City of Bradford MDC
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Report of the Director of Public Health to the meeting of the Health and Well-Being Board to be held on 3rd February 2015.

Subject: **P**

Feedback and recommendations from the November 2014 Peer Challenge of Health and Well-Being carried out by the Local Government Association

Summary statement:

From the 25th to 28th November 2014 the City of Bradford Metropolitan District Council hosted a team of external health and wellbeing experts who were invited into the authority to carry out a Local Government Association Peer Challenge in relation to the authority's arrangements for Health and Wellbeing and the functioning of the Health and Wellbeing Board.

This report details what the purpose of the peer challenge is and the feedback and recommendations received from the review team

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Portfolio:

Adult Services and Health

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

1.1 On the 25th – 28th November 2014 City of Bradford Metropolitan District Council hosted a team of external health and wellbeing experts who were invited to carry out a peer challenge of the authority's Health and Well-Being arrangements and function. The visit was co-ordinated by the Local Government Association (LGA).

1.2 The LGA co-designed the peer challenge process with the Department of Public Health England (PHE) and other health, local government, national and local partners. The purpose of the peer challenge is to "help councils implement their statutory health responsibilities from 1 April 2013, by way of a systematic challenge through a peer team to improve local practice." The LGA's peer challenge model focuses on five elements:

1. The approach to improving the health and wellbeing of local residents
2. Leadership and governance of the Health & Wellbeing Board
3. Use of local resources to achieve local health and wellbeing priorities
4. Evaluation of impacts of the health and wellbeing strategy
5. Arrangements for ensuring accountability to the public

1.3 The members of the Peer Challenge Team were:

Graham Burgess - Chief Executive, Wirral MDC – Lead Peer
Catherine West, former Councillor, LB of Islington – Member Peer
Carole Wood - Director of Public Health, Gateshead Council – Public Health Peer
Juliet Hancox, Chief Operating Officer for NHS Coventry and Rugby Clinical Commissioning Group – CCG Peer
John Tench – Healthwatch Adviser, LGA – Healthwatch Peer
Graham Earnshaw – Adult Social Care Programme Manager, Department of Health – Health Peer
Satvinder Rana - Programme Manager, LGA – Peer Challenge Manager.

Members of the challenge team reviewed key documents and evidence, met and talked with more than 80 council staff, elected members and representatives of partner organisations, and carried out three site visits. The challenge team fed back their conclusions and recommendations on the fourth day and provided a formal letter of feedback and recommendation on 7th January 2015.

1.4 This report summarises the feedback on the peer challenge for the Board, it invites discussion of these recommendations at the meeting and asks the Board members to provide direction to the partners, the voluntary and community sector and the council departments who will work together on the main areas of recommendation.

2. BACKGROUND

2.1 The team framed the five elements of the peer challenge for Bradford District through the following 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 (HWBB) 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?

In addition the team was asked to assess four aspects of the Health and Well-Being Board:

A. Form and functioning, responsiveness to current and future health and wellbeing challenges.

B. Board size, membership and role of the three CCGs, Healthwatch Bradford and District and health providers on the Board.

C. The Board's current impact and effectiveness, focus, use of intelligence and performance measurement.

D. VCS engagement and strategic contribution to the health and wellbeing agenda.

2.2 Summary of the Feedback and Key recommendations

2.2.1 The headline feedback on the challenge process commended the high level, shared understanding of the diverse health challenges, needs and inequalities that characterise the District, and the commitment to improving health outcomes and tackling inequalities. The team found evidence of good understanding of the wider determinants of health, and praised the knowledge and commitment of staff and the evident commitment to developing the Health and Well-Being Board.

2.2.2 The challenge team noted that the District has well-established partnership working supported by good individual relationships. The feedback recognised that the infrastructure for Health and Well-Being in the District has been established against a complex, but not unique context for health and well-being and commended the willingness to develop new approaches to improving outcomes. Most encouraging is that it was noted that the District is now working from a strong base for improving Health and Wellbeing and that further improvements could see the District become a national beacon or system leader for health and well-being arrangements.

2.2.3 The challenge team's key recommendations were for the Health and Well-Being Board to:

- ‘Focus on the money’ - to recognise and address the urgency of planning for sustainability as budgets reduce, and to make better use of current arrangements, assets and community resources to meet the significant financial challenges ahead.

- Reduce the number of priorities in the Health Inequalities Action Plan (HIAP) from 18, focusing the concerted effort of all partners on a smaller number of priorities where outcomes can be improved through prevention and early intervention.
- **Action taken**: recommendation to Council Executive – 13.01.15 to focus on improvement in the following six HIAP priorities over the next 2 years: 1. Infant Mortality, 2. Healthy Aging, 3. Smoking, 4. Alcohol and Violence, 5. Excess Winter Deaths and Fuel Poverty, 6. Tuberculosis.

- Lead urgent work to: integrate the commissioning teams from Public Health, Childrens Services and Adult and Community Services; integrate planning and delivery of preventive and early intervention initiatives in further areas of practice. This was seen as the route to improve outcomes. The Board was urged to oversee ‘industrial’ level of action against these – meaning to agree 2-3 large-scale actions for each, actions that will make a difference, and that all relevant partners adopt and take forward.
- **Action taken**: work to explore integration of commissioning teams is underway.

- Improve the clarity of the priorities in the Health and Wellbeing Strategy to match that of the Early Years and maternal health priorities.

- Increase the focus on how the broader well-being services such as Housing, Transportation, Police, Environmental Services and Planning can contribute to the health and wellbeing of the District.

- Ensure that improving Health and Wellbeing is a clear corporate priority for the Council. The challenge team felt that Health and Wellbeing priorities were not strongly represented in the current corporate priorities and New Deal Programme priorities.

- Further strengthen the Board’s leadership of Health and Wellbeing issues, clarify and streamline lines of responsibility and communication between the Board and other partnerships. Make best use of current area structures, community resources and assets to meet the significant financial challenges ahead.

- The development of infrastructure to support the Health and Wellbeing Board and to use corporate systems that will allow it to track progress, to enable it to exercise focused leadership and to drive improvement.

- **Action taken**: Appointment of a Programme manager to develop joint working with Secretariat and Adult and Community Services to support the developing agenda.

2.2.4 The main points of feedback and recommendations from the peer challenge team

are presented in greater detail below.

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

Strengths were the quality and clarity of the District-wide data and intelligence about health inequalities that is presented and publicly available through the Joint Strategic Needs Assessment. This was felt to be comprehensive, accessible and evidently being used to plan the response to health inequalities, clearly feeding through to the Health and Wellbeing Strategy and the Health Inequalities Action Plan.

The team made particular mention of the five year CCGs plan owned in common by the three CCGs with a shared self-care and prevention plan, evidence of implementation plans, good links with Born in Bradford and the degree of integration that is evident in the early years work.

Further work was suggested to develop local and neighbourhood intelligence and to gather and share local stories about health that will help to inform decisions about directing and targeting delivery through existing local arrangements (this could include working through the constituency health hubs and the support from public health and the area co-ordinators' offices. The strong recommendation to focus the strategy on fewer priorities was felt to improve the chances of making a difference in some key areas and to help the strategy become more sustainable whilst resources continue to reduce. The team emphasised that the smaller number of priorities should continue to cover the whole life-course.

The team recommended systematising delivery of the strategy and building health and well-being into New Deal priorities. The Board is asked to set challenging targets for improvements in health and well-being indicators and to centralise performance management to feed multiple information needs – for the Board, Overview & Scrutiny, other partnerships.

Action taken: Work has begun to strengthen local knowledge, and discussions are underway about how to progress this whilst avoiding duplication of existing effort and arrangements.

2.2.4.2 Is the Health and Wellbeing Board (HWBB) at the heart of an effective governance system? Does leadership work well across the local system?

The challenge team commended the District's strong collaborative relationships, and the Board's role in strengthening these over the previous year. They noted that the commitment to development of the Board was evident, including establishing a Director of Collaboration and programme office support and that there is a range of innovative practice at project level, and significant work to develop integration at strategic level by the ICB and Health and Care commissioners. However they encouraged the Board to give a stronger lead and direction to this strategic work.

Further work is requested to develop clarity about governance of the HWBB and the lines of communication between the Board and other partnerships. The team issued a challenge to the Board to develop greater executive oversight and dynamism - to become **the** driving force in health and well-being, leading the ICB, removing any duplication between the role and function of O&S and HWBB, ensuing that the HWBB is a decision-maker not a scrutiny body for decisions made elsewhere.

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

Strengths were the motivated, stable, committed workforce with career paths evident, effective networking and strong health protection by public health and the integrated commissioning and good, joint operational work on some issues.

Further work was suggested to promote understanding of a whole system approach to health and well-being, to strengthen and use relationships and resources available through regional and national Health England. The team strongly advise the Board to build on its early work to develop a five year vision, planning how to lead continuing health improvement with reduced funding, recommending reduced priorities, committing all partners to fewer, large-scale implementation actions to deliver greatest change, building community and social capacity and accelerating the merging of the commissioning teams in the Children's, Adults and Community and Public Health Services of the council.

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

Feedback commended the performance plan and indicators for the strategy and again noted the added value of the strong analytic function in public health.

Further work should integrate and align performance information for Health and Wellbeing with corporate performance, develop a delivery plan and dashboard for the strategy and build on existing networks and structures to increase citizen involvement in evaluating services and strategies See recommendation 2 below.

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

Strengths - citizen representatives reported that the Board was accessible and provided a forum for debate.

Recommendations – to align the work of Health Overview and Scrutiny with the themes of the Health and Wellbeing Strategy, and share its' work with the public and to use ward plans and area committees to share the Board's work with the public,
Improve clarity and consistency of communications and availability of performance data.
Build on a good start to citizen representation by hosting Board meetings in community settings and carrying out further consultation through the Voluntary and Community Sector.

2.3 Challenge in respect of four areas of the form and functioning of the Health and Well-Being Board

Feedback on the functioning of the Board repeats and expands on the five key questions outlined above.

2.3.1 In relation to the **'Form and functioning, responsiveness to current and future health and wellbeing challenges'.** The Board is asked to align Health and Wellbeing priorities with corporate priorities, to set ambitious targets and drive performance against those, to undertake further work to align and clarify governance of the health and well-

being agenda and to lead work to tell the Bradford 'story' on health and wellbeing to the community.

2.3.2 In terms of **'Board size, membership and role of the three CCGs, Healthwatch Bradford and District and health providers on the Board'** the Board is asked to keep membership under review in respect of the diversity of community representation, to ensure that members are actively engaging with the communities and interest groups they represent and that wider discussions about health improvement are ongoing and to ensure the Board is fit for purpose for an "industrial scale of delivery".

2.3.3 Four areas of focus were suggested to improve **the Board's current impact and effectiveness, focus, use of intelligence and performance measurement.**

1) a focus on readiness for sustainability and continuity under reduced budgets, 2) the reduction from 18 priorities 3) a longer forward plan for the Board - allow the voluntary and community sector sufficient time to consult with and represent their communities or interest groups. This should be supported by development of the wider determinants work to ensure common understanding of the health and well-being agenda and the potential for housing, neighbourhoods, planning and environment to improve citizens' health and well-being. 4) better communication of the work of the Board and the associated work plans.

2.3.4 Finally, on **VCS engagement and strategic contribution to the health and wellbeing agenda,** the team asked the Board to build engagement with Healthwatch, expanding and formalise arrangements for their input to the Board, and to use Healthwatch and other VCS networks for broader community engagement.
Action taken: Council officers from the public health, neighbourhoods and strategic support services are attending the health Engagement Leads meeting.

3. OTHER CONSIDERATIONS

3.1 Identify any other directly or indirectly related matters.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 The peer challenge recommends that the Board should begin urgent planning for future sustainability of the District's work to improve health and well-being. Agreement to focus on a smaller number of priorities may mean that resource allocation across the current 18 priorities should be reviewed. Any proposal to undertake such a review would be brought to the Board for consideration. This may also necessitate planning for the identification of new resource from regional or national schemes or the re-targeting of resource on the reduction of health inequalities and the improvement of health and wellbeing.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

5.1 With regard to risk, any agreement to re-focus work under the Health and Wellbeing Strategy on fewer priorities will require the HWBB to maintain a watching brief in relation to the remaining priorities, to capture and mitigate any risks, for example the risk of drift in planned improvement activity and the risk that improvement in outcomes could stall or decline, by establishing a risk register and exception reporting.

5.2 However, the remaining priorities are in general those where improvement activities

are well-established, with strong leadership of improvement work or with recent investment in further resource by the public health department or public health in partnership with others. Establishing an infrastructure to track and report performance on improvements to the Board will help to mitigate any risk.

6. LEGAL APPRAISAL

6.1 Section 194 Health and Social Care Act 2012 (the Act) required the Council to establish a Health and Wellbeing Board (HWBB) for the district, which functions as a committee of the local authority under section 102 of the Local Government Act 1972. Its primary function is to encourage integrated working between commissioners of NHS, public health and social care services for the advancement of the health and wellbeing of the local population. It is in pursuance of this objective that the HIAP was considered and has now been brought to the attention of this Committee.

6.2 Part 1 of the Act places legal responsibility for Public Health within Bradford Council. Specifically Section 12 of the Act created a new duty requiring Local Authorities to take such steps as they consider appropriate to improve the health of the people in its area.

6.3 In response to the recommendations of the peer challenge, the six areas of particular focus for the next two years have been identified because they address particular health inequality issues in Bradford. Each of the six affects the most deprived areas of our community and contributes to health inequalities. Each is highlighted by the Public Health Outcomes Framework[1] as being of particular concern for Bradford, and is considered to be amenable to focused, coordinated action from the council and its partners. This re-focusing of action on the priorities will help to meet Section 12 of the Health and Social Care Act 2012.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 The Public Sector Equality Duty under the Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to:

a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it; including due regard to tackling prejudice and promoting understanding

d) Relevant protected characteristics include age, disability, gender, sexual orientation, race, religion or belief.

[1] The Public Health Outcomes Framework developed by Public Health England are a set of indicators that can be used to understand how well public health is being improved and protected in a given location.

7.1.2 Health inequalities are defined as the differences in the health of different parts of the population, and this brings into consideration a wider range of factors than those identified as 'protected characteristics' within the Equality Act 2010. The broad focus of the Health Inequalities Action Plan will help to advance equality of opportunity between some of the protected characteristics groups who experience different levels of health inequality.

7.1.3 Developing a better understanding of local variations in health inequalities and engaging with communities will help to foster good relations and can be supported by the learning on community engagement from the Better Start process.

7.1.4 Focused effort on the six key priorities to improve outcomes over two years will help to further reduce health inequalities between some of the protected characteristics groups, for example to further reduce the deprivation gap in the infant mortality statistics, by improving the health of older people by addressing dementia and by reducing the levels of Tuberculosis which disproportionately affects some Black and Minority Ethnic Communities.

7.2 SUSTAINABILITY IMPLICATIONS

7.2.1 Taking action on the peer challenge recommendation to undertake urgent planning for sustainability, will help to put the authority in a better position to meet future financial challenges, making better use of current arrangements, assets and community resources will also help to sustain interventions aimed at health inequalities as budgets reduce.

7.2.2 The recommended reduction in priorities will focus council and partner resources on fewer priorities in order to make significant progress on the outcomes for these priorities over the next two years.

7.2.3 The council's public health department is comparing the cost of interventions to the evidence of improvement in outcomes to inform future decisions about use of resources. Finance issues are tracked monthly at the Departmental Management team with the input of a senior finance officer. The peer challenge recommendation to focus resource on preventive and early interventions should help to reduce the need for costly late interventions.

7.2.4 The broad focus of the Health Inequalities Action Plan means that some of its priorities relate directly to the Wider Determinants of Public Health which include sustainability issues such as poverty, fuel poverty, housing inequality and poor air quality. Of these 'Fuel poverty and Excess Winter Deaths' forms one of the six key priorities. Risk of drift on the others will be mitigated by the recent establishment of a small team in the Public Health Department of the Council to focus on Wider Determinants of health including a specialist research officer to work on improving air quality. The team will work with council departments and partners with responsibility for housing, neighbourhoods, planning and environment issues to help co-ordinate and maximise their impact on public health outcomes.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 The report recommends strengthening and clarifying the lines of communication between the HWBB and other partnerships. This would help to ensure that the health and wellbeing aspects of community safety issues such as domestic abuse would be addressed and potentially strengthened as partnership work grows and matures.

7.5 HUMAN RIGHTS ACT

- Refer to the guidance contained in: 'Deciding Rights - Applying the Human Rights Act to Good Practice in Local Authority Decision-Making' published by the Local Government Association (http://www.lga.gov.uk).
- Consult the lawyer who normally offers advice in relation to the matters covered in the report.

7.6 TRADE UNION

7.6.1 Any action on the challenge team's recommendation to integrate three commissioning teams would require consultation with the relevant Trade Unions.

7.7 WARD IMPLICATIONS

7.7.1 Further development of localised arrangements for consultation and involvement in planning around health and wellbeing has implications for ward-based resources and infrastructure.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

N/A

8. NOT FOR PUBLICATION DOCUMENTS

None.

9. OPTIONS

See recommendations

10. RECOMMENDATIONS

1. The Health and Wellbeing Board endorses the findings and key recommendations of the 7th January Letter of Feedback from the Local Government Association in respect of the November 2014 Peer Challenge of Health and Wellbeing in Bradford District and will lead the implementation of the recommendations.
2. The Health and Wellbeing Board instructs the Council's Department of Public Health to develop an improvement plan on behalf of the Board that will take forward the recommendations of the peer challenge, and will develop a performance management framework for the plan that will track the impact of high-level actions against the 6 key priorities of the Health Inequalities Action Plan.

3. The Health and Wellbeing Board will develop and publicise a 12 month forward plan to enable the Voluntary and Community Sector to consult with its members and local communities and to better represent their views at Board meetings, and will increase its involvement with HealthWatch and area-based structures for consultation, holding some of its future meetings in community settings.

11. APPENDICES

- Letter from the Local Government Association giving formal feedback on the November 2014 Peer Review of Health and Wellbeing – 7 January 2015
- HWB Board Terms of Reference – March 2014

12. BACKGROUND DOCUMENTS

- Health Inequalities Action Plan 2013-2017
- Report of the Director of Public Health and the Strategic Director of Adult and Community Services to the meeting of the Executive Committee – 13 January 2015.

APPENDICES

1. **Copy of letter from the Local Government Association giving formal feedback on the November 2014 Peer Review of Health and Well-Being – 7 January 2015.**

Councillor David Green, Leader & Chair of Health and Wellbeing Board
Suzan Hemingway, Interim Chief Executive
City of Bradford Metropolitan District Council
City Hall,
Centenary Square,
Bradford
BD1 1HY
7th January 2015

Dear David: Dear Suzan,

Health and Wellbeing Peer Challenge 25th – 28th November 2014
On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited into the City of Bradford Metropolitan District 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 the City of Bradford Metropolitan District Council were:

Graham Burgess, Chief Executive, Wirral MDC
Catherine West, former Councillor and Leader, LB of Islington
Carole Wood, Director of Public Health, Gateshead MBC
Juliet Hancox, Chief Operating Officer for NHS Coventry and Rugby Clinical Commissioning Group
Graham Earnshaw, Adult Social Care Programme Manager, Department of Health
John Tench, Healthwatch Adviser, LGA
Satvinder Rana, 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?

In addition, you asked us to specifically comment on the following:

The form and functioning of the HWB and how it can be made more responsive to the big health and wellbeing challenges facing Bradford now and in the future
The size and membership of the HWB, including the role of the three Clinical Commissioning Groups (CCGs), Healthwatch Bradford and District and health providers on the Board
What impact the HWB is currently making (or not making) and to see if the Board is discussing the issues it should be discussing; and measuring the things it should be measuring
How well the HWB engages and consults with the Voluntary and Community Sector (VCS) and advising how the VCS can make a strategic contribution to the health and wellbeing agenda

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 the City of Bradford Metropolitan District Council and its Health and Wellbeing Board (HWB) have made whilst stimulating debate and thinking about future challenges.

1. Headline Messages

Bradford is a well-known city with a strong identity of place. It is ethnically, religiously and culturally diverse with a relatively young population. People we met had a striking affinity to the place and they talked positively about their ambition for Bradford. We found there to be strong commitment to improving health and wellbeing outcomes for your communities. We saw that across the piece in all our interviews and discussions with people individually and in focus groups.

There is a common understanding of the health and wellbeing challenges faced by Bradford. Elected members, staff and partners all outlined with knowledge the wider determinants of health and wellbeing in the city. There is a good sound understanding of health needs, particularly health inequalities across the system. From the documentation we read and the discussions we had we were impressed with the level of understanding of the diverse health and wellbeing needs of your communities among staff and partners. We came across

enthusiastic, committed and competent staff and this was demonstrated in all our meetings and discussions. We also had very positive feedback on your staff from stakeholders in the system.

We were impressed with the strong and well developed partnership system you have in Bradford and we noted that these partnerships work well because of the good individual relationships you have. Often it is the relationships that make partnerships work and from the feedback we got, you certainly have these in place in Bradford. You are doing very well in managing a complex health and wellbeing landscape in the way the CCGs, providers and council commissioners are configured. This is more complex than many other places, though not unique. There is complexity on both the council and the CCGs and, although these arrangements can be simplified and improved, you are making them work well within the current circumstances.

You have a comprehensive Joint Health and Wellbeing Strategy (JHWS) that sets out the priorities for Bradford as identified by the Joint Strategic Needs Assessment (JSNA). We noted the early years element of the JHWS as being very strong and clear, however we do think that the remaining elements of the strategy need to be better articulated. We saw these other elements in the strategy, but thought that they needed to be strengthened and made much clearer in terms of what you are hoping to achieve and what your approach to achievement will be.

You have made good use of the 'Marmot' approach to underpin the JHWS and the Health Inequalities Action Plan. However, you have yet to integrate these health and wellbeing ambitions into the council's corporate plan and we thought this was a major gap in your corporate strategic planning. We did not think the council's corporate plan reflected the Marmot approach or the importance people's health and wellbeing is to improving the quality of life of citizens. We were made aware of the reasons why the corporate plan has not been refreshed this year and the ambitious work that is currently underway as part of the New Deal for the District. We would therefore urge you to ensure that health and wellbeing is reflected strongly and in an integrated way in your refreshed corporate plan.
The HWB is working well and is providing good leadership across the system. But there is an opportunity for it to raise its game in leading the delivery of better outcomes through innovative approaches to prevention and early interventions. There is considerable work that can be done in developing the HWB so that it is providing more focus, collective drive, effective communication and pace to turn your strategy into real measurable impact on the ground.

There is a strong sense of common purpose and willingness to try new things to improve the quality of life of people who live in Bradford. We came across evidence to suggest that you have now started to articulate and communicate what your health and wellbeing system will look like in the next 5 years with integrated health and social care. We liked the 'Bradford Mutual' approach and thought that was a very interesting development for health and social care. If implemented correctly, it should help to put aside any organisational boundaries and silos and work for the collective good of the district.

In summary therefore, we believe that Bradford is doing some great things and it has the '*potential'* to become a beacon or system leader nationally. Although there is still more work to do, you do have a strong base from which to move forward; and with more focus and drive from the HWB we believe you have the potential to go further, be stronger and become nationally recognised for some of the excellent work you are doing.

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

You have a comprehensive JSNA in place and this is accessible and easy to read. It provides a good picture of Bradford and the health and wellbeing needs of the local population. The needs identified in the JSNA are prioritised in the JHWS and the Health Inequalities Action Plan. We thought the Bradford 5 year plan that has been developed by the CCGs was very good and we were pleased to note that it is owned by all three CCGs. The self-care and prevention programme funded by Public Health, Adult Social Care and CCGs to support delivery was a practical example of a commitment to delivering and implementing the plan. There is good understanding of the health and wellbeing challenges for Bradford. There was good evidence to show how you are addressing these challenges in very practical ways. For example, the Oral Health Programme, Dementia Café, Better Start, Born in Bradford, etc. were all very impressive programmes. We also saw some good examples of the work you do on early years and maternal health. We thought these projects and initiatives were examples of notable practice in demonstrating integrated ways of working.

Your analysis to highlight health inequalities is particularly strong and this provides a good basis to plan your responses. We came across evidence of a commitment to use the evidence base and intelligence to determine priorities and underpin planning. When we challenged people on why they were doing what they were doing they were able to point us to the evidence that supported their approach and actions.

However, we think that whilst your data collection and understanding of this data is robust and sound and health inequalities are understood at a data and intellectual level, your insight into the individual and neighbourhood story is less evident. We would therefore suggest that you develop a strong shared strategic narrative of your collective ambitions for Bradford. We saw some elements of the Bradford story but this should be articulated and communicated much more strongly and we think the HWB needs to be actively involved in developing that story from a health and wellbeing point of view.

In moving forward, we think you need to re-frame your JHWS to focus on a fewer number of strategic priorities. The 18 priorities you currently have are too many and the way they have been grouped makes them hard to drive through, interlink and monitor. You should consider reducing these drastically and group them around the key outcomes across the whole life course, within the context of your future financial demands and sustainability.

We noted that the new corporate plan has not been developed yet and that it will be rewritten in the light of the New Deal for the District conversation. We think the New Deal for the District is a good piece of work and offers the right approach to developing your future corporate priorities. However, we would urge you to ensure that when the corporate plan is rewritten that it reflects the key priorities in the JHWS and addresses the health and wellbeing of local people.

Furthermore, we did not find strong enough evidence of a systematic method of delivering your JHWS or a centralised/corporate performance management system that monitored the impact your various initiatives and projects were making. We think the HWB should take the leadership role in this by setting SMART ambitious targets for the outcomes it wants to achieve and to demonstrate the impact it is making through a robust and performance management system. We would suggest that you have a single and integrated performance management framework to inform and serve the HWB, scrutiny committee and other partners so that resources and time in collating and analyzing data is maximized across the health and wellbeing system.

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

Bradford enjoys a cordial and collaborative culture and trusted relationships. The HWB has improved relations among partners at a senior level in recent times. The HWB is maturing and has developed considerably over the last 12 months. We heard a number of comments from people saying that the HWB has moved on and become more engaging in facilitating discussion and debate. A number of members of the HWB commented that the style of the current Chair of the HWB was far more engaging and that he encouraged debate and discussion in a non-threatening and collegiate way. People were made to feel part of a partnership rather than a formal council committee.

There is widespread recognition of the importance of the HWB and its potential to provide system leadership. We were also impressed with the commitment to developing the HWB as evidenced by the well-attended regular development sessions that have been held. We thought the Director of Collaboration post and the creation of the programme office was a positive development in view of the complexity of the local health landscape. Having this resource (that was jointly funded) demonstrated maturity and trust across the health and wellbeing system in Bradford.

We came across many examples of good practice where the council and its partners are delivering innovative solutions to the challenges they face. We saw a number of very popular and worthwhile projects and spoke to practitioners about the range of work they are doing. We were told about the excellent work being done by the 'Integration and Change Board (ICB)' and 'Bradford Health and Care Commissioners' in providing the drive for implementation of the integration agenda. We thought both these forums were examples of notable practice where senior managers are working together to drive change through integration.

To make further improvements we would recommend that the HWB strengthens its system oversight and leadership role so that it is driving the health and wellbeing agenda and promotes challenge across the partnerships. Whilst we saw all the strategic partnerships in Bradford mapped out on paper we could not get a sense of clarity on how they all related to the HWB in practice, particularly in terms of communication and reporting lines. For example, when we enquired about reporting lines and how these different forums communicated between themselves and the HWB, we were left with the impression that the line of sight was blurred in some quarters from the HWB to the ICB and other key partnerships such as the Bradford District Partnership (BDP), the Children's Trust and the Community Safety Partnership.

We deduced that the ICB, whilst very effective, was operating outside of the HWB and in some instances taking on the strategic debate and discussion role of the HWB. It does not appear to be led and driven by the HWB or its work programme, and as a sub group of the HWB this should be the case. At times the HWB appeared a little passive and almost like a scrutiny committee rather than an executive committee. We think you need to clarify roles, remits and reporting lines of the HWB, the ICB, Bradford Health and Care Commissioners and other key partnerships.

The role of health scrutiny in relation to the HWB and its executive functions should also be clarified; otherwise there is a danger of scrutiny and the HWB overlapping and duplicating work. We have suggested that you study copies of Memorandums of Understanding from other places to help you to develop your own that provide clear demarcation lines between the role of the HWB and the health scrutiny committee.

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

Bradford has a well-motivated and stable workforce and we were impressed with the commitment they showed to delivering the highest quality public services and improving the quality of life of local people. We were told that Bradford has kept some of the best people and people choose to stay and develop their careers in Bradford. In particular, we noted that the Public Health team is confident and effectively networking across the system to deliver impressive projects and that your health protection system is very strong and effective. You also have a strong VCS and community asset base. We felt this was a huge strength that you could use in Bradford to help you deliver some of your health and wellbeing plans.
We came across strong commitment to health and wellbeing in parts of the council and CCGs and there were some really good examples of integrated commissioning. For example, learning disabilities and continuing health care were noted for integrated commissioning; and there was willingness to progress integration and joint working at operational level. Examples of this were the Bradford Respite Intermediate Care Support Service (BRICCS) and health and adult social care in some areas. However, there were some elements in both parts of the partnership where we found less understanding of the importance of both health and generic wellbeing. There is therefore some work to be done in promoting understanding of the whole system approach to health and wellbeing.

Relationships with Public Health England (PHE) and NHS England can be further strengthened. There is potential for the local system to draw on expertise and support from regional PHE and NHS England resources. You should explore this relationship and source of support further and encourage PHE and NHS England to be more prominent in forming relationships and setting out what they can offer, as PHE is there to provide expert support to local authorities in their leadership of health and well-being.

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 money. You will know that in the near future there is likely to be a budget gap across the health economy. 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 that and develop your options to deal with it.

Given that money will be tight in the future, we think you should focus on and tackle two or three big determinants of health and wellbeing on an industrial scale. You should avoid ‘pepper-potting’ on everything and instead concentrate your resources on the two or three big issues you prioritise and deliver on them on a large scale to make an impact. In doing this you can promote the ‘active citizen’ and/or ‘healthy Bradford’ philosophy through good communication, community engagement and empowerment and accelerate your achievements by building social capital at local levels.

To drive out further efficiencies and change organisational cultures we would also encourage you to be bold and progress even more rapidly your plans to bring together the commissioning teams for public health, adults and children into one commissioning team in the council. In the second phase you should consider opportunities for integrating these teams with health; and in the third phase you should seek opportunities to integrate key functions such as analytics/intelligence/research, programme management, IT, business support, communication etc. This way you will be enhancing your specialist skills whilst at the same

time maximizing your resources and driving value out of your contracts by securing better value contracts through joint procurement.

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

We found some strengths in this area, for example, you have a performance plan in place for the Health Inequalities Action Plan, you have identified the indicators for measuring performance against the JHWS, and there is strong capacity in place for intelligence and analysis within the Public Health team and other parts of the health and wellbeing system. However, we do think there is further work to be done in developing your arrangements for evaluating impacts of your JHWS through an integrated performance management system. This system should be aligned with your corporate performance management system and draw in and share performance information with partners across the health and wellbeing system.

We think you should agree shared metrics against the key priorities for evaluating impacts and ensure these are reflected in the JHWS. The HWB should have a dashboard and delivery plan to help it manage performance against the JHWS. This dashboard should also be used by scrutiny and other partners to scrutinise and manage performance. You have already done some good work on data sharing, for example SystmOne, and you should build on this as it is a well-recognized system for data sharing.

In the short time we were in Bradford, 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 your active ward members, area committees, ward plans and community engagement processes to engage with your communities. You should use these to reach out to your diverse communities and feed the information back into the system.

We heard an example of CCG meetings where members of the public come in to tell the story of their experience of using health services and we think you have something in this to develop further to solicit the citizens' voice. We would therefore urge you to build a method to allow the citizens' voice to be heard to evaluate effectiveness of your services and strategies. We would further ask you to consider working more closely with Healthwatch and utilising it and its networks to support the evaluation of impact of your JHWS by providing an independent voice back to you.

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

You have the building blocks in place to ensure accountability to the public and these can be built upon to make further improvements. The HWB should ensure that the processes and systems to hear the voices of patients and citizens are both robust and effective. For example, we think the HWB meetings need to continue to be seen by the community as forums for genuine debate and challenge. This may require the HWB shedding its council committee image and be seen as a health and wellbeing champion of the people. We would suggest that you avoid taking the HWB meetings back to the City Hall on a permanent basis and instead explore ways in which they can be taken to partners, and on occasions into the community. We would further suggest that you pay attention to the seating arrangements and name plates for Board members during the HWB meetings so that people can see who the members of the Board are and follow the debate and discussion more easily.

Your health scrutiny committee's work plan is broad and comprehensive and the work of this committee can be used to demonstrate accountability to the public. A significant proportion of the work of scrutiny needs to be externally focussed so that its purpose is to make healthcare organisations more accountable to local communities. Clearly, as in many local authority areas, there is work to be done on thinking this through. To help with this, the scrutiny work plan could be more aligned and co-ordinated with the HWB themes so that it scrutinises the delivery and impacts of the priorities of the HWB and not some other parallel priorities.
Your councillor involvement in community led meetings is positive and councillors working in their wards are a very valuable resource the system has at its disposal. You can use councillors to feed messages out into the community and receive feedback from the communities. You should therefore consider using ward plans and area committees to deliver key health and wellbeing messages to your communities. Furthermore, we think the New Deal for the District process you have will allow a broader conversation with citizens and partners about public services.

You have a strong network of voluntary and community organisations in Bradford and the VCS is a big provider of services. So whilst there may be some issues about the VCS being a provider and a voice for the public, we do think the VCS is structured in a way that can allow concise engagement with the community. For example, the sexual health consultation you carried out demonstrated how it can contribute effectively.

You can also be more pro-active and better coordinate your communications internally and externally to deliver consistent messages and manage expectations. The HWB should have a communications strategy that has been discussed and approved by the HWB which outlines how it will communicate key messages internally and externally with other partners and the public. Furthermore, performance data needs to be more visible and accessible for potential public scrutiny and accountability. We could not easily find this data on either the council's website or in the documents we were provided with.

7. Other issues you asked us to comment on:

a) The form and functioning of the HWB and how it can be made more responsive to the big health and wellbeing challenges facing Bradford now and in the future

The HWB has many strengths but the time is now right for it to step up its game and lead the health and wellbeing agenda. It should re-frame the JHWS to focus on fewer strategic priorities and ensure these have a strong presence in the council's corporate plan and those of partner organisations. It should set SMART ambitious targets for the outcomes it wants to achieve and manage performance against these targets. The HWB should have a dashboard and delivery plan to help it manage performance against the JHWS. Performance should be managed through an integrated performance management framework and system.
The HWB should further strengthen its system oversight and leadership role by clarifying its role against that of other partnership forums so that it is driving and is seen to be driving the health and wellbeing agenda across the partnerships. Articulating and setting out the Bradford story will help in engaging with and establishing its leadership credentials within the wider community.

b) The size and membership of the HWB, including the role of the three CCGs, Healthwatch and health providers on the Board

We think as the HWB shapes its new more streamlined priorities this will provide a good opportunity to review membership and ensure that the partners around the table reflect the

new priorities and the communities they are delivering in, and that they can contribute to an industrial scale of delivery.

In reviewing membership of the HWB you will need to think through how you continue to engage with your significant providers and how you involve and drive the strategic contribution of other services such as housing, environment, planning and transportation. We would also ask you to reflect on the make-up of the board to ensure that it is representative of the diverse population you serve. This does not necessarily infer that everyone needs to be represented on the HWB, rather that you explore ways in which a wider body of people can be involved in the discussions about improving the health and wellbeing of local people under the leadership and executive functions of the HWB.

c) What impact the HWB is currently making (or not making) and to see if the Board is discussing the issues it should be discussing; and measuring the things it should be measuring

The HWB has been instrumental in strengthening relationships across the health and wellbeing system. However, there is room for improvement in how it is exercising its leadership role in driving the health and wellbeing agenda in Bradford. As a priority, we would strongly urge you to give priority and create a safe space to have a fundamental debate about your future financial challenges. You need to start thinking about how you will continue to address the health and wellbeing challenges with a substantially reduced budget base. Secondly, to accelerate the journey from strategy development to action planning and implementation we would suggest that you pick two or three big actions against your top priorities and then deliver them jointly by the partnership on an industrial scale that will enable you to build a common vision of what success looks like, fine-tune your implementation processes across the system, put in place robust performance reporting mechanisms, demonstrate impact and share success.

Thirdly, we would recommend better planning and management of the agenda and work programme of the HWB to ensure a balance across the full health and wellbeing programme. Better planning can allow more fruitful and better quality contributions from partners, for example it would give the VCS and Healthwatch time to plan patient engagement that is in-line with the HWB's agenda and think more strategically in their comments. The role and contribution of services such as environmental health, housing, planning and transportation, etc. should be given more prominence in your discussions. We would further suggest that agenda items should have a greater focus on reports that call for strategic debate, initiate action and drive decisions. Fourthly, the HWB work plan and its key messages needs to be better communicated to all stakeholders and feedback from the community to the HWB should be facilitated.

d) How well the HWB engages and consults with the VCS and advising how the VCS can make a strategic contribution to the health and wellbeing agenda

Your Healthwatch can be a valuable conduit through which you ensure accountability to the public. It should also provide sufficient challenge in the system, to push you to innovate more, to take the risks and to justify and promote what you do. To enable it to do this systematically, you should develop more formal arrangements with your Healthwatch, proactively invite its comments at the HWB meetings, and utilise it and its networks to support you in evaluating the impact of your JHWS.
In addition, you have a strong VCS and community asset base and you should use this more strategically and systematically to support you in evaluating impacts and helping you to engage with your communities.

8. Moving forward

In moving forward our key recommendations are:

a) Re-frame the JHWS to focus on fewer strategic priorities and ensure these have a strong presence in the council's corporate plan and those of partner organisations. Support the delivery of these priorities with an integrated and robust performance management framework.

b) Focus on the money. Given the limited resources that will be remaining you should prioritise by focusing on a few key sustainable actions around prevention, early intervention and integration at all levels as rapidly as possible.

c) Articulate and communicate more clearly the leadership and oversight role of the HWB, its health and wellbeing ambitions for the community, and how it will relate to the rest of the partnership structure.

d) Maintain and strengthen the whole system approach to health and wellbeing, building on the contributions of wider determinants and services such as Housing, Transportation, Police, Environmental Services, Planning etc.

e) Be bold and progress even more rapidly your plans to bring together the commissioning teams for public health, adults and children into one commissioning team in the council, and then consider opportunities for integrating these teams with health. Following on from this, seek opportunities to integrate key functions such as analytics / intelligence / research, programme management, IT, business support, communication etc.

f) Keep up the good work and make the leap towards becoming a beacon health and wellbeing system and a system leader nationally. Become known as a "*Board that makes sure things are happening".*

9. 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. Mark Edgell, Principal Adviser for North East, Yorkshire & The Humber and East Midlands, is the main contact between your authority and the Local Government Association. Mark can be contacted at mark.edgell@local.gov.uk (or tel. 07747 636 910) 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,
Satvinder Rana
Programme Manager
Local Government Association
Tel: 07887 997 124 Email: satvinder.rana@local.gov.uk
On behalf of the peer challenge team

2. Bradford and Airedale Health and Wellbeing Board Terms of Reference - March 2014

1. Name
With effect from 1st April 2013 the name of the Partnership will be "Bradford and Airedale Health and Wellbeing Board", referred to as The Board

2. Principle Purpose
To create a close working partnership between the NHS and City of Bradford Metropolitan District Council and to bring a new local accountability to assessing health and care needs. To be the key partnership forum for determining local priorities and providing oversight on their delivery through enabling and driving the integration of health and social care, and wellbeing in order to create more effective pathways for both service users and those who need to access services. This relationship should significantly reduce health and social inequalities and ensure accountability for local commissioning plans, creating a whole systems approach to improving health and wellbeing and maximising value for money.

3. Principle Duties

3.1 To provide local democratic accountability for the use of public resources to improve health and wellbeing and reduce health and social inequalities

3.2 To promote integration in the commissioning and provision of health and social care services across the District

3.3 To engage with Commissioners in the development and overseeing of local commissioning plans and priorities

3.4 To oversee the production of the Joint Strategic Needs Assessment and the Pharmaceutical Needs Assessment

3.5 To oversee the production of the Joint Health and Wellbeing Strategy

3.6 To provide system leadership and a local interface for both planning and governance through engagement with the NHS Commissioning Board, Public Health England, Local Partnerships and providers, including the Voluntary, Community and Faith Sector and to undertake all statutory duties.

3.7 To receive reports from the Integration and Change Board

4. Membership
4.1. The Board shall consist of:

a) The Leader of the Council
b) The Chief Executive of the Council
c) The Elected Member portfolio holder for Children and Young People's Services
d) The Elected Member portfolio holder for Adult Services and Health
e) One opposition Elected Member

f) The Accountable Officer from each of the local Clinical Commissioning Groups across the District and a clinician from the CCG if the Accountable Officer is not a clinician
g) The NHS Area Team Director
h) The Director of Public Health
i) The Strategic Director of Adult and Community Services.
j) The Strategic Director of Childrens Services.
k) One member from Bradford HealthWatch
l) One member from the Voluntary, Community and Faith Sector, elected through Bradford Assembly.
m) One representative of the three main NHS providers.

4.2 The Board will be able to co opt further members, as required**,** from provider organisations.

4.3 Named alternates can be provided for the members of the Health and Wellbeing Board except the representatives of the Clinical Commissioning Groups who are able to ask any clinician on the CCGs to alternate for them.

5. Meetings of the Board

5.1 The Board will have a chair who is the leader of Bradford Council

5.2 Provision will be made for a Deputy Chair who will be appointed from the NHS membership on the Board

5.3 Meetings will be held in public

5.4 Meetings will take place bi-monthly

5.5 Each Member of The Board will have a vote though agreement on matters considered by The Board will generally be by consensus. Further persons co-opted by The Board will be non-voting unless the terms of reference are amended by Council.

6. Quorum

6.1 One third of Board members will form a quorum, with at least two Elected Member representatives from the Council, one Council Officer, and one representative from Clinical Commissioning Groups.