning and some of the partners also sit on the Cornwall Health and Wellbeing Board. Integration, troubled families and welfare reform have all been discussed in this forum to explore how more effective, targeted early intervention and joint working will reduce costs to the public sector in the medium to long term and improve better outcomes for people.
NHS Kernow established the Leadership Summit where local health, social care and voluntary sector leaders in Cornwall lead by example on collaboration at the quarterly event. The Whole-System Delivery Group is the delivery mechanism for the Leadership Summit. It meets monthly, is comprised of leading clinicians and directors of commissioning and provider organisations - the latter spanning the public, voluntary and private sectors. Its members have contributed to a pooled budget to appoint a Director of Integration to lead
transformation. The acute hospital has developed a clinical strategy which recognises its role as a health care provider to work in partnership, provide care outside acute settings and improve access through the use of technology and innovative practice. GP commissioners are working with hospital clinicians to reduce urgent care admissions and redesign elective services. This demonstrates how partners are committed to bringing about radical reform in the way in which health and social care services are commissioned. An ambitious joint proposal to pool budgets and commission health and social care across KCCG and the Council is currently being developed. This builds on a number of existing Section 75 agreements and pooled funding arrangements, and will significantly improve outcomes for vulnerable people by streamlining decision making about treatment and care packages.

The Leadership Summit has provided a forum for partners to share problem solving and challenge each other and opportunities to restructure community based services by integrating front line teams and pilot activities around things like dementia and falls prevention. Relevant proposals are then taken to the HWB for consideration, the most prominent example being the application for Pioneer status and a plan to prepare for the requirements of the integration transformation fund. This will significantly improve the quality of services delivered to people, through better information flow, alignment of cultures and practices, and more informed decision making. The evaluations from these, together with the application of a new cost benefit model that has been developed will help us to fully understand the impact and benefits of redesigned services building on the Newquay Pathfinder - a groundbreaking voluntary sector led partnership designed to reduce costs in the system at the same time as improving independence and quality of life for older people - formed the basis of our bid to Government for Pioneer status. This was awarded on 1 November by Norman Lamb.

The Health and Well Being Board put in an application to be part of the LGA/PHE Systems Leadership programme. Our bid was successful and planning started on Food & Cornwall in September. The Chairs of the HWB, CIOS LEP & CIOS LNP plus portfolio holders from Cornwall Council Cabinet have met and agreed three priorities: to tackle food poverty so that no one in Cornwall goes hungry, a bid for EU funding to build skills and community involvement across the food system, and a further conversation with senior leaders including the whole Cabinet with the aim of reorienting the food system to create opportunities in the economy, the environment and the health of the population we serve.

With regard to health outcomes, Cornwall’s Whole System Demonstrator telehealth and telecare pilot was the most successful of all the national pilots and has the potential to deliver a step change for people in the self management of long term conditions. Careful consideration will be given to how telehealth, telecare and e-wellbeing can contribute to the care of people with long term conditions and prevent ill health. It is a significant
component of a newly established commercial partnership between the council, NHS partners and BT and another aspect of the strategy to help manage the rising costs for this section of the population. Working with the private sector, social enterprises, the academic sector and public and voluntary sector organisations, the Cornwall Health and Wellbeing Board will be exploring the potential of technology as part of its Pioneer Status and Integration Transformation Fund plans.

A fundamental aspect of the Board’s philosophy is effective and regular communication and engagement with all stakeholders. A stakeholder group has been established to provide a mechanism that will reach organisations and user groups across the spectrum of health and wellbeing - including NHS Trusts, service user groups, other partnerships including safeguarding boards and community safety. There is still work to do to review the partnership landscape, particularly in relation to engagement mechanisms that will bring service user and patient experience more effectively into commissioning and service improvement.

Q3: **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?**

Although Cornwall’s demographic profile is changing with the net migration rate for younger people with families moving into Cornwall increasing, we still expect an overall 25% rise, over the next 10 years, in the number of people aged over 65. The costs of health and social care for this section of the population represents the biggest proportion of public sector spend and creates significant challenges. For the Council alone, the cost of adult social care over the last two years has risen from 15% to more than 27% of the Council’s budget. As central and local government grapple with this issue nationally, we are making changes locally which will help us to be more innovative and flexible in how we provide these services in the long term.

Health and care colleagues generally work closely together at all levels and the Council and NHS Kernow have been working together to understand respective challenges and constraints in order to prepare for transformational change. There is a good understanding of the direction of travel for health and care and the challenges that all of us face in meeting local needs in an environment where budgets are under increasing pressure. Discussions have been taking place to define the level of resources needed to support integration and how this may be resourced; this is in addition to existing S.75 and S.256 pooled budget arrangements that exist. Both organisations have shared budget information and participated in consultations relating to next years budget such as the ‘Closer to You’ events (NHS Kernow) and the Council’s extensive budget consultation which has recently been closed; both have
included public consultation. There are some joint commissioner posts funded by the Council and NHS Kernow and an Early Intervention Service has been implemented through a partnership between the Council and Peninsula Community Health CIC. There is a joint commitment to maximising the integration transformation fund in order to provide the biggest benefit to local people and the Health and Wellbeing Board is firmly taking the lead on that.

The successful bid for Pioneer Status means that as a community we are recognised on the national stage for the approach we are taking and the difference we want to make. We have been testing a new integrated approach to supporting and caring for people that has been co-produced, called ‘Newquay Pathfinder’. This model shapes the whole system around the individual strengthening individual and community resilience. It starts with a conversation between equals (the person and volunteer), as this way there are no organisational boundaries, is led by the person at the centre and is focused on their aspirations and dreams. Our vision is to support this human aspiration, to lift people out of formal dependency and limited horizons shaping a flexible care and support network around them that escalates and de-escalates the right support at the right time for their condition, goals and aspirations improving quality of life. We want to do this because it’s right for people in Cornwall, but it also has to be more cost effective, saving money on statutory services and providing a working environment that is efficient and our workforce feel positive about. The programme has been running in Newquay testing the effectiveness of an approach delivered by a voluntary sector team with full support from health and social care. This team is working with 130 older people with multiple conditions and increased risk of frailty, dependency and hospital admission. The programme has demonstrated success in a number of key areas including:

- The wellbeing, confidence and motivation of individuals
- The experiences of the locality team in working in this way
- A reduced use of formal and statutory provided services

We want to take all we have learned from Newquay and be bold and brave in developing a ground breaking new approach in Penwith that fully integrates health, social care and voluntary sector shaped around the individual and the community. The Director for Adult Care, Health and Wellbeing has formed a small transformation team as a commitment towards integration, which although in its early stages, has the potential to contribute to an integrated multi-agency programme team, to include the voluntary sector, supporting the delivery of the strategy for the Integration Pioneer initiative (based on the Newquay pathfinder model). The Health and Wellbeing Board has asked the Council and NHS Kernow to come up with a proposal to support the work by the end of November.
The new arrangements in place with Healthwatch Cornwall and the Health Complaints Advocacy Service are seen as important relationships by both organisations and the Health and Wellbeing Board. Healthwatch Cornwall and SEAP (Health Complaints Advocacy Service) are generating important intelligence relating to patient experience and this data will inform the JSNA. In addition, Healthwatch Cornwall and SEAP are developing positive mutual relationships including sharing data and mutual promotion to ensure that the public are well informed of their options for sharing their experiences in the knowledge that the information will be used to influence improvement in health and care provision. A recent example of this relates to gaps in service relating to child autism which was brought to the attention of commissioners and discussed by the Health and Adults Scrutiny Committee and resulted in positive changes for service users (and subsequently noted by the House of Lords on 5 November in relation to an oral question on Healthwatch).

Although the link between NHS Kernow and public health is strong, this is principally because there were existing relationships that have been maintained. NHS Kernow would welcome a stronger focus on prevention of ill health and needs greater joint working with public health to achieve this. There is a memorandum of understanding between NHS Kernow and the Public Health team in Cornwall Council. A consultant in Public Health Medicine sits on the NHS Kernow Executive Board of Boards, the Network Leadership Group (GP Forum) and the Clinical Forum (wider forum for health professionals in Cornwall). Other members of the public health team advise specific programme boards such as mental health and learning disabilities, and the Clinical Forum on research and innovation. Each of the 10 CCG localities has a named member of the senior public health team as a first point of contact for information and advice. The public health epidemiologist spends about half of her time on NHS Kernow work. There is also public health input into policy development, individual funding requests and project evaluation. NHS Kernow based their integrated plan on the Cornwall and Isles of Scilly JSNAs and now have public health input in the development of the five year strategy for system transformation. The DPH is also a member of the Leadership Summit.

The relationship with the PHE is developing and benefits from the PHE consultants previously working in the area. Cornwall PHCs are taking part in the PHE on call rota. There is some joint working with NHS England on specific areas such as emergency planning and a walk in centre review. The recruitment of a deputy DPH and a consultant for children’s public health, both due to start shortly, will increase the capacity for population health care advice.

There are some challenges around data sharing between NHS Kernow, NHS providers and the council that have not yet been fully resolved. There are opportunities for Public Health England to support the local provision of population health care advice that could be developed.
The Director of Public Health is responsible for the local authority’s contribution to health protection matters, including the role in planning for and responding to incidents that present a threat to human health. PHE has a responsibility to deliver the specialist health protection response to incidents and outbreaks. These roles are complementary and both are needed to ensure an effective response. Locally, these arrangements have been clarified in the Memorandum of Understanding between Public Health England (Health Protection), Local Clinical Commissioning Groups, NHS England and Local Authority Public Health Departments.

The Director of Public Health has a role to ensure that plans are in place to protect the health of the local population and may take the lead in an outbreak or incident. The DPH and members of her consultant team are trained to chair the Scientific Technical Advisory Cell (STAC) for Gold command. Clarity over roles and responsibilities is also established through a number of specialist working groups covering issues such as screening, childhood immunisations and seasonal influenza vaccination coverage.

Public Health Cornwall supports the Local Health Protection Team operationally by supplying Public Health Consultants to assist either in a large investigation or for mass prophylaxis/vaccination, by commissioning HIV and STI prevention services and ensuring that sexual health providers collaborate with PHE in notifying suspected outbreaks of STIs and assisting in the response.

The local PHE team informs the relevant DPH of incidents of particular significance, such as incidents where there may be media or local authority interest, as well as those of public health significance. The local PHE health protection team also attend the monthly Public Health Cornwall team meetings.

The Director for Commissioning (NHS England) is a member of the Cornwall Health and Wellbeing Board and is co-located in the NHS Kernow offices.

The Cornwall Health and Wellbeing Board has just agreed to produce a joint communications and engagement strategy which brings together existing expertise from each of the members of the Board. The strategy will provide the Board with a framework for its activities and a set of protocols for example, dealing with the media, as well as priorities for campaigns. There is a commitment to working within existing resources with business cases produced for activities that go beyond this for agreement by the Board. This is seen as an important tool
for building awareness of the public and partners and prepares the ground for transformational changes in the system and encourages individuals to consider their lifestyle choices to improve their health and wellbeing.

**Q4: Are the effective arrangements for evaluating impacts and for underpinning accountability of the public?**

Local health and care organisations are good at informing people and good at engaging people with specific issues. Where we need to improve is in engaging people on the bigger picture for health and care. We are also not always strong on demonstrating impact although all organisations try to do this through the media, our own newsletters and contact with patients and clients. Some impact has been very well measured for example on the Newquay Pathfinder project where it has shown a clear improvement in wellbeing for the patients involved; for the West Cornwall Urgent Care Centre the impact for patients and the rest of the system can be easily seen in terms of the increased usage of the centre and the lower numbers of patients having to travel to Truro. Commissioning is usually done on the basis of local need, using the JSNA and other sources for informing decision making, including ‘soft’ intelligence from patient contacts, letters, media and so on. NHS Kernow has designed and implemented a new system called ‘Stream’ which is aimed at collating intelligence from a range of sources so that it can be acted upon.

One of the most powerful uses of this tool is in facilitating local GPs and other health professionals to input feedback gained during clinical sessions. This feedback is then used to effect service improvement through contract meetings and will be used to inform service redesign. In terms of challenge in order to drive improvement, NHS Kernow has demonstrated clear leadership in expecting the best possible services from all providers and holding people to account where this is not achieved. There is strong programme and project management throughout the Council and NHS Kernow and good methodologies for measuring potential impact. Many projects are in early stages so it is not always possible to clearly see the impact that is realised for patients as yet and there is a need for improving a joint approach to underpin integration.

Cornwall was one of the first councils to engage with the reforms as an Early Implementer for Health and Wellbeing Boards and Healthwatch pathfinder. John Wilderspin, Director for Health and Wellbeing Boards, spoke at the Shadow Board’s first joint conference in October 2011 which resulted in the Chair of the Health and Wellbeing Board being invited to contribute to discussions at a national level both for health and wellbeing development and public health engagement as a member of the NICE steering group. The Shadow Board has also engaged in the national pilot for health commissioning which has been sponsored by the Department of Health and facilitated by Institute for Voluntary Action Research (IVAR) and Social Enterprise UK. In addition, there have been presentations taken
to national conferences by Board members to promote what is happening in Cornwall and this also resulted in Cornwall Council being invited to present evidence to the House of Commons Inquiry on health in October 2012. In February this year, the Cornwall Health and Wellbeing Board held its second conference to promote good practice and it included key note speakers, Sir David Nicholson who spoke about the NHS reforms and Angela Rippon who spoke about her involvement in the Prime Minister’s initiative on dementia. Board members have also visited other areas to learn from good practice elsewhere including Sweden and Northern Ireland.

Children’s and Adult’s Safeguarding Boards and the Health and Adults Overview and Scrutiny Committees are already set up to focus on services that are provided to people, how well they are being provided and developing recommendations for improvement or endorsing what is working well or considering the impact of changes to services. There is a wealth of experience that will be valuable to the Health and Wellbeing Board to draw on to inform its strategy and partner commissioning plans. Relationships and roles between these bodies and the new Portfolio Advisory Committees are developing constructively and we are currently considering a working protocol based on the Leicestershire model, which will include Healthwatch Cornwall. Adult and children safeguarding board chairs and health and adult scrutiny chair are formal observers of the Board and bring challenge and scrutiny together with neighbouring health and wellbeing board observers. This is designed to maintain good communication and awareness of emerging issues or successes; the work plans between the relevant bodies are also developing and will be shared. Health and Adults Scrutiny Committee already provides a proactive challenge to organisations in the health and care system and there are mechanisms in place for partners to discuss pressures in the system and take action (extraordinary scrutiny meeting 29 October).

Representatives of the Cornwall Health and Wellbeing Board are involved in the Area Team Quality Surveillance Groups to share intelligence relating to weaknesses in the system and there are links building between the Cornwall Health and Wellbeing Board, Health and Adults Scrutiny Committee and the Area Team Specialised Commissioning Team to ensure that plans for consultation on forthcoming specialised commissioning changes are planned and shared effectively. Work to embed patient and public views within the JSNA will also provide important intelligence relating to patient experience in Cornwall which can be used to shape and influence services.

The establishment of Healthwatch Cornwall was delivered by 1 April 2013. Managing the change from LINk to Healthwatch Cornwall has presented a number of challenges including maintaining relationships with LINk volunteers and designing a specification that fulfils the requirements of the legislation without exposing the Council to financial risk. A decision to co-produce Healthwatch was taken which provided an opportunity for
building on existing strengths across the public and voluntary sector networks and consulting on the draft health and wellbeing strategy. The co-designed specification resulted in the formation of a community interest company which works through a small number of networked voluntary sector organisations to provide signposting and joined up service and a network of ‘listening’ and collation of data. The contract for NHS complaints advocacy, formerly a national contract, was tendered and awarded by 1 April this year and is now managed by the Council.

The new Healthwatch Cornwall organisation is already reporting on intelligence they have already gathered in relation to understanding how well people are accessing services, experiencing services and trends that may be developing that can be considered as part of the JSNA. Healthwatch Cornwall is a member of the Cornwall Health and Wellbeing Board and representatives will bring important local intelligence and offer constructive challenge to Board members. Constructive challenge and review is welcomed by the Board to ensure that it is delivering its role effectively to improve health and wellbeing in Cornwall and reduce health inequalities. Information generated by these arrangements will be fed into the joint commissioning groups established for adults and children and young people by the Directors on the Health and Wellbeing Board.

Patient Participation Groups (PPG) are attached to each GP practice - around 60% of practices have a PPG – and they are set up by patients, usually supported by the practice manager, in order to help the practice serve the needs of its patients better. This can include patient education sessions, fundraising, advising on accessibility issues and premises. They are supposed to be independent from the practice but they do usually receive a small grant from the practice to pay for administration costs. This is because there is a national payment made to all practices that set up a PPG relative to their list size. NHS Kernow is keen to develop more PPGs and to harness the engagement that is already there to inform work in localities and across Cornwall. The CCG has a recruitment and development programme that includes:

- helping people set up new PPGs
- helping existing PPGs with agreeing their terms of reference
- training for PPG chairs and other officers, and
- involvement of PPG members in commissioning

In 2012/13 while the CCG was still in development phase, we piloted a new concept called People’s Commissioning. The vision for this programme was to bring PPG members together, train and equip them and
provide specialist software and clinical support to make commissioning decisions. The pilot ran in East Cornwall and tested the concept on diabetes care. Several recommendations have been made regarding both the running of the programme and the next steps for diabetes education. The CCG is now looking at expanding the programme to test on other areas. There is potential to link GP locality areas with the Council’s community network areas as part of the Integration Pioneer strategy to design services around the needs of localities working with local stakeholders, councillors, GPs and volunteers.

The Board acknowledges that performance management arrangements relating to its role are under developed at the moment but this reflects the short time that the Board and its strategy and delivery plan have been in place. The plan is for the Board to consider performance formally every quarter on an exception reporting basis. This will include issues raised by other partnerships, Healthwatch Cornwall and health and adults scrutiny as well as the Board’s own delivery plan. In order for this to be as efficient as possible, it is intended to use an existing system which will be coordinated by the Council.

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