

WIRRAL COUNCIL

WIRRAL HEALTH & WELLBEING BOARD

15 APRIL 2015

SUBJECT:	<i>HEALTH & WELLBEING PEER CHALLENGE</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>DIRECTOR OF PUBLIC HEALTH</i>

1.0 EXECUTIVE SUMMARY

- 1.1 Wirral Health & Wellbeing Board took part in a Peer Challenge process during 26th-29th January 2015. The Peer Challenge is the Local Government Association's health and wellbeing system improvement programme, co-created with a number of national organisations (e.g. Department of Health, NHS Confederation, Public Health England).
- 1.2 During the four days of the visit the Peer Challenge team ran 42 sessions and met with 84 people to support their understanding of five headline questions. The membership of the Peer Challenge team, and the key questions are provided in Appendix 1. While feedback was given through a presentation shortly after the visit, Wirral Health & Wellbeing Board has received the letter in Appendix 1, which details the main findings from the review, and the key recommendations. The Board is now required to receive this letter and consider its next steps in response to the recommendations made.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 Wirral Health & Wellbeing Board has already recognised the need to review the way it works and its areas of focus, together with the need to refresh the Joint Health & Wellbeing Strategy. A development session in mid-January determined the willingness of all partners to re-frame the Strategy and to identify priorities for action.
- 2.2 Key recommendations from the report identified a need for a clear vision, with a narrative for Wirral, together with effective programme management and communication with wider stakeholders as critically important. In addition, the Peer Challengers recommended that the partnership structure on Wirral is reviewed and the place of the Health & Wellbeing Board is clarified along with other partnerships and working groups that exist. This is particularly important with the fact that the Local Strategic Partnership no longer meets.
- 2.3 An additional recommendation identified the importance of determining the relationship between Healthwatch, the Families and Wellbeing Policy & Performance Committee and the Health & Wellbeing Board.
- 2.4 A significant component of the peer review feedback focussed on the need for a clear narrative and strategic direction for the board. This paper proposes a single vision statement and draft set of strategic aims for the board. The option suggested is that the board adopts the following vision statement (taken from Wirral Council's Corporate Plan 2014-16) as a starter for the strategic narrative as this is generally perceived to incorporate all of the major partner aspirations:

“Wirral will be a place where the vulnerable are safe and protected, where employers want to invest and local businesses thrive, and where good health and an excellent quality of life is within the reach of everyone who lives here.”

2.5 A piece of work has recently been undertaken to identify the key themes within the vision statements of key partner organisations. These were pulled together under common headings. From this work, a number of draft strategic aims have been listed below which could accompany the overarching vision statement.

1. *We want to make Wirral a place where people are not disadvantaged by where they live, who they are or the circumstances they were born into.*
2. *We do not want any child in Wirral to live in poverty.*
3. *We will support Wirral residents to do as much as possible to keep themselves healthy, manage their own health basic health conditions and live long, fulfilling lives.*
4. *We will provide high quality care that is safe, effective and good value for money. This will include making the most of new technology wherever possible.*
5. *We want people to receive the right support at the right time at a place convenient to them. This will include providing more care in community venues rather than in hospital.*
6. *We will continue to make sure that hospital and specialist care (for those that need it) is appropriate, safe and effective.*

2.6 As previously discussed, all of the above would be underpinned by a set of principles that the HWB would also sign up to. Principles would include conducting appropriate engagement and consultation, basing decisions wherever possible upon sound evidence.

2.7 Once agreed, the strategic aims would then lead into a discussion about objectives for the board. In setting its objectives, the board would need to refer to the preferred way forward that was agreed during its recent development sessions (e.g. limiting the number of objectives, focussing on making a difference and on the added value of the HWBB).

For example, under the strategic aims 3, 1 and 4, the board might decide that for 2015-16 it will ensure delivery of the ‘Know Your Numbers’ hypertension campaign in order to drive down high blood pressure (a major risk factor for serious illness and death). Such a programme could provide a platform for practical joint action across all partners.

Another potential objective for the board (which is strongly linked particularly to strategic aims 6, 5 and 3) would be to deliver the integrated primary and acute care system (PACS) as set out in the newly-awarded ‘Vanguard’ proposal.

3.0 RELEVANT RISKS

3.1 Without an agreed single vision, the board will be unable to perform its statutory function and will be unable to act upon the recommendations of the peer review.

4.0 OTHER OPTIONS CONSIDERED

4.1 The proposals in this paper represent a ‘starter for ten’ and as such, can be adapted to suit the board’s purpose.

5.0 CONSULTATION

- 5.1 The proposals within this paper have resulted from January's peer review which involved a large amount of consultation and engagement with key partners. Once a single vision, strategic aims and associated objectives have been agreed by the board, this would form the basis for further engagement with the local community.

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

- 6.1 Voluntary, community and faith groups will play a crucial role in the delivery of the board's aims and objectives.

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

- 7.1 These would need to be discussed following agreement of strategic direction and associated objectives

8.0 LEGAL IMPLICATIONS

- 8.1 None at this stage

9.0 EQUALITIES IMPLICATIONS

- 9.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

(c) No because of another reason which is:

Equality impact will need to be conducted once action plans are in place.

10.0 CARBON REDUCTION IMPLICATIONS

- 10.1 None at this stage

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

- 11.1 None at this stage

3.0 RECOMMENDATION/S

- 3.1 *The Board is asked to note the feedback letter from the Peer Challenge Team, and to agree the next steps for action against the recommendations.*
- 3.2 *The Board is asked to consider, comment on, and approve the vision and strategic aims for Health & Wellbeing in Wirral.*

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APPENDICES

Appendix 1: Letter from Peer Challenge Team

Appendix 2: Next steps for recommendations



Councillor Phil Davies, Leader of the Council & Chair of the Health and Wellbeing Board
Wirral Council
Wallasey Town Hall
Brighton Street
Wallasey
Wirral CH44 8ED

7th February 2015

Dear Councillor Davies

Health and Wellbeing Peer Challenge 26th – 29th January 2015

On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited into Wirral Council to deliver the health and wellbeing peer challenge as part of the LGA's Health and Wellbeing System Improvement Programme.

This programme is based on the principles of sector led improvement that:

- Councils are responsible for their own performance and improvement and for leading the delivery of improved outcomes for local people in their area
- Councils are primarily accountable to local communities (not government or the inspectorates) and stronger accountability through increased transparency helps local people drive further improvement
- Councils have a collective responsibility for the performance of the sector as a whole (evidenced by sharing best practice, offering member and officer peers, etc).

Challenge from one's peers is a proven tool for sector led improvement. Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge at Wirral Borough Council were:

- Rob Walsh, Chief Executive, North East Lincolnshire Council
- Cllr Iain Malcolm, Leader, South Tyneside Council
- Dr Graham Jackson, Clinical Chair, Aylesbury Vale Clinical Commissioning Group, Vice Chair Buckinghamshire Health and Wellbeing Board

- Ben Barr, Senior Clinical Lecturer in Applied Public Health Research, Department of Public Health and Policy; Institute of Psychology, Health and Society; University of Liverpool
- Phillip Woodward, Chair - Local Government Reference Group, NICE Trustee - Royal Society for Public Health,
- John Tench, Adviser (Healthwatch), Local Government Association
- Kay Burkett, Programme Manager, Local Government Association

Scope and focus of the peer challenge

The purpose of the health and wellbeing 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. It also supports health and wellbeing boards become more 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; and to create improvements in the health and wellbeing of the local community.

Our framework for the challenge was five headline questions:

1. Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?
2. Is the Health and Wellbeing Board (HWB) at the heart of an effective governance system? Does leadership work well across the local system?
3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
4. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?
5. Are there effective arrangements for ensuring accountability to the public?

You also asked us to comment on the following:

- Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents and tackling health inequalities?
- Is the work of the Board leading to improved outcomes for local residents?
- Has the Board got the balance right between a focus on action to tackle the wider determinants of health and the reform of the health and social care system?
- Is the Board adding value to local work? Is it focussed on the major issues to improve health and wellbeing for local residents and has it got a grip on the actions required?
- Are the relationships between the Board, Vision 2018, Better Care Fund, Constituency Committees plus other partnership groups clear and understood?

- Are we maximising opportunities to promote prevention and self-care and deliver a shift in demand for high cost services?
- How should the Board develop its relationship and profile with local communities?

Responses to these questions have been woven into the five methodology questions with a separate focus on health inequalities.

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 they read.

This letter provides a summary of the peer team's findings. It builds on the feedback presentation delivered by the team at the end of their on-site visit. In presenting this feedback, the peer challenge team acted as fellow local government and health officers and members, not professional consultants or inspectors. We hope this will help provide recognition of the progress Wirral Council and its Health and Wellbeing Board (HWB) have made whilst stimulating debate and thinking about future challenges.

Headline Messages

Wirral is emerging from a difficult set of challenges. You are determined to improve the quality of life and experiences of residents, that is abundantly clear. You are not alone. The challenges you face across the health economy present an ideal opportunity to galvanise the collective and positive intent, foster key relationships and work together to focus on better health and wellbeing outcomes for your residents and communities. Your Health and Wellbeing Board could be placed at the heart of this. Willingness by partners to work together is a springboard for going further and faster towards achieving the Wirral ambition

We have seen and been told about a host of good things happening on the ground, across the health and wellbeing system. There is good work happening for 'Place' and good work for 'People' but they need to be more connected. In addition, for this good work to have long term, sustainable impact, you require a more strategically coherent approach to tackling health inequality in Wirral. With both the Council and the Clinical Commissioning Group (CCG) emerging from periods of turbulence, this presents an ideal opportunity to recalibrate this key strategic relationship and work more cohesively with partners in the public, private and voluntary sectors.

The peer challenge team met with a lot of highly motivated and caring people from across the health and wellbeing system in Wirral. People across the piece were passionate about their work and wanted to make a difference in reducing the inequalities that exist. We found there to be strong desire and commitment to improving health and wellbeing outcomes for your communities.

The Council's challenges are the area's challenges. The area's opportunities are the Council's opportunities. This should provide a strong foundation to agree, with partners, a compelling narrative that describes the Wirral of the future to provide a clear direction and to harness your capacity. To achieve this be clear about how the health and wellbeing system can move from where it is now to where it needs to be, and use this to further engage staff, providers, partners and the community. If Wirral is to move forward then collective focus, prioritisation, courage and bravery will be essential. Seize this opportunity.

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

There was evidence of good community engagement in the development of the Joint Strategic Needs Assessment JSNA and the Joint Health and Wellbeing Strategy (JHWS). The 'Spotlight On' sessions have helped to raise awareness of some of the key challenges relating to the wider determinants of health and together they provide a good picture of Wirral and the health and wellbeing needs of the local population. However, in order to understand whether what the refreshed JHWS is saying is actually having the impact the system wants, there is an absolute need to have a single and integrated performance management framework to inform and serve the HWB, scrutiny committee and other partners.

Vision 2018 has clear strategic outcomes with a strong case for change for the health and social care economy e.g. stretch ambition within the BCF to reduce emergency admission rate. The focus on a number of projects e.g. Tackling Health Related Worklessness, with strong commitment from partners, and the investment approach by Public Health on place based alcohol issues and healthy eating has emerged from the Vision 2018 work. This multi organisational approach can be built upon in the refreshed JHWS to tackle the wider determinants of health, including housing, transport and regeneration to accelerate your ambitions to reduce health inequalities and focus on the causes of preventative conditions and early intervention.

The HWB works well through the Children's Trust and has established it as workstream under the board. Clear outcomes for children have been agreed to inform the Early Years Strategy and work on child poverty, for example, through the School Hubs initiative.

There is a growing awareness of the importance of harnessing the strengths of local people, organisations and services to support people so that they are able to look after themselves where this is appropriate and to prevent escalation of health issues. There is recognition of the need to build greater community resilience to meet needs in a sustainable way, within the context of reduced public resources. Better use of your vibrant, engaged and skilled voluntary and community sector will help accelerate tangible outcomes by building on the successes of existing projects e.g. Youth Fishing volunteers, The Quays peer led recovery service and outreach support for homeless people.

A focus on key challenges, like the higher than national average number of overweight children living in Wirral's most deprived social economic wards, has resulted in important developments e.g. the Takeaway for a Change project developed and delivered by Environmental Health Practitioners. This innovative healthy eating programme aimed at educating and guiding consumers and business owners, with over 200 families participating and nutritional analysis provides an excellent model in evaluating what works in tackling health inequalities and to inform what could be scaled up.

There are varying degrees to how partners currently make use of the JSNA and their view of it. The voluntary and community sector use the JSNA to align priorities and help with access to the Innovation Fund. Revitalising the JSNA to inform the refresh of the JHWS and other strategies will help ensure it is being used by all partners to agree the right focus between short and longer term priorities. The JSNA Executive Group could oversee this as part of a wider remit of communication and engagement of the JHWS and the work of the board, building on the successful methods already in place e.g. JSNA website and bulletins.

The HWB has learnt from its first two years and is using this to consider the focus of the JHWS going forward and the importance of getting greater ownership of its implementation. As well as giving high-level strategic direction the board needs to ensure there is a sense of responsibility for outcomes and for the resilience of the system. Build upon the programme and project management approach within Vision 2018 to help achieve this.

2. Is there a clear approach to tackling health inequalities?

There is high-level recognition of health inequalities as a major issue for the borough. The current JHWS clearly outlines the strong contrast between the older, highly urbanised areas of Birkenhead and Wallasey, which contain some of the poorest communities in England and the wealthier commuter settlements in the west of Wirral. Everyone we met was clear that the priority of the HWB is to address the variations of 12.4 years in life expectancy for men and 10 years for women between the most deprived neighbourhood and the most affluent, less than six miles away.

The Leader and Cabinet are strong champions for action on health inequalities. They recognise the importance of utilising the whole range of energies, ideas, talents and expertise the system has to offer in order to tackle underlying causes of complex social and clinical challenges. Rethinking services to put the user at the centre of integrating services to improve quality and value for money will require system leadership beyond traditional joint working. It is essential that the strong commitment from the CCG and other key stakeholders is maximised to address the structural, material and relational barriers to individuals and communities achieving their potential and significantly contribute towards tackling health inequalities.

The neighbourhood delivery of services around the four Constituency Committees is starting to enable better targeting and adaption of resources to

address local needs. The Committees are developing 3 – 5 year plans based on the Council's Corporate Plan and Vision 2018 which could provide a very strong platform for tackling health inequalities. Each Constituency has a dedicated Manager and Engagement Officer to co-ordinate services, they work closely with community and voluntary organisations and resources have been devolved to support local initiatives.

The JHWS emphasises the importance of bringing people together to find the right solutions to the issues and challenges in their communities. This approach is starting to help identify the assets in Wirral that have the greatest potential to promote health and wellbeing. However, in going forward it will be important to align use of these assets with the intentions of partners, e.g. the CCG Strategic Plan, in order to better co-ordinate future models of delivery and neighbourhood working e.g. children's services and outpatient activity, as part of a whole system approach to prevention and reducing health inequalities.

Innovative work with the Fire Service has enabled an impressive system for identifying vulnerable households for targeted activity. Linked data across MFRS WBC's Revenue & Benefits department, the Department of Adult Social Services (DASS) and Magenta Living have been used to create a 'Vulnerable Person's Index'.

Many partners, particularly the third sectors, feel well engaged with the JSNA, both feeding information in about clients' needs and using data to inform their priorities. Optimising the JSNA process, local intelligence and expanding best practice on data sharing will support early identification of people at risk and target prevention. Developing a plan for data sharing across the partnership that can feed into the JSNA would support timely and relevant analysis for all partners to help decision-making and guide commissioning across health and local government.

Action on health inequalities is not yet embedded to be everyone's business, both across Council departments and the wider partnership. Health inequalities is in the main seen as being the job of the public health team and health inequalities is not a major feature in the language of partner organisations. More could be done to enable the engagement and influence of public health across the Council to address the wider determinants of health, such as housing, planning, regeneration, environment, leisure. This is progressing but remains largely on a project-by-project basis.

Find the capacity to support the strengthening of relationship at all levels between the Council and the CCG, not just with public health.. The compelling narrative describing the vision for Wirral must be meshed in strategic plans and form the basis for closer working to make an impact on the life-expectancy variations across the Borough.

The Public Health innovation fund could be built upon to drive public health action across other sectors. Rather than investing in individual projects part of the public health grant could be used across Council directorates to influence core activity on the social determinants of health. This needs to include a systematic health impact assessment process to ensure all relevant policies decisions and investments contribute to health improvement and agreements that commit each directorate to delivery against the Public Health Outcomes Framework (PHOF). The goal should be to influence core spend across each sector and not just performance monitoring of the additional investment from the public health grant.

It is not clear how investment and disinvestment is occurring over the life course. Good progress has been made on the integration of support for the elderly, some progress is now being made for children, however, there appears to be limited overview of how resources and support are connected across the life course. There is a need for a strategic lead to the coordinating and integration across the life course and managing the shift of resources to the early years that is necessary to help address health inequalities in the long-term. Use public health expertise to ensure investment across the life course reflects the evidence for action on health inequalities and clarify the roles and responsibilities of the HWB and the Children Trust to provide strategic direction.

There is a risk under the current financial constraints that resources are concentrated on support for the highest risk groups to the detriment to targeted prevention. The efficiency and effectiveness of targeted prevention services could be improved by integrating these across the health and wellbeing system. At present there are a number of separate targeted prevention services, from smoking cessation to welfare advice, with some good models of integrated support in schools. The HWB can mobilise the partnership, supported by public health expertise, to develop integrated targeted prevention across the key determinants of health (employment, financial security, health behaviours), with clear links to integrated support for higher risk groups.

3. Is the HWB at the heart of an effective governance system? Does leadership work well across the local system?

The HWB has created the opportunity for conversations between partners by being clear that its remit was to be over and above a commissioning role. Having Wirral University Hospitals Trust, Wirral Community Trust, Cheshire & Wirral Partnerships Trust and Clatterbridge Cancer Centre as members of the board from the start provides a good basis for the integration agenda to progress at pace. The board has enabled the voice of the voluntary sector to be represented by inviting Community Action Wirral to be a member alongside Healthwatch. Recent extension of the membership to include police, Merseyside Fire & Rescue and housing will help the board to tackle the wider social determinants.

The Tackling Health Related Worklessness project is a good example of a borough wide commitment to one of your key challenges. Organisational

commitment has been secured and partners are scoping out the level of detailed support that they can give to the project including Cheshire & Wirral Partnership Trust as key sponsor and DWP/Jobcentre Plus committing a 0.2 FTE staff member attachment to the Council to drive forward their engagement in the development phase of the project. Evaluating the impact of the project will be important in understanding whether this approach could be scaled up.

There is a desire by all key partners to work together to deliver improved health for local people. People are very positive and signed up to the health and wellbeing agenda but the role of the HWB is not clear. This could be addressed by developing a clear and inclusive action plan which focuses on things that only the board can do. Such a plan will enable decisions and actions on the big ticket issues of financial constraints and breaking down organisational barriers. In doing this the HWB will be better placed to deliver and monitor the outcomes the board has recognised for itself as needing to be developed or improved for the refreshed JHWS – prevention and reducing demand on services.

There is a lack of clarity about what is expected of board members, particularly those with a lead responsibility. In moving forward, we think it is important for the HWB to ensure that it can consistently hold all partners to account and not just partners external to the council. Using a programme management approach that includes outcome based action plans, lead officers, risk analysis and clear resourcing the board can receive regular project updates to monitor progress and take action when needed.

The partnership landscape is crowded with some bodies and boards competing for the same space, exemplified by the Public Service Board and the HWB, and this is impeding progress. The business of strategic 'Place' leadership needs to be coordinated from one source. You have already recognised the need to review the wider partnership arrangements. It is important to accelerate this planned review and try and streamline and clarify the relationships of the partnership landscape so that it can better support key priorities and recognise the new ways of working that are being developed through this work. The board also needs to be clear about how and where commissioning and decommissioning decisions will be made.

It is also important to find creative ways for all partners, statutory and non-statutory, to remain fully engaged and be part of the strategic debate and discussion on health and wellbeing matters. Within this create a higher profile for housing to help tackle areas of high deprivation within the Borough to create healthier communities. The opportunity also exists to position the HWB Board as the entity that is THE partnership forum that takes Wirral forward over a 3, 5, 10, 15 year journey.

Appropriate and focused statistical information is not being provided to the HWB to enable it to provide robust challenge and for monitoring of progress towards the vision. The HWB needs to ensure that the whole system is working to progress the priorities in the JHWS but also that the board itself is playing its part. An action plan derived from the JHWS which sets out the agreed role of

different constituent organisations, including the board itself, will be instrumental in keeping on track. Consideration could be given to a range of tools such as dashboards and traffic light systems to give an overview of progress and highlight problem areas which require concerted action by board members. Snapshots of performance may be broken down into individual organisations such as providers, or into themes, for example mental health.

As you move to the next level of your development you need a range of communication approaches to keep the HWB up to date on activities and progress outside of board meetings. This could be incorporated into a wider integrated communication and engagement strategy so the work of the HWB is more visible and projects and programmes on the ground can be easily aligned with the priorities of the HWB. There is recognition of the importance and usefulness of deploying a range of communication approaches, including social media, to get key messages to the public at a neighbourhood level. You will need to consider a multitude of engagement channels and systematically start linking all the community engagement that is going on across Wirral for clarity for the public and efficiency of your processes.

The HWB development sessions have been helpful for partners to explore and discuss priorities outside of formal public meetings. In order to move forward with focus and pace it is time to develop the board as a system leadership team and have some wide ranging debates about the shared single vision for Wirral and how it will be achieved. A key question for the HWB is how it can operate in a way that gives flexibility to respond to rapidly changing circumstances in achieving the vision, including; future pressures in the system, maximising opportunities for tackling inequalities from the Wirral Waters regeneration for the Birkenhead and Wallasey Docklands, and 'keep ahead of the curve'.

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

Wirral has passionate, caring and committed people at every level who demonstrate their desire to make a positive difference to the health and wellbeing of the community. We were impressed with the commitment shown to delivering the highest quality public services and improving the quality of life of local people. Developing a compelling narrative of the vision for Wirral with a refreshed JHWS will help to embed priorities in partner organisations and harness a strong sense of purpose and direction. With proactive communication and engagement about transformation and system change these collective energies can be focused on delivering the outcomes required.

The Public Health Team is beginning to influence the wider agenda and making progress in embedding into the whole business of the Council. There are many examples of public health joining and initiating projects. One of these is The Better Food Wirral project which has been successful in bidding for Systems Leadership support to tackle rising levels of food poverty by ensuring everyone can access and afford fresh and healthy food. The Health Walks and Fitness Buddy schemes is making good use of Wirral's parks to increase the

uptake of physical activity of hard to reach groups in the most deprived communities.

The Wirral Alcohol Strategy has strong 'buy-in' from partners as a result of being one of three areas of focus agreed by the HWB and is informed by people who use services. The strategy is enabling a pulling together of existing preventative resources to provide better information, advice and guidance, promotion of the Wirral Alcohol website and campaigns such as the Alcohol Awareness Week. This approach provides a good foundation for a more joined up effort in relation to preventable conditions and people being able to manage their conditions and make informed choices about their own health.

There are significant financial challenges across the system and you need to work together to address them. One of the notable anomalies we observed was that, whilst everyone was aware of the impending financial challenges, no one was really discussing it with any sense of urgency. We would therefore strongly urge you to give priority and create a safe space to have a fundamental debate about the financial situation. As the leaders of the system you need to start thinking about what you will do when you have to make severe reductions in your budget. As part of your development programme you need a safe space to discuss the reality and impact and develop your options to deal with it.

There is potential for wider data sharing arrangements building on existing arrangements e.g. the Vulnerable Persons database currently enabling prevention work across the partnership. As part of this consider how to further develop BME data to understand where there are increased health needs.

Opportunities are being missed to capitalise on a joint approach to pooling assets and resources across the system. Joint commissioning needs to be accelerated and aligned with current financial planning and strategic partnership development to secure maximum impact for resources in the context of continued austerity. Leadership needs to ensure that assets and resources beyond the Better Care Fund are considered in terms of the whole system and placed at the heart of implementing the refreshed JHWS.

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

Effective scrutiny is well understood by stakeholders and the focused information sessions have helped members gain a wider understanding of key issues within the JSNA. Performance outputs are routinely reported at departmental management team meetings across the Council and quarterly performance reports (RAG rated) are presented to the Families and Wellbeing Policy and Performance (Scrutiny) Committee. However, there is evidence that the current arrangements do not provide an effective means of measuring whether the HWB is achieving the objectives it has defined in the JHWS. The HWB should adopt a clear performance framework (ideally in a form consistent with the Council's) which identifies the key objectives it is seeking to address,

timescales for implementing actions to deliver the objectives, the allocation of responsibility for delivery of actions and the accountable body which will take the lead role in monitoring progress.

You now need to consider putting in place a dashboard and delivery plan to help the HWB to manage performance against the JHWS. As part of this you need to develop comprehensive and shared metrics and consider using trends, trajectories and economic impacts. This should make it easier for everyone to understand what you are trying to achieve; what you are measuring; what people need to look for in the data and understand; and what needs to develop and change as a result of it.

Individual initiatives are evaluated for reach and impact, such as drug and alcohol treatment programmes, integration approaches to hospital discharges and local initiatives delivered through the Constituency teams. However, this appears to be undertaken on an ad hoc basis without a consistent approach in place to evaluating the impact of the health and wellbeing spend in the community. A coordinated approach to evaluation will be important when considering the scaling-up of successful projects or when investment / disinvestment decisions are required.

In the short time we were in Wirral, we could not find strong enough evidence on how you involve citizens in evaluating the effectiveness of your services and strategies. Clearly you have the base structures in place through the four Constituency Committees and Elected Members are bringing community issues to the fore and enabling the local population to engage effectively. You should use these to reach out to your diverse communities and feed the information back into the system.

Giving more attention to qualitative evidence such as personal stories of service users, patients, carers and community voices will 'bring to life' the implementation of the JHWS. This would be helped by a focus on outcomes in the JHWS that are person-centred to increase the relevance for partners and local communities

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

The health and wellbeing system in Wirral uses a variety of tools to engage with the public such as bulletins, questionnaires sent to homes, and holding HWB meetings in public. A consultation process was undertaken to explore the relevance and resonance of the key health and wellbeing issues as highlighted in Wirral's JSNA with almost 600 local people contributing to surveys. There is a large network of voluntary and community organisations with large memberships such as Community Action Wirral and Healthwatch Wirral that support engagement through their networks.

Operational staff are committed to public engagement to inform service delivery and consultations for service changes and commissioning were

engaged in well by the public and partner organisations. Healthwatch are invaluable in supporting the distribution and uptake of the consultations.

Consider how the HWB can create a more public friendly environment and products to support engagement and visibility. It is uncertain about what the HWB would like to engage the public for and, as a result, the format of the meetings (held only in the Town Hall) and the documents produced (large agendas and board minutes) are not conducive to easy engagement from a member of the public.

Local Healthwatch is well respected amongst peers and stakeholders within the system and is welcomed as a partner at the HWB. They have made efforts to engage seldom heard members of the community, through providing BSL translators to engage with deaf residents, and they engage well with partners in the system to raise issues. However, there is confusion from the public and partners around Healthwatch's distinct role in the system and how it differs from other organisations with similar roles.

There is a lack of clarity about the relationship between the HWB, Policy and Performance Committee (Scrutiny) and Healthwatch as well as a lack of clear understanding of what Healthwatch is expected to provide both in the system and at health and wellbeing board level. The system would benefit from a greater understanding of its role, remit, structure and organisational accountability. Developing a protocol or memorandum of understanding between the HWB, Policy and Performance Committee and Healthwatch about the respective roles of each and how they relate to each other would be beneficial.

Continue to support Healthwatch to participate in the collective responsibility of the HWB in its system leadership role as well as its role in challenging and holding the board to account in a constructive way.

6. Moving forward

In moving forward our key recommendations for the Health and Wellbeing Board are:

- a. Set aside time to develop the HWB as a team and have some wide ranging debates about the added value of its purpose, the future agenda and vision
- b. Develop a clear vision, with a narrative for Wirral, that encapsulates change to which the public and key stakeholders in the health and wellbeing system can relate
- c. Develop a clearer forward plan for the HWB which focuses on things that only the board can do and ensure the right partners are around the table to achieve the vision
- d. Further strengthen programme management by using a consistent system for data sharing, action plans, risk analysis and resourcing with project updates to the HWB

- e. Develop your communication approaches which will keep the HWB, wider stakeholders and public up to date on activities and progress outside of the board meetings, ensuring a two way flow
- f. Consider how the wider partnership structure functions and connects together
- g. Support Healthwatch to participate in the collective responsibility of the HWB as well as its role in challenging and holding the board to account e.g. memorandum of understanding between HWB, Families and Wellbeing Policy and Performance (Scrutiny) Committee and Healthwatch
- h. Scale up seamless services by bringing together frontline staff and managers to harness their creativity to roll out and upscale successful projects
- i. Consider how cross sector community assets, like GP surgeries and school hubs could be used to best effect to share key messages and promote the wider wellbeing agenda

7. Next steps

The council's political leadership, senior management and members of the HWB will undoubtedly wish to reflect on these findings and suggestions before determining how the council wishes to take things forward. As part of the peer challenge process, there is an offer of continued activity to support this. If you wish to take this up then 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. Gill Taylor, Principal Adviser for North West, is the main contact between your authority and the Local Government Association. Gill can be contacted at gill.taylor@local.gov.uk (or tel. 07789 512173) 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.

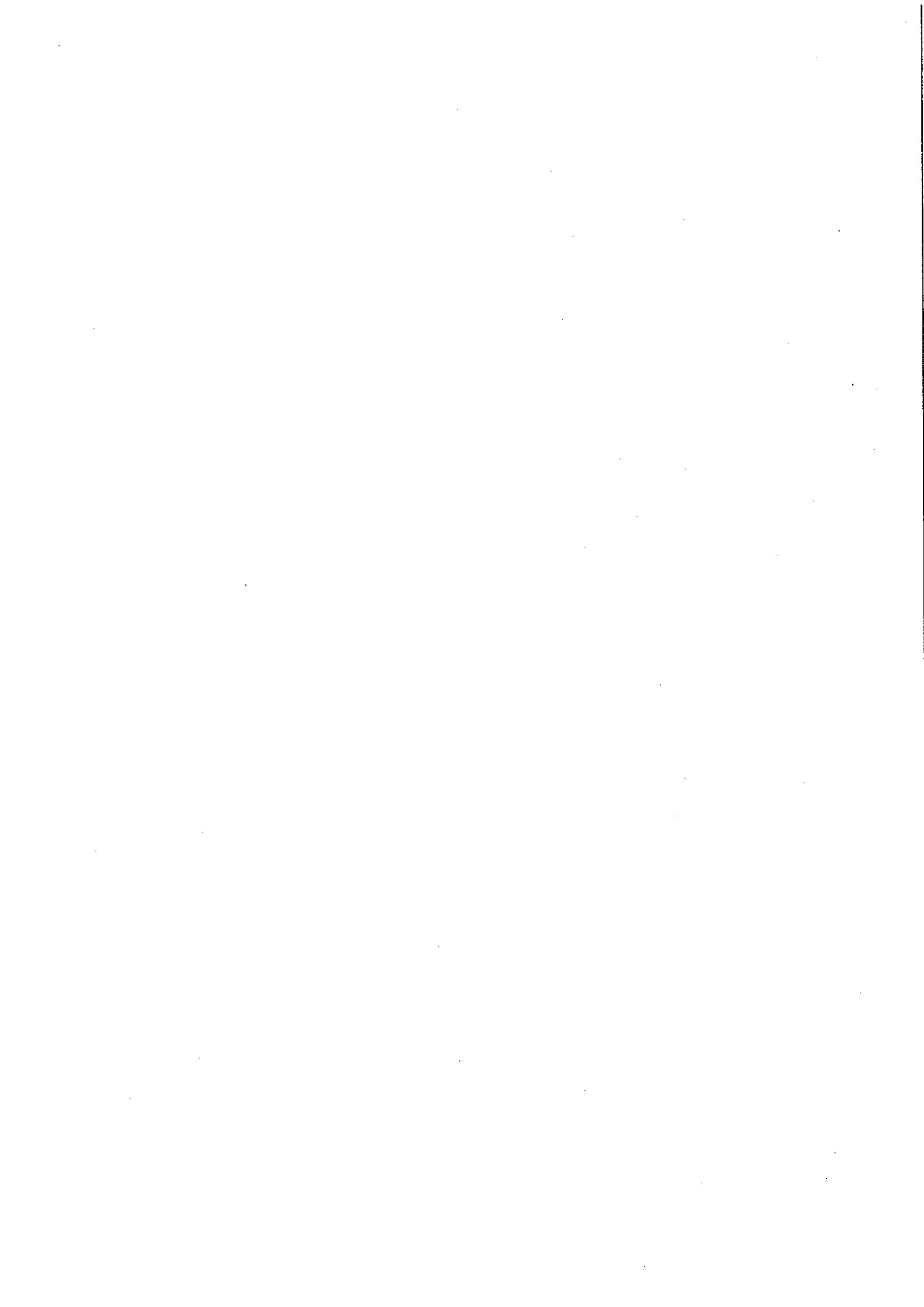
Yours sincerely,

Kay Burkett

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On behalf of the peer challenge team



Appendix 2: Recommendations & Next Steps

Recommendation	Next Step	Action owner(s)
a. Set aside time to develop the HWB as a team and have some wide ranging debates about the added value of its purpose, the future agenda and vision	The Health & Wellbeing Board has development sessions identified during the year which will be used for this purpose.	HWB Members Director of Public Health
b. Develop a clear vision, with a narrative for Wirral, that encapsulates change to which the public and key stakeholders in the health and wellbeing system can relate	A proposed vision is included in this paper.	H&W Board
c. Develop a clearer forward plan for the HWB which focuses on things that only the board can do and ensure the right partners are around the table to achieve the vision	The Forward Plan will be developed through identifying priorities for action under the strategy. An agenda setting group will be established to manage this.	DPH
d. Further strengthen programme management by using a consistent system for data sharing, action plans, risk analysis and resourcing with project updates to the HWB	We will seek to secure appropriate programme management support.	Decision for HWB regarding programme support structures.
e. Develop your communication approaches which will keep the HWB, wider stakeholders and public up to date on activities and progress outside of the board meetings, ensuring a two way flow	We have agreed to a half-time Communication & Engagement officer to support the Health & Wellbeing Board and the public health directorate. They will have a role in developing an appropriate action plan in response to this recommendations	DPH/ Senior Manager: Marketing & Communications Wirral Council
f. Consider how the wider partnership structure functions and connects together	A Partnership Review is underway, lead by the Policy Team at Wirral Council. Recommendations will be brought forward for consideration.	Policy and Strategy Manager, Wirral Council
g. Support Healthwatch to participate in the collective responsibility of the HWB as well as its role in challenging and holding the board to	An initial meeting to develop a protocol for effective working took place on 5 th	Families & Wellbeing Scrutiny Support Officer

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<p>account e.g. memorandum of understanding between HWB, Families and Wellbeing Policy and Performance (Scrutiny) Committee and Healthwatch</p>	<p>December 2014. It was agreed that a further session would be arranged, but that the Health & Wellbeing Board needed to be clear about its purpose to enable the discussion to be more fruitful. A review of protocols that exist elsewhere has provided a suggested framework for a protocol for Wirral</p>	
<p>h. Scale up seamless services by bringing together frontline staff and managers to harness their creativity to roll out and upscale successful projects</p>	<p>This is an ambition of the Better Care Fund projects, and our approach to integrated Commissioning. It will be critical to effective delivery of a new Vanguard model for Wirral.</p>	<p>All partners</p>
<p>i. Consider how cross sector community assets, like GP surgeries and school hubs could be used to best effect to share key messages and promote the wider wellbeing agenda</p>	<p>This will be picked up as part of the Communications work identified earlier</p>	<p>Communications & Engagement Leads.</p>