

Cllr Pat Knight, Chair of the Health and Well-being Board
Jo Miller, Chief Executive
Doncaster Metropolitan Borough Council
Civic Centre
Waterdale
Doncaster
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December 2013

Dear Cllr Knight and Jo

Health and well-being peer challenge, 19 – 22 November 2013

On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited into Doncaster Metropolitan 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 Doncaster Metropolitan Borough Council were:

- Graham Burgess – Chief Executive, Wirral Council
- Councillor Catherine McDonald – Cabinet Member, Southwark Council
- Janet Atherton – Director of Public Health, Sefton Council
- Ali Wilson – Chief Officer, NHS Hartlepool and Stockton-On-Tees CCG
- Clare Batty - Programme Lead (Age Friendly), The Beth Johnson Association
- Tom Shakespeare – Health and Care Policy Adviser, Local Government Association
- Kay Burkett – Programme 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 1st 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 and appropriate approach to improving the health and wellbeing of local residents?
2. Is the Health & Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?
3. How effective are the key relationships? Is good use being made of the available energies, commitment and skills across the local health and wellbeing system?
4. Are there effective arrangements for evaluating impacts and for underpinning accountability to the public?

You also asked us to comment on:

- The Outcome Based Accountability (OBA) approach
- Arrangements with the third sector
- Progress with integration of commissioning across the council and with health partners
- Progress in promoting and enabling local people to take personal responsibility for their health and wellbeing
- How the Independent Children's Trust can become an effective partner in the health and wellbeing system in Doncaster

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 Doncaster Metropolitan Borough Council (DMBC) and its Health and Wellbeing Board (HWB) have made whilst stimulating debate and thinking about future challenges.

1. **Headline messages**

The Council has demonstrated it is ambitious to improve the outcomes for the people of Doncaster and open to learning. There is commitment across the partnership to improve the health and wellbeing of residents. The impetus of the Mayor and the new Cabinet is tangible and they are clearly championing the broader health and wellbeing agenda. The change of political leadership in May 2013 resulted in a new Chair for the Health and Well-being Board (HWB) who has demonstrated a strong commitment to understanding the operating context of the local health and wellbeing system. There is energy and passion from partners and all stakeholders to maximise the opportunities for more joint working and integration. Doncaster has many strong foundations to build upon in relation to relationships and governance, this means the time is now right for the HWB to be seen by all partners as an ambitious leader for driving change across the partnership with focus and pace.

Relationships between organisations that form part of the health, care and wellbeing system are long established and the HWB is developing well to take on its future role as a system leader. There is enthusiasm and drive from the Chair of the HWB who is keen to ensure the HWB fulfils its role by grappling with the immediate and urgent strategic challenges facing the local health and care systems in Doncaster.

The refreshed Health and Well-being Strategy (HWS) in early 2014 will provide an opportunity for the HWB to communicate the rationale behind the priorities more widely to enable all partners, including neighbourhood teams, to deliver the strategy in a way that is focused on reducing health inequalities. The early thoughts the partnership has about the refreshed HWS should be used by the HWB to enable more challenging and ambitious discussions about the potential for integrated working and accelerate the plans relating to the Better Care Fund ready for sign off in February 2014.

The HWB should maintain a clear focus on its priorities with a more strategic view whilst continuing to develop relationships within the Board and outside, in particular with the major NHS trusts, all providers and the community and voluntary sector. There is a need for the Board to engage with, and influence, other key partnerships, such as the Independent Children's Trust and the Local Enterprise Partnership 'Enterprising Doncaster'. The partnership mapping exercise currently being undertaken will help the HWB to ensure that structures are lean and focused on the key challenges, and can drive the transformation required to deliver the HWS in the short and long term. It is important the HWB takes all partners and stakeholders with it to harness the energy and passion they have for more integration and joint working.

There was a sense that the rationale for the HWB priorities is not fully understood by all the partners, nor is it being used to align the plans of all partners. There were examples of work on integration happening without being well linked to the HWS or the HWB. It is important the HWB understands how the various strategies that are influencing the system as a whole are tying together including the Doncaster Clinical Commissioning Group's Commissioning Intentions being prepared now, the Children's Improvement Plan and particularly the Council's own Corporate Plan and Commissioning Strategy. The peer team suggests the following is looked at with some urgency, particularly in times of diminishing resources, to shape sustainable health and care for the foreseeable future:

- Develop a shared view of the future shape of services
- Understand what the pressures are and undertake an assessment of future capacity requirements across the system
- Agree what is affordable and realistic
- Identify ways in which resources can be shifted from acute into preventative services
- Work with providers to help manage the transition to new patterns of provision

The HWB is committed to undertaking regular reviews of its effectiveness and in light of this consider its influence, areas of focus, membership and wider engagement through stakeholder groups. Whilst this is welcome there is also a need to consider how the current formal procedures of the board might inhibit open debate and challenge. The 'Time Out' HWB development days focusing on integrated commissioning, links to overview and scrutiny and the Alcohol Action Area application have been welcomed. There is a commitment from the Chair to continue these and open them up to a wider group of stakeholders depending on the topic. The HWB may wish to also consider its on-going development to help it get ahead of the game to be more strategic and understand better how the whole system can contribute to the delivery of the HWS and to shape the wider health economy. In addition the HWB should focus on how to best engage with providers e.g. Dentists, GPs and Pharmacists.

There are some good examples of integration in action such as the 'One Team' approach that brings together health and social care providers and focuses on delivery at a neighbourhood level. This could be developed further with the effective engagement with primary care. The peer team found many individual examples of good working at the frontline e.g. substance misuse and reablement which will provide a solid foundation for moving forward. However, it is unclear how these examples are linked or underpinned by a strategic direction. Making full use of the potential of data intelligence from the excellent partnership working in the Doncaster Data Observatory and individual 'real time' personal experiences will help the HWB to focus and articulate its priorities whilst moving forward with confidence to innovate, learn from what works and make best use of resources.

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

The HWB, Cabinet members and senior staff can describe the main health challenges facing the Borough and recognise the contribution that their organisations make to health and wellbeing and can provide a range of good examples, but these are generally not being driven by the HWS or explicitly linked to it. The 'areas of focus' developed during public consultation in 2012 are understood by the members of the HWB but the reasons for selection aren't clear to stakeholders outside the HWB or from reading the HWS. How the HWB will reduce health inequalities in Doncaster, and the ethical and financial implications for the health and well-being system, are not explained in the current HWS. The current HWS was developed whilst the HWB was in shadow form and under the previous political administration and therefore needs to be updated to give renewed ownership and be explicit about the outcomes that need to be achieved

The HWB have started to use the Outcomes Based Accountability (OBA) as a strategic tool to drive the delivery against the HWS and whilst this approach has potential to help identify and monitor the joint action that is required to address the priorities, it is not clear whether it is enabling a shared responsibility to deliver the areas of focus as intended. The peer team received comments from a range of people that the OBA method wasn't well understood and more training was needed to embed the approach. The work would also benefit from increasing the emphasis on addressing the wider determinants of health within the plans, as at present the areas of focus aren't framed to enable this to happen. An example is the alcohol OBA, which is guiding the Alcohol Commissioning Group, and is largely focussed on alcohol treatment rather than upstream interventions where a greater impact could be made to reduce the death rate from alcohol in Doncaster which is currently twice that of the national average.

The Doncaster Together Data Observatory where data analysts from the Council, Doncaster College, South Yorkshire Police and NHS Doncaster come together to provide a single, flexible research service is an excellent example of strong partnership working. A wide range of health analyses are accessible on the Doncaster Together website, including community profiles for 88 distinct communities within Doncaster as well as ward and children's centres based profiling, though information from the Observatory needs to be more clearly signposted from the HWB website. This combination of depth and breadth provides a rich picture of data and information to inform the intended refresh of the HWS in early 2014 as well as service planning and commissioning priorities.

It is not clear if all Councillors have embraced their new public health role and act as health champions for their ward. Plans to develop support and empower all Councillors to be champions in their communities, focusing on a range of

priorities including dementia, alcohol abuse and domestic violence, is a positive initiative and would help drive these agendas across the local system supported by the JSNA reports enriched by real life stories.

There are good foundations in place for work with local partners on key issues identified from the JSNA such as dementia. Doncaster is one of the early adopter sites for the Dementia Friendly Community Initiative. The HWB is actively supporting the Doncaster Dementia Alliance involving the Council, CCG, the local NHS Trusts, people with dementia, their carers and families, the Alzheimer's Society and other voluntary sector organisation. The work to be carried out within acute care, community mental health settings and two supported extra-care housing schemes could provide a network of exemplar sites locally. The project will provide valuable learning for the HWB about the potential for partnership working in Doncaster to delivery local priorities.

The views of local residents were sought systematically in the consultation on the strategy during 2012, but some key stakeholders, such as primary care providers, did not feel that they had been involved in the development of the strategy, and if they had been, they were not clear how this had influenced the areas of focus and delivery plans. This refresh of the HWS needs to involve a wider group of stakeholders and should be used as a good opportunity to strengthen communications to and from the HWB. The work on system mapping existing groups, partnership and plans should help make those links more explicit and enable the routes to influence thinking and support delivery to be more clearly recognised across the health and wellbeing system. The areas of focus within the refreshed HWS need to have a clear rationale, and be specific and applicable to the diverse communities within the Borough. This would enhance the good work already being undertaken by the neighbourhood teams and focus their efforts.

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

The expanded membership of the HWB since April 2013 is positive, and the peer team recognises that the new Chair and Councillors, which inherited a HWS designed by the previous membership, has to some degree, had to start afresh. There is enthusiasm and drive from the Chair of the HWB who is committed to ensuring the HWB fulfils its role as the health system leader and this is supported by the Mayor and Cabinet.

Cabinet members are looking forward to the challenges of system integration and changes to health provision and reconfiguration, and recognise their key role in ensuring that the Council can continue to deliver a breadth of services. Whilst some Cabinet members are still embracing their new roles they are fully aware of

how their portfolios affect health and wellbeing and are keen to work with Council officers to embed the HWS within departmental objectives and strategies. The new political leadership should harness this growing awareness and genuine enthusiasm to make a positive difference to the health and wellbeing of everyone in the Borough by understanding better the full extent of its powers to influence outside of the Council. This will be helped by the refreshed HWS that should also ensure the HWB maintains a clear focus on its priorities as it continues to develop relationships within the Board and outside.

The HWB has yet to determine how it will engage with all providers. Whilst its current membership includes acute providers there are other providers e.g. in primary care, whose views need to be represented. The consideration by the HWB to introduce a providers' panel, with a representative on the HWB would ensure that their views were represented without over-enlarging the Board itself.

There is strong leadership across the health and wellbeing system and good informal relationships. For the HWB to be most effective it will need to further develop relationships, particularly between the Council and the CCG, so all partners regard the HWB as the primary strategic forum to drive forward key challenges. There is a need for the HWB to think and plan ahead to be more strategic in order to set the direction and pace. The Board also needs to ensure it has a shared understanding of key opportunities and challenges and is clear about how each partner is contributing by influencing their organisations' work. This would also help to strengthen accountability.

Some partners felt that the HWB meetings were overly formal with little opportunity for debate, interaction and mutual challenge. This may be, in part, because they take place in the council chamber or because the public and local press are present for the whole of the meetings. The 'Time Out' meetings are seen as more useful for discussions to explore issues and debate them but the focus of these sessions needs to be more strategic for example, looking at how the HWB is shaping the wider health system. In thinking ahead the HWB needs to be clear about how the HWB agenda is enabling the delivery of priorities, including the integration of health and social care arrangements and plans for the Better Care Fund. The existing Officer Group, if composed of key strategic officers from across the health and wellbeing system, could help the HWB to be more strategic, gain a deeper understanding of key issues without becoming overloaded, and support it in being more focused with its agenda.

The HWB and HWS do not appear to be well known or understood by staff at different levels across the Council and it was difficult to follow through how plans related to the HWS. For example, the Corporate Plan 2013/14 has very little mention of health and wellbeing and the areas of focus are not clearly reflected within it. There is clearer alignment with the HWS and the Doncaster CCG's Single Integration Plan and the public health work programme. The 'Plans on a

Page' developed by the public health team with Council Directorates were seen as a good mechanism for providing a focus for effective working of public health with other teams across the Council. However, the links in the plans are routed to the Corporate Plan rather than the HWS, thus missing an opportunity to enable a more robust focus on tackling the wider determinants of health.

Work in progress by the HWB to audit and review existing partnership structures to ensure they are lean and focused on the key challenges, including the wider health system is an important development. This would be greatly assisted by ensuring the HWS and other plans 'mesh' together to an aligned strategic direction to drive service and integration agendas. The HWB has stated its intention to consider how it can harness the energies of partners and wider stakeholders through the use of sub groups.

Good links are being made between the HWB and the Adult and Community Scrutiny Panel by the Chairs meeting regularly and ensuring they are working in a complementary way and not duplicating work. There is a need to clarify the role of overview and scrutiny in the new health policy landscape and the peer team welcomes the suggestion that a health scrutiny panel is to be set up next year with the acute trust invited to attend the panel in January. This clearly demonstrates the collective commitment from across the Council to develop a greater understanding of more specialist health related issues. Governance arrangements will be further enhanced by the HWB ensuring it has up to date implementation plans and the right assurance measures focused on progress towards priorities outcomes being achieved.

The scope of the soon to be formed Independent Children's Trust and its links with the HWB will need to be defined. It is clear that the children and young people agenda is becoming more prominent at the HWB assisted by the new Director of Children's Services playing an active role on the Board and links being made explicitly to the Children and Young People's Improvement Plan. The Independent Children's Trust needs to be accountable to the HWB for the health and wellbeing of Doncaster's children and young people. The development of the Trust will require much input from the CCG and other partners, and working relationships will need to be established in a very short time in the crucial ownership and delivery of the Improvement Plan.

4. How effective are the key relationships? Is good use being made of the available energies, commitment and skills across the local health and well-being system?

The public health transition has gone well and the team have made a positive impact in a short period of time and are held in high regard within the Council and externally. Both the Public Health Team and its leadership are highly regarded

and everyone should be congratulated for having enabled a seamless transition into the new environment without losing focus, momentum or capacity.

The Public Health Team has been embraced by the Council and members of the Team appear enthused by the opportunities of working with Council colleagues. The influence of the DPH and his team is demonstrable across most Council services, for example, with Housing in relation to the Housing Improvement Plan raising housing standards through the accreditation system for landlords and work with Education to promote healthier meal choices in schools. Another example is the influence of the Public Health Team in the new Green Strategy with plans to develop green cycling and walking routes. The success of the project through the Regeneration and Environment teams collaborating with Doncaster Rovers Football Club in co-designing interventions to increase physical exercise opportunities by developing the Lakeside green space is to be commended.

There is strong cross Council support from Finance, Data Intelligence, Adult and Community Services on public health initiatives such as the 'sun safety' campaign for outdoor workers. The team are equipping all Councillors with the knowledge they need to champion health related issues at a ward level e.g. tackling domestic violence.

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.

Some exciting ideas are emerging from the intelligence and knowledge management functions that demonstrate a real potential for 'intelligence' driven priority setting across both the health and wellbeing system and the broader Council functions. Some key links have already been made with Sheffield Hallam University which could present opportunities for some innovative and cutting edge delivery mechanisms that should be considered by the HWB as part of its continued look outside for models of good practice and shared learning.

There is strong commitment from stakeholders beyond those represented on the HWB to be involved in delivering improvements in outcomes that benefit the local population. All are clear about what they can contribute and this needs to be exploited to ensure that there are recognisable and tangible benefits across the system. As representatives of the local GP population, the Local Medical Committee recognises the contribution primary care can make to the delivery of the health and wellbeing vision. Similarly, the Local Pharmaceutical Committee is keen to further explore how it can support the HWB agenda given their unique position in respect of access to a broader public community through 77

community based pharmacies. Whilst they already contribute to sexual health, substance misuse, tobacco control and dementia work they believe that they can do more, especially in relation to self-care and signposting. They are eager to influence and not just at the tactical/operational level.

A good start has been made in influencing the wider health economy by having the Director of the NHS England Area Team as a member of the HWB. The Area Team are developing a 'core offer' that will articulate how they are able to contribute to joint priorities for which they have a commissioning responsibility e.g. primary care, public health, justice and health, specialised commissioning, and they are eager to support the development of a whole system response to current and future challenges. The HWB needs to maintain a focus on this significant commissioning partner and involve them, along with providers, in discussions relating to integration, transformation and patient pathways.

There is currently enthusiasm and energy from the CCG and other stakeholders, including the third sector, that should be embraced in order to push ahead with innovative solutions to key challenges, e.g. in the deployment of the Better Care Fund. There are already some great examples of integration in action such as the 'One Team' approach which brings together health and social care providers and focuses on delivery at a neighbourhood level. However there is scope for the Council, CCG and other partners to further consider how they make the most of frontline resources in their approach to neighbourhood/locality working. What is working effectively for adults could be translated equally well into other teams, creating a real force for transformation and improved patient and client experience.

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 refreshed HWS, including a telephone survey with 400 residents and a consultation event with 20 voluntary groups coordinated by Doncaster CVS and the Health & Social Care Providers Forum. This direct involvement in the consultation process, and subsequent shaping of the HWS, was welcomed by the third sector and other stakeholders who are keen to be involved in delivering the vision. Their on-going engagement 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.

Communication from the HWB needs to be improved to ensure it provides regular updates around the key milestones for delivery of the vision. There is an opportunity for the HWB to maximise the willingness, skills and capacity of the voluntary and community sector in communicating the HWS vision and key

messages through language and style adaptation to make them more accessible to a wider audience.

The HWB needs to be clear about how it will evaluate its effectiveness, and create an effective dialogue with the public. An evaluation framework also needs to be established with the Independent Children's Trust to assure the HWB on the Trust's contribution to the health and wellbeing of children and young people.

Doncaster Healthwatch has had a difficult start due to a change in provider but interim board arrangements are now in place with a strong Chair who is clear about the vision and priorities. It is to the Council's credit that it has supported the continual work of Healthwatch during this time and the foundations and accountability arrangements are now in place for the development of a powerful and effective local Healthwatch. In addition to its commissioned roles Healthwatch has been given funding by the Council to consult with people with disability and who have a sensory impairment. The Healthwatch Board are fully engaged in the development of a work plan which will cover:

- Outcome framework prescribed for Healthwatch
- A performance management framework
- A plan of how it will contribute to the implementation of the Health & Wellbeing Strategy.

The Healthwatch town centre location has worked well with 115 enquiries received in the first two months, 50% from 'walk-ins', with a good information and signposting function. Through the development of community hubs Healthwatch will take a 'deeper look' into the HWB priority areas through the work of volunteers to draw upon public issues and concerns. This is a positive development with 20 active volunteers and a database of over 600 contacts. The Chair is passionate to ensure it becomes more representative of the community and to map what groups currently exist. Proposed Healthwatch community hubs need to align with the neighbourhood work already in place, for example the 'One Team' approach, to support the sharing of resources and capacity.

The Doncaster Community Funding Prospectus 2013/16 is an innovative partnership between the Council and the CCG to deliver a programme of co-production to support independence for adults. The funding offers joint investment opportunities in the provision of services that strengthen communities and support the most vulnerable residents of Doncaster to improve their health and wellbeing. Through progressive routes e.g. 'Seed Funding', 'Making it Real Funding', and the 'Innovation Fund' organisations and enterprises from a range of more diverse providers are encouraged to develop new creative ideas for service activity in the Borough. Funding available for year one is up to £1.7 million for projects with a lifespan of 1-2 years.

The New Horizons organisation contracted by the Council to provide infrastructure support to the Third Sector is a good initiative working with predominately small to medium size community based organisations in supporting their sustainability, capacity and ability to address local need during a time of financial constraints. It is also providing a directory of community groups that partners are finding useful.

The peer team heard of a considerable commitment to an approach to build personal responsibility in individuals, families and communities. This puts the Council in a good place to weather the storms ahead but further conversations need to take place in order to develop plans. 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.

6. Summary of key messages from the peer challenge

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.

- A good start has been made but it needs to be more ambitious and visible to the community
- There are many positives in Doncaster that can be used to reinforce the progress that has been made by the Council
- Engaged delivery on some key issues could be helped by wider understanding of the Outcome Based Accountability approach so it can be fully effective in moving partners from plans to delivery
- Now is the time to focus on delivery of your HWS priorities, potentially using these to drive the integration agenda
- Actively review and explore further opportunities for joint commissioning and working
- Review and reshape existing partnership structures and Council governance and assess their fitness for purpose
- Consider how best to involve providers

- In addition to measuring targets also evaluate how local people feel the HWS is making a difference

8. Moving forward

The peer challenge team would like to share a number of other reflections we made during our on-site week we feel are important points for us to feed back to the Health and Wellbeing Board.

- The Health and Wellbeing Board has responsibility for health system leadership across all areas requiring all of its constituents to accept and share the responsibility of the health and wellbeing agenda for Doncaster as board members.
- Widen and strengthen ambitions within the HWS to be clearer about how health inequalities will be tackled, align to other strategies and communicate positively and widely to Doncaster's people
- Ensure the HWB harnesses the huge enthusiasm and energy from partners and other stakeholders in order to push ahead with innovative solutions to key challenges e.g. the deployment of the Better Care Fund
- The HWB to continue to be open to learning to reinforce and assure continued progress and share the good work taking place e.g. 'Plans on a Page', Healthwatch, the partnership approach to increasing sports participation and the Doncaster Data Observatory

10. 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. 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 (East Midlands, North East & Yorkshire and the Humber) 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 636910) 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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