



Councillor Mohammed Khan, Chair of the HWB
Harry Catherall, Chief Executive
Blackburn with Darwen Borough Council
Town Hall
King William Street
Blackburn
BB1 7DY

March 2015

Dear Mohammed and Harry,

Health and Wellbeing Peer Challenge 17th – 20th March 2015

On behalf of the peer team, I would like to thank you for the courtesy and support we received during the recent 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 Blackburn with Darwen Borough Council were:

- Jo Miller, Chief Executive, Doncaster Metropolitan Borough Council
- Cllr Jonathan McShane, Cabinet Member for Health, Social Care and Culture, Hackney Council
- Liz Gaulton, Director of Public Health, St Helens Council

- Shaun Jones, Head of Assurance and Delivery, NHS England, Cumbria and North East
- Annie Topping, Chief Executive, Healthwatch Suffolk
- Paul Richardson, Head of Social Care Quality, & Workforce, Department of Health
- Kay Burkett, Programme Manager, LGA

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:

- How we can increase the scale and pace of change and make the most of new and emerging opportunities to improve outcomes for local people, with a particular focus on governance and leadership across the system? (*Board or Partnership?*)

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

Blackburn with Darwen Borough Council and its Health and Wellbeing Board (HWB) have made whilst stimulating debate and thinking about future challenges.

Headline Messages

Blackburn with Darwen Borough Council is rightly proud of being a 'pioneering council' and it was a privilege to have the opportunity to see some of the work you are doing. The peer team were really impressed with the way the longstanding relationships and strong partnerships with the Council are working to improve the health and wellbeing of the population.

There is high ambition for people, and place, and good use has been made of geography to achieve quickly at scale through shared agendas and a strong political and civic culture. We were impressed with the incredible energy, ambition and pace demonstrated to address the significant challenges the population face, despite the financial constraints public services are under.

Ambition has not been diminished by cuts, however, like everywhere, greatest strengths can become a weak spot if not refreshed and ongoing financial challenges will require a fresh look at size/geography and partnership arrangements. A clear commitment at Pennine Lancashire level to explore public service reform will help to maximise the impact of every public service pound. The Council is aware of its role as a "place leader" and has not been restricted by footprint in the past. Blackburn with Darwen is a third of the Pennine footprint, but it is an important and coherent part with co-terminous local authority and CCG, unlike other parts with more complex conversations to be had. In going forward these are important and strong attributes that could, with clear leadership beyond the immediate geographical footprint, offer demonstrable wins for collective ambitions across the sub region.

It was refreshing to see the energy and commitment people had to get things done to improve the quality of life of local people. Their starting point is 'how can we do things better together to meet the needs of local people' - it is not 'we've got a massive hole in our budget and we are going to have to do something to close that gap'. Combined with the exciting and emerging locality working arrangements and a renewed focus on outcomes, there is great potential for more ground- breaking and innovative work, involving citizens, to be delivered across the system.

Public health is well embedded into the Council and has confidently and effectively networked across the system bringing about a universal understanding of the social issues such as wider determinants of health. These are strongly reflected during HWB discussions and informed the refreshed Joint Health and Wellbeing Strategy (JHWS).

The revised JHWS with three clear priorities 'Start Well, Live Well, Age Well' reflect a life course approach that is welcomed by partners and provides a clear drive to the delivery of outcomes. It is important the HWB uses the JHWS to provide absolute clarity on its effective delivery and accountability

structure and sends that message out to the JHWS Delivery Groups and JHWS Leads for them to deliver it and report on progress. Planning and management of agenda items for HWB meetings and a robust work programme will ensure a focus and balance across the full health and wellbeing agenda making sure health and social care outcomes are given equal weight alongside the wider social determinants of health.

Senior officer leadership for the HWB should be clarified and articulated to wider stakeholders. Discussions revealed that it was not always clear to everyone which senior officer was responsible for leading and managing the HWB and the work programme that sits below, including monitoring impact of the JHWSjoi. The peer team suggest that an officer is clearly designated with this role and that this is communicated to everyone who is contributing to the delivery of the strategy.

Blackburn with Darwen has very motivated and focused leaders with a strong sense of collective purpose in delivering the highest quality services and improving the quality of life of local people. However, to achieve at optimum level the gaps at health "system leadership level" need to be filled. It is time to leave old fears and relationship issues behind and move forward with a coherent approach that includes all the key players from the health economy.

The HWB needs to own and create the environment for system leadership and system redesign as key factors in delivering the prevention and integration agenda - and as a springboard to be pioneering again.

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

There is an in-depth understanding of the health and wellbeing needs and challenges within the Borough evidenced by a comprehensive needs assessment that focuses on inequalities and informed by partnership and community events such as 'Health Talk'. Local data is robust and accessible via the innovative Integrated Strategic Needs Assessment (ISNA) that makes explicit the links between economic and social factors that impact on people's health. The ISNA is used widely in topic based reports such as dementia, falls and elements of the children's agenda, e.g. the use of children's centres.

The 'ISNA Locality Stories' provide an excellent resource to the emerging locality delivery approach in understanding the health needs of each particular area and the priority neighbourhoods within. The HWB has started to identify where there is a lack of statistical data at a local level e.g. mental health, and given its endorsement for the ISNA to progress its development to cover areas for future resource allocation and integrated working.

Blackburn with Darwen has a strong history of partnership and integrated working dating back to joint commissioning of health and social care services through Care Trust Plus and earlier. There is a history of joint working and investing in people's health and wellbeing e.g. provision of free leisure through the Refresh initiative. Impressive achievements are evident through

over 3.2 years in improved life expectancy in the last 10 years and raised investment in preventing mental ill health.

The recent opening of a new leisure centre in the heart of Blackburn town centre is another example of excellent partnership working. The leisure centre is a multi-million pound joint venture between the Council and Blackburn College and is contributing to the regeneration of the town centre.

There are many visions, strategies and plans within the Borough and the HWB is sighted on identifying the issues highlighted within those plans where it can influence and affect in a positive way. The 'Plan for Prosperity' is a good example of a plan with a vision, but this is focused on place and not people. It would be timely, with a revised JHWS, to develop and promote a compelling narrative of the vision for the Borough that encompasses people and place to help to embed priorities in partner organisations and harness a strong sense of purpose and direction. The JHWS can be used to describe the whole system approach needed to improve health and wellbeing outcomes.

There is widespread ownership of the current JHWS and it has clearly informed partnership plans and strategies. Each theme has been supported by a detailed action plan, Council director, HWB member and public health team representative are identified to sponsor, support the delivery of the agreed activity. A clear example of this is the children's agenda where shared programmes of work and additional resources have been identified to provide a health advisor for children leaving care.

There is strong support, excitement and energy around the three life-course priorities adopted in the revised JHWS and recognition that this is needed as a common identifier of priorities to integrate approaches and resources. With proactive communication and engagement about transformation and system change the collective energies can be focused on delivering the outcomes required in the JHWS. The HWB needs to assure itself on a regular basis that there is a collective drive behind the priorities being delivered.

The investment framework for the Public Health Grant and creation of a two year £1m Social Determinants of Health Fund and Public Health Delivery Agreements has spread the accountability for delivery against public health outcomes across the Council and this approach is clearly valued across all Directorates. A strong evidence base for improving health and wellbeing has been used to shift the focus from services to outcomes levered by the fund e.g. the falls service and children's health, demonstrating early wins for prevention and early intervention ambitions.

A comprehensive approach has been taken to the wider determinants of health and social capital in the JHWS. However, the profile of health and social care should be strengthened and be given equal parity in the JHWS. This could be done by bringing to the fore the JHWS cross cutting theme of prevention, identification and early intervention to address key challenges e.g. health inequalities, older people needing support to remain independent, rates of mortality from preventable causes and long term conditions.

The four localities model bringing together federations of GP practices sharing services and resources is an impressive achievement. Considerable collective effort was required as the journey appears to have been a difficult one because of geographical mismatches between general practice boundaries and those for other services, but in a spirit of compromise these barriers were successfully overcome.

The localities model is welcomed and everyone the peer team met is committed to making it work. GPs are taking an even broader view of their role in supporting people and communities in having better health and wellbeing. This is evident by the growing number of referrals (over 3,000) by GPs to the Wellbeing Hotline to enable patients to access a range of preventive and early intervention services. The Council is reorganising its delivery structure and resources to support the localities and Lancashire Constabulary is aligning to the model through its divisional command structure demonstrating strong system leadership and the extent of the belief in the approach. The full potential is yet to be realised but the commitment and enthusiasm from the front line is very encouraging.

The HWB recognises the opportunity to maximise the localities structure to move from engagement to co-production building on the existing good practice, community assets and consultation processes. Self-care and personalisation needs to be taken to the next level and all partners need to sign up to the prevention agenda to enable this to progress. Working with, and through community organisations, such as 'One Voice' will help embed the ambition of early intervention and prevention and further develop the HWB's understanding of local inequalities. This would also strengthen ISNAs and subsequently improve service commissioning and delivery.

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

Blackburn with Darwen has strong and deeply embedded partnership working backed up with trusted relationships and a collegiate style of working. This is reflected in many ways including the strong drive from the HWB Chair who has changed how the board operates. Board members are increasingly confident about challenging each other, one example was the issue of the length of time people were waiting for Improving Access to Psychological Therapies (IAPT) appointments. Through a process of debate and challenge at the HWB this has been reduced from over a year to a matter of weeks.

There is impressive leadership from elected members who are seen as accessible and displaying great passion about achieving a sea-change in the quality of life of local people. For example, the lead member for health and adult social care has championed the FALLSTOP campaign which aims to raise awareness of simple steps people can take to stay on their feet and carry on doing the activities they enjoy as they get older. The peer team met and talked to other elected members who are close to their community and

clearly demonstrate their commitment to improving the health and wellbeing of the communities they serve.

Blackburn with Darwen has a strong track record of cross-organisational collaborative working and good informal relationships between key players which, in some cases, go back many years. The Council, public health and the NHS have a long history of close working, for example, Care Trust Plus and the co-location of some public health staff with the Council prior to transition in April 2013. Many of the groups and partnerships the peer team met have been in existence for some years providing strong foundations for the delivery of the revised JHWS. The 50+ Partnership described how it had its roots in the Older People's National Service Framework which was published in 2001 and is excited about moving forward and fulfilling its new role as the JHWS Delivery Group for 'Age Well'.

The peer team met very capable leaders with an engaging style of leadership who know the business and have a sense of where they want to get to. Leadership is evident in many areas, for example, in children's services the Council leads the country for the percentage of children in care that successfully find adoption placements. Forty five children in total were adopted last year, which is 34% of the children in care for six months or over within the Borough.

The HWB has been a good relationship builder and is now leading the health and wellbeing agenda. It has a very strong emphasis on the wellbeing of people as the precursor to good health. The peer team were particularly impressed by the commitment of the HWB to its own development and how it is constantly thinking about improving and constantly questioning whether it is doing the right things. This is evident through the production of an annual report and the strategic review undertaken in 2014 and the consideration being given to redefining the relationship between public services and citizens.

However, to meet the HWB's ambition to be system leader at Borough level in the context of "Pennine Lancashire" and Lancashire as a whole, membership composition should be reviewed to reflect the breadth of health and care system leaders. The peer team recommends that serious thought should now be given to incorporating membership from the East Lancashire NHS Trust and the Lancashire Care NHS Foundation Trust as the two leading healthcare providers in the Borough as well as significant employers of local residents in their own right.

The HWB needs to be demanding of all partners, including health leaders, to ensure their influence, involvement and commitment in the delivery of the revised JHWS. Membership of the HWB should be kept under regular review to ensure that it continues to respond to changes in the system and ensuring the right focus on strategy, directing delivery and monitoring impact. All members of the HWB need to contribute more in terms of future agenda and ideas for improving health in the borough. In particular, health care providers

need to be more engaged in discussions if there is to be system redesign on prevention, early intervention and integrated pathways for care and health

Formal governance across all the current partnerships should be reviewed and refreshed to ensure they can deliver the ambition for Blackburn with Darwen and this should be an ongoing process. There are several examples of partnership groups, for example the local public services forum and the 50+Partnership, which had been established a long time ago for other purposes, which do not necessarily have updated terms of reference or membership, and had been subsequently adapted or grafted into the current governance arrangements for the HWB.

Many of the existing groups are clearly doing great work, however, a refresh of terms of reference of all these arrangements so that they are clearly and demonstrably aligned with the aims of the HWB and the JHWS will make the sum of the system greater than its parts. This review should also focus on reducing unnecessary duplication of effort which should reduce the burden on busy professionals, volunteers, service users and members of the public who may have to attend meetings.

Senior officer leadership for the HWB should be clarified and articulated to wider stakeholders. Discussions revealed that it was not always clear to everyone which senior officer was responsible for leading and managing the HWB and the work programme that sits below. The peer team suggest that an officer is clearly designated with this role and that this is communicated to everyone who is contributing to the delivery of the strategy.

The peer team noted that work is underway to develop a brand identity for the HWB. This is welcomed because a number of the people the peer team met, even those working within the close system, were unclear about its purpose and unsure about what impact it was having. Some even felt that the HWB was having no impact and that the work they were doing would continue regardless. Creating a stronger identity would be a step in the right direction as part of an overall internal communications refresh. As part of that work the Board needs to review its aims and functions as part of the governance and membership review suggested above and make transparent what are the roles and responsibilities of the individual members.

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

There is evidence of strong community networks and volunteering activity taking place in Blackburn with Darwen with massive potential in the array of engaged residents. More than 10,000 residents are engaged through the Your Call initiative becoming part of an increasingly growing army of volunteers striving to make the borough a better place with a strong focus on health and wellbeing. These include young people involved in litter picking, the 'couch to 5k' running clubs and turning overgrown playing fields into sports areas. The numbers are truly impressive and the stories about the

difference being made to the volunteers themselves, as well to individual people and the wider community, are inspirational.

The Council has enthusiastically welcomed public health and embraced its new duty to improving residents' health and wellbeing by placing it as an integral part of the Corporate Plan and one of its six priorities. The 'Health Included in All Policies' (HIAP) health impact assessment has been introduced to ensure all policy decisions and investments contribute to health improvement. Public Health Delivery Agreements are in place and monitored quarterly to ensure all directorates share responsibility for the five outcomes in the Public Health Outcomes Framework (PHOF) as an added value to their existing activity and investment. Shared outcomes across directorates are also identified e.g. children in poverty and households in temporary accommodation.

The localities are a promising platform for integrated service delivery across health and social care with exciting models emerging in relation to Early Help for children and families e.g. the Transforming Lives model delivered in partnership with Lancashire Constabulary for families who need support. This is a good example of partners working together differently to address the needs of communities with a view to the sustainability of services through redesign and maximising current investment, looking beyond short term national funding and the need for new money.

The life course approach taken in the revised JHWS is a positive development and will help to draw in capacity and capability across the system. Having 'Start Well' (0-25 years) as one of the JHWS priorities, addresses some criticisms that the previous strategy did not focus sufficiently or explicitly enough on children and young people. By raising awareness further of the risk behaviours and environmental factors that can have an impact on people's lives from infancy onwards partners can increasingly identify opportunities to collaborate on shared challenges e.g. by embedding routine enquiries about childhood adversity into everyday practice.

The financial aspects of delivering the JHWS have not been to the fore of discussions at the HWB, particularly in relation to investment in prevention. . The peer team were made aware that a view exists that the public health grant is the prevention spend. The HWB needs to ensure it is able to influence all relevant commissioning decisions and not just those relating to public health if transformation is to be realised. The new integrated commissioning agreement between the Council and the CCG and the work of the Executive Joint Commissioning Group (JCG) in overseeing the delivery of the Better Care Fund is an important development. The peer team note that a recent agreement to develop a more co-ordinated approach to commissioning voluntary and community services through the integrated commissioning agreement offers the potential to maximise the prevention investment.

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

The Council has a strong culture of performance management that is in place to help deliver the Corporate Plan, where improving health is one of the 6 priorities. In order to ensure effective delivery and accountability of the Corporate Plan there is a clear Management Accountability Framework (MAF) in place which is widely recognised and understood. This includes an explicit requirement for all Directorates to report against the wider determinants of health so their contribution to health improvement is systematically captured and part of the mainstream work of the Council. The MAF is reported at both officer and elected member level which includes risk identification of the key issues and a clear escalation process in place to senior officers and Executive Board leads through respective managerial and political channels. The Public Health Delivery agreements set out what outcomes will be delivered for the allocated funding and are another good example of systematic evaluation of the impact towards priorities.

There is no systematic performance management and accountability framework in place for the JHWS. Through the process of reviewing the strategy the HWB has acknowledged the need to strengthen its performance management framework. Learning from what did and didn't work in delivery of the previous strategy is a reflection of the maturity of the HWB. Going forward the HWB needs to take advantage of existing performance mechanisms, and capability, to build up a robust and coherent system covering the whole network delivery. The HWB needs to be able to demonstrate what it is doing and what impact it is having on the health and wellbeing of the population, be able to focus its attention accordingly and be clear about the difference it is making. Developing, and getting buy-in, for a 'golden thread' of accountability for the whole of the system in delivery of the reviewed JHWS priorities means the HWB will be able to answer the 'so what' question and measure the impact being made in the community.

There are a number of initiatives, projects and programmes where evaluation is built in from the outset and used to see if they are delivering what was intended. Pilot projects are evaluated and used to determine further learning and development. Examples include the transparent reporting of the Refresh/Living Well initiative and leisure discount and savings 'beeZ' card where detailed information is used to evaluate take up and usage and where the service needs to target activity. Liverpool John Moores University have been involved in evaluating the pilot work taking place in the East Locality so that early learning can be captured and adopted in the development of the other three localities.

There is recognition within the health and wellbeing system of the value and importance of capturing different types of information and intelligence to measure the impact of targeted commissioning interventions. This includes use of patient and service user feedback and personal experience such as those of 'Jack' a story captured on DVD to illustrate how interventions have made a practical difference.

A key challenge for the HWB going forward is to build on the existing evaluation activity and reporting to create a systematic approach to monitoring

progress against outcomes for residents and the community and holding partners to account. There is scope to build in evaluation of projects and initiatives as part of the performance management and reporting arrangements to ensure that it is a systematic and consistent part of the overall accountability.

The work that has taken place in the ISNAs provide a valuable tool for capturing both the needs of the population and an excellent starting point for evaluating the impact of any interventions. The fact that the ISNAs are both geographical and topic based in their nature gives great scope for supporting the effective evaluation of services at locality level.

There is much to build upon to develop a more effective approach to evaluating the impacts of the JHWS. In particular, greater focus is required around ensuring clear accountability across partners for delivery, being clear about the role of the HWB and JHWS Delivery Groups in relation to performance monitoring and reporting and taking action, and bringing it all together as a whole so that is systematic and includes a number of co-ordinated component parts.

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

There is strong commitment to public engagement and accountability by the HWB. There is high representation of user and public voice on the board, both in shadow and current form, through the 5 seats held by two lay members, two representatives from the voluntary and community sector (VCS) and Healthwatch. This allows potential for significant influence from the public on the agenda and priorities of the JHWS and its implementation.

The community was involved in the development of the JHWS e.g. through consultation events and workshops. These included Health Talks, community events organised by Age UK, World Cafe Event and pre consultation of the Blackburn with Darwen Wellbeing Service. The output from these activities was used to inform and shape the content and priorities of the strategy. There are also positive impacts as direct results of public engagement. For example, an Alcoholics Anonymous Group has been set up by the local Polish residents as a result of engagement in development of the Alcohol Strategy.

The Health and Adults Overview & Scrutiny Committee has carved out its role and purpose in the new health and wellbeing landscape. The Chair and Vice Chair of the Health & Adults Overview and Scrutiny Committee have regular monthly meetings with key people across the health and wellbeing system and the Chair attends all meetings of the HWB but is not a member of the board. There is a strong drive by the Committee to ensure its agenda is relevant to local people and has broadened its focus accordingly. The Committee's approach is to work closely with the Director of Public Health, CCG Chief Clinical Officer, the Chair of the HWB and other senior officers and carefully prepares key questions to ask during these sessions to help understanding of issues. The Scrutiny Chair has raised issues that are the

result of national policy and legislation with the Secretary of State, including the need to ensure the voice of the community is heard in relation to planning and licensing matters affecting the health of the public.

The Health and Adults Overview & Scrutiny Committee has adopted a "collaborative enquiry" approach that has worked well and involved members of the public. It set up a number of working e.g. isolation and safeguarding of older people, obesity and food poverty to critically examine issues on behalf of residents. The Committee has tackled challenging topics like clarity of accountability within vaccination and immunisation processes and quality of health and adult care services. It invited the Care Quality Commission (CQC) to attend a recent committee meeting to discuss reports about local provision and set up special meetings when the hospital trust went into special measures. The Committee tackled with sensitivity the issue of the number of takeaways in the Borough working with the Licensing Committee and having conversations with representatives from the community e.g. One Voice.

Whilst Scrutiny is clearly exercising its role in engaging with the public a significant proportion of the work of scrutiny needs to be focused so that its purpose is to make healthcare organisations more accountable to local communities. As in many local authority areas, there is work to be done on thinking this through so that there is more collaboration and communication across the whole of the system so that scrutiny processes are co-ordinated and clearly understood. This should be worked through by the HWB, Scrutiny and Healthwatch so all roles are clear and there isn't any duplication.

There is strong engagement from the VCS and a history of working together. Established mechanisms are in place for engaging residents, for example, the Families Health and Wellbeing Consortium has workshops twice a year to gather input from its member organisations representing the communities, and this information is then fed into the HWB and its subgroups. The HWB also has development sessions and they provide another opportunity to highlight important health and wellbeing issues on behalf of residents. As a result, social isolation and ABCD (Asset Based Community Development) are now incorporated into the priorities in the revised JHWS.

While Healthwatch is still at its infancy, some commented that it has brought a large amount of public voice into the HWB and board members have been taken to account by the relevant officers. A number of reports have been presented to the HWB including one relating to the experiences of young people in accessing health services based on approximately 1500 interviews.

Engagement with children and young people is particularly strong, and participation from young people has gone from strength to strength in the last 12 months e.g. through Youth MPs and Youth Forums. The Early Help approach was developed in consultation with a wide range of partner organisation, Council services and children and young people. Extensive consultation was also undertaken in relation to the children's centres review.

The HWB needs to ensure that the impact of public participation, and the views sought through consultation, is fed back to them so the impact of their involvement is clear. Closing the loop in this way would increase the visibility of the HWB, as well as enabling the community to understand how their contributions have made a difference and/or being taken into account to inform the priorities of the HWB agenda in the Borough. This would in turn encourage the involvement of the community, and furthermore, enable the public to hold the HWB and the system to account for their work. More accessible and meaningful public facing performance information will be essential as part of this process.

To further strengthen the programme of community engagement activities, more focus and creative approaches will be required to engage the business community. This could be a great asset for the board by helping in the successful delivery of the HWB agenda particularly the 'Live Well' priority where provision and access to healthy options is important.

There is a real opportunity to amplify the influence of the residents on the HWB agenda by strengthening the collaboration between the lay members, VCS representatives and Healthwatch. It is clear that active engagement programmes and structures are in place and better alignment and coordination of these activities and the wide range of health and wellbeing conversations in different part of the system e.g. fire and police, will bring scale and impact. Using the VCS and other partners such as Pharmacists, the Police and the Fire and Rescue Service better will really strengthen the reach out into the community. Finding creative ways to involve them not just in the debate and discussions around how you collectively work to improve the health and wellbeing of residents, but also to assist you in evaluating impacts and building resilience within communities.

Healthwatch may also wish to align its work programme where appropriate with the work programme of the Health and Adult Social Care Scrutiny Committee, to help ensure a strong community voice is present in these meetings. A working and published protocol may be helpful to help clarify the working arrangement for the benefits of residents. It will be important to ensure the voice of both service users and non-service users are being sought to inform the planning and delivery of health and wellbeing services.

It is unclear how the public is being supported and empowered to provide positive challenge to the health and care system. As mentioned before, much of the engagement work appears to be 'top down', and more effort should be spent to close the loop. To further develop the community engagement, focus should now put on co-production with service users and the wider community.

6. You also asked us to comment on the following

How can we increase the scale and pace of change and make the most of new and emerging opportunities to improve outcomes for local people, with a particular focus on governance and leadership across the system? (Board or Partnership?)

The peer team have considered this question as a theme within the five methodology questions answered above but would like to offer the following thoughts and recommendations:

- I. That you've asked the question shows that there is an answer that's different to what's currently in place*
- II. Use the health & wellbeing whole health system leadership to redesign the system at borough level, building upon locality working to become a Pennine Lancashire Blueprint*
- III. Systemise data receipt & analysis of GP and hospital data to effect system change & improve outcomes for local people - currently only ad hoc / targeted*
- IV. Understanding wider determinants health great - but don't miss out on clinical activity data from all providers - you are missing a trick*
- V. Invest in capacity to bring about quicker change - Invest to Save? BCF? "Things tend to dual run for longer than need be because of lack of change resource".*
- VI. Opportunities for increased frontline councillor and faith sector involvement in locality working - an untapped resource?*
- VII. Be clear on what the HWB is doing and what it's not doing- if it's down to others; let them get on with it, but keep an overview of the whole*
- VIII. System leadership is a partnership effort & HWB has the opportunity to be the public face of whole system leadership and an accountability that is only partially in place*
- IX. Maintain the power and primacy of Your Call to continue to harness the force of volunteering*
- X. Driving whole system reform at borough level alongside integrated locality working will realise your ambition at scale and pace*

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. 07789512173) 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 and partners every success going forward. Once again, many thanks for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely,

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Local Government Association

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On behalf of the peer challenge team

DRAFT

