

Cllr Lesley Salter, Chair of the Health and Well-being Board  
Cllr Nigel Holdcroft, Leader of the Council  
Rob Tinlin, Chief Executive  
Southend-On-Sea Borough Council  
Civic Centre  
Victoria Avenue  
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February 2014

Dear Lesley, Nigel and Rob

### **Health and well-being peer challenge, 28 – 31 January 2014**

On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited into Southend-On-Sea Borough 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, i.e. that health and wellbeing boards will be confident in their system wide strategic leadership role, have the capability to deliver transformational change, through the development of effective strategies to drive the successful commissioning and provision of services, to create improvements in the health and wellbeing of the local community.

Peer challenges are delivered by experienced elected member and officer peers. 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 Southend-On-Sea Borough Council were:

- Caroline Tapster, Director, Health and Wellbeing Systems Improvement Programme, Local Government Association
- Cllr Dale Birch, Executive Member for Adult Services, Health and Housing, and Deputy Leader of the Council, Bracknell Forest Borough Council
- Dr Tim Allison, Director of Public Health, East Riding of Yorkshire
- Juliet Hancox, Chief Officer, NHS Coventry and Rugby CCG
- Andrew Webster, Director, Health and Care Integration, Local Government Association
- Kay Burkett, LGA Challenge Manager, Local Government Association.

## **Scope and focus of the peer challenge**

The purpose of the health peer challenge is to support Councils in implementing their new statutory responsibilities in health from 1<sup>st</sup> April 2013, by way of a systematic challenge through sector peers in order to improve local practice.

Our framework for the challenge was four 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 and ensuring accountability to the public?

You also asked us to comment on:

1. How well is the Health and Wellbeing Board operating?
2. What opportunities are there for the Health and Wellbeing Board to enhance its role in influencing and steering of health commissioning?
3. How can the Health and Wellbeing Board develop and deliver a clear policy and developmental role?
4. How can the Health and Wellbeing Board best influence the reduction in health inequalities?

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

This letter provides a summary of the peer team's findings. It builds on the feedback presentation delivered by the team at the end of their on-site visit. In presenting this feedback, the Peer 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 Southend-On-Sea Borough Council and its Health and Wellbeing Board (HWB) have made whilst stimulating debate and thinking about future challenges.

### **1. Headline messages**

The Council political and officer leadership demonstrates clear ambition and commitment to improving health and wellbeing outcomes for the people of Southend-On-Sea. This builds on its history of innovation, a local and national reputation for sharing good practice and recent success in becoming a Health and Social Care Integration Pioneer site.

There are many strong foundations to build upon in Southend, particularly the long standing relationships at all levels. Southend is the South Essex lead on unplanned care and integrated working and the East of England lead on integrated locality working. This has helped to generate empowered staff across the partnership who take the initiative in implementing projects, this means there is great potential to convert this enthusiasm and commitment for tangible effect across the whole of the Borough.

The HWB needs to fulfil its leadership role by grappling with the immediate and urgent strategic challenges facing the local health and care system in Southend-On-Sea. In particular there is a need to drive forward more service integration, be clear about future arrangements for joint commissioning and take stock of primary health

Use of data is currently underdeveloped and a more systematic approach in the use of local intelligence and evaluation would unlock the potential for scaling up innovative work to focus on prevention and in tackling health inequalities across the Borough.

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

There is a strong ambition for Southend with a real commitment from across the health and wellbeing system to making it happen. The HWB and partners can describe the main health challenges facing the Borough and recognise the contribution that their organisations make to health and wellbeing.

The views of local residents were sought systematically in the consultation on the health and wellbeing strategy (JHWS) providing a convincing analysis of the challenges and recognition of local health inequalities. Involving the voluntary sector, residents and service users in task and finish focus groups has clearly shaped the JHWS and other projects such as the Big Lottery Fund bid 'Fulfilling Lives', a good example of the collaborative potential of the health and wellbeing system.

The HWB has a clear attention on health inequalities, '*To reduce the health gap between the most and least wealthy*' is one of five aspirations in the JHWS. There is an appropriate focus on improving the wider determinants of health, such as access to good housing, education, employment and leisure. Similarly, the HWB is well sighted on its aim of preventing ill health with clear attention to the promotion and support of healthy lifestyle choices to reduce poor levels of health and promote independence.

The JHWS reflects the analysis in the Joint Strategic Needs Assessment (JSNA) and there is robust alignment with the Southend Clinical Commissioning (CCG) Integrated Strategy. This means there is a shared vision about the priorities for local services, including integration.

Data collation is fragmented across the partnership and would benefit from a system wide commitment or protocol on data sharing. The JSNA could be

developed into a community information database and made more relevant to local communities by implementing plans to take it down to ward level. Such changes need to ensure that analysis of health services information remains a core part of the JSNA.

The Council's Corporate Plan and other strategies make a clear reference to the JHWS and its priorities. For example, the corporate priorities of AIM: Safe, Healthy and Prosperous. The Children and Young People's Plan 'Success for All' is integrated into the JHWS providing a high profile for children and young people through a range of projects. This includes the 'Streets Ahead' Troubled Families initiative providing a targeted family support service through key workers and community workers who live in the local areas and work to help develop and support self-sustaining initiatives including Dads' clubs and work within the Polish and Czech communities. There are opportunities through 'Streets Ahead' for more contact with general practice surgeries to better identify early support to families.

The challenge for the JHWS and all strategies will be to find focus between the short and longer term priorities, align implementation plans and put outcome based measures in place to assure the delivery of the JHWS priorities.

The HWB has a good focus on health issues that are specific and pertinent to Southend. For example it is focused on addressing a range of measures related to lifestyle where Southend is significantly worse than the England average, such as alcohol and drugs misuse. Initiatives making a difference include the development of an all age drug & alcohol early intervention and treatment strategy, expanding the multidisciplinary team in A&E to include the alcohol liaison nurse and Stop Smoking support across general practice, pharmacies and specialist clinics for pregnant women.

Health and wellbeing is strongly embedded across the Council and there is an appropriate focus on improving the wider determinants of health, such as access to good housing, employment, learning and leisure. The Council has reduced the proportion of local authority housing that is non-decent from 59.8% to 19.7%, which is lower than the England average. The new Forum library and learning facility is an impressive resource delivered by the Council, the University of Essex and South Essex College working to improve literacy across the community including outreach work with people with a disability and people with mental health needs. There is scope for further engagement with health organisations to maximise opportunities for people to improve their health through the use of learning resources.

There is clear attention to the promotion and support of healthy lifestyle choices to reduce poor levels of health and promote independence such as engaging with education and youth services in the development of preventative materials and programmes, working with local charities in the provision of a therapeutic community garden and relaxation and yoga classes for carers. The Community Fall Service is well established in providing home based prevention and interventions, such as confidence building to reduce social isolation and direct referral to the Postural Stability Instructor, and is having a positive effect on the number of A&E admissions relating to falls.

There are good foundations in place for work with local partners on key issues identified from the JSNA such as the number of people with dementia predicted to rise from 3,300 people to 5,098 by 2017. The Dementia Strategy provides a step change approach to addressing the high number of dementia admissions to A&E by attaching Community Dementia Nurses to GP surgeries to enable early diagnosis and the provision of the Dementia Intensive Support Team (DIST). Dementia Champions in care homes and a Dementia Garden for people who have mild to moderate dementia are good examples of support to improve the quality of people's lives through the offer of space and stimulation.

Well developed and sustained partnership working has enabled the development of joint programmes such as the regional award winning pathfinder Single Point of Referral (SPOR) project that is reducing both avoidable admissions to hospital providing help at home or other forms of care, and this is having a positive effect on the size of care packages for over-65s.

### **3. Is the Health & Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?**

There is commitment and enthusiasm from the Chair of the HWB and Leader of the Council for the HWB to fulfil its role as the health system leader. The inclusive membership of the HWB with key organisations represented including, Healthwatch, Southend Hospital, the South Essex Partnership Trust (SEPT), NHS England Essex Area Team and the PHE Centre, means the Board is well placed to drive strategic change.

The HWB has good and collaborative relationships to build upon to fulfil its potential for system leadership and to drive change. The next stage is to ensure the HWB is clear about its purpose going forward and that organisations who are part of the system understand and appreciate the needs and constraints of other partners. This is a principal condition to achieve transformation. Being clear about how each partner and member of the HWB is contributing by influencing their organisations' work would also help to strengthen accountability.

For the HWB to be most effective it will need to become more visible so all partners regard the HWB as the primary strategic forum to drive forward key challenges and it can achieve its ambition to 'punch above its weight'. It will also need to develop its communication on the influence of the Board and its progress and be comfortable with constructive challenge from across the partnership.

Some partners felt that the HWB meetings were overly formal with little opportunity for debate, interaction and mutual challenge, and had an element of a scrutiny approach. This may be, in part, because they take place within a traditional council committee format or because the public and local press are present for the whole of the meetings. The HWB may wish to consider its on-

going development to help it get ahead of the game and understand better how the whole system can contribute to the delivery of the JHWS.

Partners question whether meetings are designed and managed to achieve maximum impact. Whilst attendance at the HWB is good there are concerns that this is not having a positive effect as the agenda is becoming more overloaded. There is a tension between national and local issues and this is limiting discussion on a wider range of key challenges. Protecting discussion time will be an important discipline and the HWB may want to consider how it can operate outside formal meetings, for example using electronic communication to share information, but also to ask for comments or feedback on strategies or reports which don't require Board discussion. This will protect the 'face to face time' for discussion while allowing the Board to consider strategies or plans where it needs to. More active engagement in the agenda setting process by the HWB would provide an opportunity to balance the core HWB business, which is significant for all partners, but also the need to understand and appreciate the wider business of its partners.

In thinking ahead the HWB needs to be clear about how it maximises the working group structure and professional support it currently receives in relation to data intelligence, community engagement and communication. Making good use of the Joint Officer Group (JOG), a sub group of the HWB, could help the HWB to be more strategic, gain a deeper understanding of key issues and support it in being more focused with its agenda in preparation for future challenges.

The HWB needs to be clear that it has the right assurance measures in place to deliver the JHWS. There is a JHWS Action Plan and regular reporting at the HWB on overall progress through commentary and use of case studies, however this is not supported by up to date data intelligence and there is a lack of mutual holding to account for lack of progress in some areas. Governance arrangements will be further enhanced by ensuring it has up to date implementation plans and the right assurance measures focused on progress towards priorities and outcomes being achieved.

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

There is strong commitment from stakeholders to be involved across the health and wellbeing system and a shared belief that partnership working is crucial to meet both the financial and demographic challenges facing Southend. The JHWS and CCG Integrated Strategy both highlight the commitment to reducing the difference in life expectancy of 8.6 years between the more affluent and deprived wards, the financial implications of an aging population with a predicted 5% increase of people over the age of 85 by 2020 and a rise in long term conditions of 9-11% by 2015.

Improving collaboration and integration of health and social care has been a driving strategic imperative for Southend's partners over a period of time resulting in an impressive programme of joint work that includes community

level multi-disciplinary teams bringing together Dementia Nurses, CCG Clinical leads, the East of England Ambulance Service, Consultant Geriatrician and therapists accessed through a single point of referral to manage local delivery. Further engagement of general practice surgeries would improve promotion of the self-referral pathway for dementia and use of the dementia advocacy service building on the positive work already in place for adults with a learning disability.

The CCG and Council are working together well in areas of common interest, in particular they are addressing the challenging needs and demands of an ageing population, hospital stays, alcohol and reablement. The CCG is keen to work in partnership with the Council on integration and a new impetus of preventative measures. Working arrangements are well established to cement these relationships further. For example, the Chief Operating Officer and Chief Finance Officer of the CCG are members of the Joint Officer Group (JOG, and the Director for People and the Director for Public Health from the Council sit on the CCG Governing Body. Social care management teams have been restructured into generic locality teams that are co-terminus with CCG boundaries. This provides an operational structure to deliver future integration of services.

Another example of strong partnership working that focuses on improving health outcomes whilst maximising resources is the result of Southend's Year of Care Pilot that created General Practice based level multi-disciplinary teams with an overarching specialist clinical model demonstrating the strong links with Southend Hospital. The teams meet regularly to focus on case and risk management and work in collaboration with the acute and community trust to develop pathways for patients with chronic long term conditions such as chronic obstructive pulmonary disease (COPD) and diabetes. This has aligned funding, improved outcomes and delivered a more effective use of resources by shifting the focus away from activity driven funding flows toward person centred care, irrespective of organisational boundaries.

The challenge team experienced the Council as an organisation which uses resources effectively, has good morale and committed staff. The quality, enthusiasm and focus of staff across the partnership is evident by the many examples of multi-disciplinary working having a positive effect on people's lives. A 'can do' culture shone through interviews during the on-site week and staff clearly felt they were empowered to innovate. The joint work on preventing delayed discharge is one example of multi-disciplinary innovation at the front-line. Social care and community healthcare services are working together to deliver intensive reablement services resulting in a significant reduction in re-admissions to hospital, long term residential care and the need for large care packages. The service is held up as best practice nationally and the team are actively sharing the learning.

There is a commitment from the Council to develop the workforce in a way that supports them in adapting to new ways of working and the opportunities provided by integration. Local workforce development resources could be used more effectively by developing a shared approach with health partners.

Southend's Health & Wellbeing Information Point (SHIP) website is a positive development providing information for staff and the community about a range of services and opportunities that help people enjoy independence at home and in their local area.

The reduction in urgent care admissions through the behavioural change programme working directly with the public is a positive development in promoting patient self-management. Conversations also need to take place with the public around a shared understanding of personal responsibility for health and wellbeing and the support available for vulnerable groups and individuals.

The Council has strong links with education and learning providers focused on the wider determinants of health that have the potential to be world class. The high profile Med Tech partnership with the Anglia Ruskin University conducting clinical trials, establishing global networks and attracting high value jobs to the area plays well into the social economic factors affecting health and wellbeing. The work undertaken by South Essex College and Southend Adult Community College (SACC) to provide wide support to the student population and attract potential learners is impressive. They clearly understand the importance of good health and wellbeing, for example, by providing physical activities, pastoral care, Parents Together cooking classes and employability skills. Many of these opportunities are intergenerational and inclusive by being open to the wider community, including adults with a learning disability and young people in specialist schools. They are linked into the 'Make Every Contact Count' initiative and talk about positive engagement with the Public Health Team. SACC also provides a community based 'Staying Steady' course on behalf of the Falls Clinic. The University of Essex is keen to extend innovative community based training e.g. dentistry to encourage access by students from the local area. The learning community were complementary about links with the Council and welcomed the opportunity to contribute to the two day Big Lottery Fund 'Building for the Future' strategy workshop and would like to have stronger links to the HWB and to be seen as part of the health and wellbeing system.

The HWB has submitted a successful Pioneer bid and is well-sighted on the potential of the Better Care Fund. These will build on the successful localised projects and have a longer term effect if prevention work is scaled up. Taking data and intelligence from local projects will provide a basis for deciding where they might be applied across the whole community and inform allocation of resources.

The public health transition has gone well and the team have been made welcome by the Council colleagues who see the opportunities for even closer working.

The Public Health Team is influencing work across the Council, for example in relation to promoting healthy lifestyles making the most of Southend's green spaces and parks for cycling and walking. Organised walks along the pier and encouraging healthy lifestyle messages on the stairs in the civic centre were all sighted as the team having arrived and making a difference.



The Public Health Team brings with it a range of skills that could be used as a real asset to the Council particularly regarding health promotion, research and intelligence, and their experience in effective governance and risk management. They have good networks outside the organisation including those with local partners across the health and wellbeing system, with academic institutions and Public Health England which can be used to develop innovative practice. Public health needs to build on existing capacity and skills to lead health improvement work across all partners, including development and understanding of the JSNA to ensure it is up to date, owned by the HWB and used to inform transformation.

There needs to be a renewed focus on prevention and the importance of enabling people to take personal responsibility for improving their own health and wellbeing to achieve the prevention ambition set out in the JHWS. There are excellent foundations in place to build upon the community based work, such as 'Streets Ahead', to create more opportunities for self-sustaining communities.

The challenge team heard from across the partnership that commissioning arrangements are fragmented. If the HWB is to enhance its role in influencing and steering health commissioning it will need to consider the immediate and longer term constraints within which the CCG operates and continue to build relationships with providers. A focus by the HWB on outcomes, not services, will show there is a clear understanding of the need to shift from providing services it has always provided to using its resources to make an impact on the wellbeing of the community within the context of financial constraints. The creation of a Joint Commissioning working group under the HWB is a positive development and a real opportunity to extend its role beyond co-ordination of Pioneer work to tackle the big financial challenges and shape the wider health economy.

The challenge team also heard about how information and data about primary care is not currently being looked at by the HWB for the purpose of understanding quality improvement.

#### **5. Are there effective arrangements for evaluating impacts and for underpinning accountability to the public?**

A good range of mechanisms was used to inform the JHWS. This direct involvement in the consultation process, and subsequent shaping of the JHWS, was welcomed by the third sector and other stakeholders who are keen to be involved in delivering the ambitions. However, their on-going engagement, and that of residents, would be greatly assisted by a clear overarching narrative about the rationale for the priorities as well as describing the ways in which the health and wellbeing system is being developed to meet local needs.

The HWB is not yet communicating on delivery of the JHWS to a wider audience, for example, there are no regular updates on progress with milestones. This means the public are not being made aware of the effectiveness of the HWB. There is an opportunity for the HWB to build on the good relationships with the voluntary and community sector in communicating

the JHWS ambition and key messages through language and style adaptation to make them more accessible to a wider audience. There is also an opportunity to develop all elected Members' understanding of the health agenda to enable them to talk to their communities about changes in health and social care ensuring the messages from public engagement are captured and considered.

Arrangements for evaluating the effectiveness of HWB work and action plans have not yet been defined. The HWB needs to be clear about how it will evaluate its effectiveness and communicate this to the public.

The Chair of the HWB and the People Scrutiny Chair have worked together on areas of shared interest and a workshop attended by the HWB and members of the People Scrutiny Committee has resulted in fewer overlaps in relation to their agendas.

Healthwatch locally is starting to make a positive impact through a credible and committed manager, attendance at the HWB and facilitating debate on consultation e.g. changes to provision for adults with a learning disability. There is a strong team and advisory board and the complaints advocacy service is now co-located with Healthwatch. Ongoing support will be required from the partnership to ensure Healthwatch plays its full part in the health and wellbeing system. Looking ahead there is a need to define the relationship between Healthwatch and the HWB and Health Scrutiny.

## **6. Key recommendations**

Based on what we saw, heard and read we suggest the Council and HWB consider the following feedback on things we think will help improve and develop effectiveness and capacity to deliver future ambitions and plans.

- Review the focus and capacity of the HWB in light of new challenges to provide the momentum for it to be seen by all partners as an ambitious leader that enables a shift from partnership working to transformation
- Ensure the HWB:
  - focuses on the big challenges that will deliver better outcomes for Southend (primary health, acute services, early years and integration)
  - is clear about the shared and individual roles and responsibilities in relation to their position on the Board
  - is confident to be constructively challenging and is demonstrating accountability
  - has tighter outcome focused agendas and regular development opportunities to stay ahead of the game in a constantly changing and complex policy and financial environment
- Support the CCG in developing their local capacity and urgently develop joint commissioning arrangements to maximise opportunities from integration and the Better Care Fund

- Build on Fulfilling Lives, The Forum and Streets Ahead to strengthen community engagement and resilience.
- Evaluate all innovative projects to scale up work to reduce health inequalities across the whole of Southend

## **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. We made some suggestions about how this might be utilised.

In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. Rachel Litherland, Principal Adviser (East of England and London) is the main contact between your authority and the Local Government Association, and will be in contact to finalise the detail of that activity as soon as possible. Rachel can be contacted at [rachel.litherland@local.gov.uk](mailto:rachel.litherland@local.gov.uk) (or tel. 07705076834) and can provide access to our resources and any further support.

In the meantime, all of us connected with the peer challenge would like to wish the Council every success going forward. Once again, many thanks for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely

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