

George Garlick  
Chief Executive  
Durham County Council  
County Hall  
Durham  
DH1 5NB  
cc: Cllr. Lucy Howvels

12th March 2015

Dear George

### **Health and Wellbeing peer challenge 24 – 27 February 2015**

On behalf of the peer challenge team, I would like to say what a pleasure and privilege it was to be invited into Durham County Council to deliver a 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 (HWBs) will be confident in their system wide strategic leadership role, have the capability to deliver transformational change and through the development of effective strategies, 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 in Durham were:

- Andrew Kerr – Chief Executive Cornwall Council, Lead Peer
- Councillor Alex Norris – Cabinet Member for Health and Social Care Nottingham City Council and Chair Nottingham HWB
- Dr Anita Parkin – Director of Public Health, Bradford Metropolitan Council
- Katie Summers - Director of Operations, Wokingham CCG
- Terry Rich – LGA Regional Adults Improvement Adviser ( East of England & East Midlands)
- Caroline Bosdet – Challenge Manager, LGA

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

The LGA peer review team consisted of 7 team members with a breadth of experience and professional backgrounds. In four days the peer challenge team met with 6 Councillors, 66 staff and 40 partners, through 36 interviews, focus groups and were in attendance at the HWB.

The purpose of the health and wellbeing peer challenge is to support HWBs and councils to implement their statutory responsibilities in health, by way of a systematic challenge through sector peers in order to improve local practice

Our framework for the challenge consisted of five headline questions:

1. Is there a clear and appropriate and achievable 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. 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?

This letter provides a summary of the peer challenge 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 Durham County Council and its HWB have made whilst stimulating debate and thinking about future challenges.

It needs to be stressed that Durham HWB is in a very strong place. Several partner organisations who attend multiple HWBs said it was, "the best HWB in the region", if not in the north. In terms of the very recent national research commissioned by the LGA on the state of play with HWBs, Durham is clearly at the forefront of HWB progress and impact nationally. All areas for consideration in the report need to be put into this context.

## 1. **Headline messages**

### **Strengths**

- Strong well-established partnership relationships
- Distributed leadership
- Shared agenda
- Community engagement – Big Tent, Learning Difficulties Forum – feeding into the work of the HWB
- 'Voice of the child' influences HWB agenda
- Area Action Partnerships
- Engagement of providers
- Focus on health inequalities
- Effective systems and clear linkages, in most areas, supporting the HWB
- Sound performance
- Partners are committed to the HWB
- Highly regarded officers
- Strong Public Health Team
- Evidence based approach
- Innovative approach e.g. 'Wellbeing for Life' initiative and Healthy Weight Alliance

The strength of your partnership relationships was striking and they are clearly mature. The system of leadership the HWB operates, the peer challenge team described as, 'distributed

leadership'. This has obviously developed from your well-established relationships, trust and well managed organisations. Partners across the system are evidently very committed to the HWB. There is a genuinely shared agenda with a clear focus on health inequalities.

The peer challenge team were impressed by your community engagement and how this influences the work of the HWB e.g. Big Tent, learning difficulties. How the 'voice of the child' influences the HWB agenda is also notable as this is not well developed across the country.

The Area Action Partnerships are a major strength. They are well resourced and clearly link into the HWB. They allow for local determination of services and feed up into strategic discussions.

The engagement of acute providers is also worthy of note as this is not uniform across HWBs nationally. Durham embraced the value of having providers on the HWB from the start taking a strategic view.

Your systems and processes are effective and there are clear linkages (in most areas). Your performance is sound and your direction of travel positive. Your evidence based approach is well-embedded.

Durham County Council has very highly regarded senior officers and a very strong Public Health Team.

We saw examples of innovation most notably the 'Wellbeing for Life' initiative and the Healthy Weight Alliance.

### **Areas for consideration**

- Can you clearly articulate the 'how' and the 'what' of your Vision?
- You are good - do you want to be excellent? Ambition?
- Durham £ - greater integration and joint commissioning
- Sustainable leadership
- Can you demonstrate a causal link between activity and outcome?
- Does the data drive priorities?
- There has been considerable change – need for sustainability?
- Opportunity to make closer links with housing and maximise their contribution to health inequality and wider determinants
- Is the balance of the HWB membership right?
- Consider reviewing your supporting governance and engagement structures
- Are you considering working across HWB boundaries?

In the on-site feedback, whilst reflecting that everybody is clear on the overarching Vision, we challenged you to think about how clear your articulation of what the Vision actually means for residents of Durham, what would be different and, leading on from that, how you would get there – what is the Durham way? You are confident that you can answer this challenge through the strategic actions and specific outcomes and measures in the Joint Health and Wellbeing Strategy and the Delivery Plan, which provides the 'how' of the Vision. The underpinning performance management framework identifies interventions that are making a difference to residents in Durham's complex geography e.g. rurality and deprivation.

Furthermore, community engagement through 'Big Tent', for example, ensures residents are involved in decisions on the 'how'; of the Vision.

Accepting that you are high performing HWB do you want to stretch your ambition?

"The strengths of our partnership arrangements are that we don't need to be over ambitious."  
(Interviewee).

We acknowledge the great deal of work already undertaken towards integrated working through joint commissioning strategies such as; Dementia Strategy, End of Life Care Strategy and the Children and Adolescent Mental Health Interim Strategy. Perhaps the strengths of the partnership and the maturity of the HWB provides the ideal preconditions for Durham to be exploring how to push boundaries and look for more radical options of extending health and social care integration such as a Durham commissioning pound.

Given the complexity of the area, a concern for the peer challenge team was if you had considered how to make your HWB governance system and its support sustainable. How would it survive if a few key individuals were removed? Would the system sustain itself? Are you consciously developing new talent and preparing them for approaching new challenges? We acknowledge that your style of distributed leadership does mitigate against this risk e.g. sub-groups chaired by partners from across the spectrum of health and social care including GPs, CCG colleagues and council officers. The annual review of governance arrangements will provide some assurance that the arrangements remain fit for purpose.

Demonstrating a causal link between activity and outcome is very challenging. Have you considered this?

You have a wealth of expertise and data and could have more confidence and boldness to use it to drive very local prioritisation of health inequalities and associated action and intervention. The considerable epidemiological and knowledge and intelligence skills of the Public Health team compliment an already robust performance management function in the council.

We are aware that you have been through considerable change e.g. moving to a unitary arrangement and ongoing Council budget reductions to name but a few. Are you looking for a period of relative stability to build sustainability in what you have achieved? There was a mixed message from those interviewees on your level of ambition.

There is a good opportunity to make more explicit links with housing and ensure you maximise their contribution to health inequality and the wider determinants of health.

The HWB clearly works for Durham but the peer challenge team reflected on the balance of the membership, specifically; would the voluntary sector voice give a more rounded perspective? Is wellbeing sufficiently covered? e.g. housing

You have a very comprehensive and broad supporting governance structure where, in most cases, the linkages are very clear to the HWB. It may be sensible to give some thought to the definition of the role of the HWB in this complex system.

We are aware of the regional working and the networks that you engage with but reflected on whether you work strategically across the health economy when looking at service re-design and patient flows and whether this necessitates more dialogue with relevant HWBs? An outward-looking perspective would enhance an already strong system.

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

### Strengths

- Whole system approach
- Engagement and HWB membership is inclusive!
- Health and Wellbeing Strategy is a well embedded and influential document
- Very clear links from the JSNA to the Strategy
- Very clear performance management of priorities and Strategy delivery
- The Strategy emphasises health inequalities
- CYP issues are reflected in the HWB agenda and influence Strategy development e.g. Self-harm and mental health
- IC PLUS is a positive initiative for sustaining services and avoiding duplication
- Area Action Partnerships annual profile influences planning
- Public Health are integrated into the Council
- Consistency between LSCB and HWB priorities
- Public Health moving away from single issues to holistic approaches for individuals, families and communities
- Positive partnership approach to BCF process
- EOL – clear approach and focus on improvement through an integrated model
- Drug and alcohol LEAN approach to commissioning new service – new recovery based model
- Innovative model for Wellbeing for Life – strong evidence base and consortium
- Clear approach to Healthy Weight – now need to implement and embed

Partners articulated “a whole systems approach”, where “achieving outcomes is not the job of one organisation”. This is clearly a well-embedded way of working.

What characterises Durham is how inclusive you are in terms of your very strong community engagement. You are also inclusive in the memberships of the HWB, e.g. providers, and you are also very comfortable with not having a Council majority on the HWB. This shows a confidence in your approach to partnerships.

The Health and Wellbeing Strategy is clearly owned and valued by partners and has influence. The Joint Strategic Needs Assessment (JSNA) underpins the Strategy and there is a very clear understanding of the needs of the population and the complex geography. The Strategy emphasises health inequalities. There is a good performance management framework which is very clear on the delivery of priorities and the Strategy. These are very firm foundations.

There is a clear read across from the Local Safeguarding Children Board (LCSB) and the Children and Families Partnership to the HWB. It is a major strength that children and young people’s issues have a very strong join up and are high on the HWB agenda and influence the development of Strategy e.g. self-harm and mental health. These were issues brought forward through Investing in Children and their engagement activities.

The BCF was seen as a positive partnership approach overseen by the HWB. Intermediate Care Plus (ICPLUS) is presented as a significant BCF success and brings together a number

of services and initiatives under a single umbrella. The benefits are seen as securing longer term funding for services that already existed and are operating and avoiding duplication. Each element is both valid and positive but would be seen in the majority of health and social care economies – e.g. extended intermediate care, step up/down beds, enhancing re-ablement services.

The Area Action Partnerships, which are a great strength in the Durham system, are closely linked to strategic planning through their annual profiles. This allows for service models to be locally determined.

There is clear evidence that Public Health is well integrated in to the Council and is starting to impact across other departments such as; leisure, transport and there is potential to go further in areas such as planning and housing. The peer challenge team were told; “Public Health join up the front line”. There is also a more creative and holistic approach to service delivery evidenced from the move away from single issue contracts towards wellbeing.

There are several impressive specific examples of the strength of your approach;

There is a clear approach to End of Life (EOL) care. Following a population needs assessment and a NICE Review there has been investment and a focus on improvement through an integrated model.

The LEAN approach to Drugs and Alcohol Services involved a two year review and user consultation. This resulted in a new recovery based model.

‘Wellbeing for Life’ is a great example of innovation. This is evidence based using the health trainer model and deals with the whole person’s needs and supporting and signposting them through the system. Delivery is through a consortium including voluntary sector and acute providers which has great potential.

The peer challenge team were impressed by the Healthy Weight Alliance. It has simple structures and a simple relationship to the HWB. This is a model that could be repeated for other Health and Wellbeing Strategy themes.

### **Areas for consideration**

- The Vision needs clarity and the ‘how’ could be clearer
- Opportunity to make clear links to housing and the new Housing Strategy
- Low risk approach to the scope of the BCF
- What is the ambition for ICPLUS and service integration e.g. single point of contact?

As noted in the Headline Messages section, we challenged you on whether the Vision could be clearer, what will be different for residents of Durham? You are confident that through your engagement and robust processes you are able to do this. Another example of what will be different for residents is the move from single issue Public Health contracts towards wellbeing, where the specific outcomes clearly demonstrate what will be different for people in Durham.

There is more opportunity to be exploited by strengthening the HWB’s links to housing and the wider determinants of health. Unitary Council status has removed a layer of complexity in terms of this service. Both the current stock transfer and development of the Housing Strategy

are timely. On a specific point There is an acknowledged need to do more in relation to accommodation needs for people with or recovering from mental ill health.

The Peer Challenge Team saw a relatively cautious approach to the scope of the BCF. . From your point of view this was a balanced and proportionate approach given reasonable concerns about increased activity in the Foundation Trusts. The funding available through the BCF enabled Durham to push forward with ICPLUS at a fast pace. The positive contribution of ICPLUS was highlighted to the peer Challenge Team and there are significant opportunities to enhance the ICPLUS model and it is envisaged that consideration will be given in the future to further integration of referral functions. A clear “integrated pathway” that existed as a consequence of ICPLUS could not be described to the Peer Challenge Team. That having been said, there is clearly great potential for this initiative, and the input of a Programme Manager for BCF should support performance management and ensure modifications and enhancements are understood and implemented.

There was limited evidence of integration with the acute trust discharge teams and presence of Durham County Council social workers within the Acute hospitals e.g. there are adult social workers at North Tees General Hospital and work is currently underway to enhance the role and function of University Hospital North Durham Discharge Management Teams with social worker presence.

The CREST (access to a geriatrician assessment direct from A&E) and COPE (a GP managed older people assessment facility) are both “under the umbrella” but remain distinct with their own referral pathways. You are reviewing the effectiveness of CREST and OPAS, giving consideration to them coming within the remit of intermediate care. You are also planning to review the pathways between COPE, CREST, OPAS and the Multi-Disciplinary Team to identify where improved flows can be developed. Going forward there is a clear need for a more fundamental look at the model of integration between mainstream health and social care teams in County Durham, so that the benefits sought via ICPLUS can be seen as part of the mainstream

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

#### **Strengths**

- Distributed leadership model
- Very strong relationships and well embedded partnership architecture
- Providers on the HWB have been embraced from the start
- Very clear strong process supporting the HWB – Strategy, action plan and monitoring
- The Integration Board is a forum for stakeholders – good un-blocker and where ‘honest conversations’ can take place
- 14 Area Action partnerships – funding, local decision making, well supported and linked into the HWB
- HWB deals with the wider strategic agenda and has a co-ordinating role
- Safeguarding Framework describes the link between the safeguarding boards and the HWB
- Clear governance between Scrutiny and HWB

Durham HWB clearly demonstrate consistent and effective distributed leadership, with both chief officers, members and management team sharing the skills and attributes to deliver the

objectives and outcomes of the Health and Wellbeing Strategy. The HWB clearly presents leadership responsibilities that are dissociated from formal organisational roles, and the action and influence of people at all levels is recognised as integral to the overall direction and functioning of the board. You are comfortable with the Council not having a majority and the balance of officer and democratic leadership is clear.

An example of this style of leadership is the leadership of the Mental Health Partnership. This sits with a CCG nominated GP was seen as a positive development and has added strength to previous partnership arrangements. There is effective working between the Durham County Council Mental Health commissioning posts and the NECSU officer. Partners appear positive with the current arrangements and say that the HWB has enabled Mental Health to get “a voice to the top” The Police particularly are positive about both co-operation strategically and practically.

It was strongly evident that the partnership architecture is well-embedded and partnership relationships strong. An example of this is the engagement of providers on the HWB. They were welcomed from the beginning. This is certainly not the case in many other HWBs. This demonstrates a mature approach. Providers value their inclusion and the opportunity to contribute to the strategic debates. There is strong commitment from providers to attend and contribute.

Your underpinning processes are clear and well- established; strategy, action plans and monitoring. This contributes to effective governance.

There is a belief at management level that blockages in the system could be removed by escalating them to the Integration Board. Partners find it a useful forum to have ‘honest conversations’. The group appears to contribute well to the effectiveness of the HWB.

There was universal belief that the AAPs were a bold and useful structure for devolving power from what is a big Unitary Council area down to neighbourhood level. This is popular and effective, with health and wellbeing forming a priority for 10 of 14 AAPs. This is a very good model and there is scope in our view to put even more work out at this level. The HWB is clearly working at an appropriate strategic level. It appears to be effective in co-ordinating and linking strategy and priorities.

There is a Safeguarding Framework which describes the relationship between the HWB and the LSCB and Safeguarding Adults Board (SAB). This properly makes the point that “the LSCB should not be subordinate to or be subsumed within local structure....” Many areas have developed a specific protocol governing the relationship between LSCB/SAB/children’s partnership and HWB and describe the way in which each are required to take account of the responsibilities of the other. Many provide for the Chair of the LSCB / SAB to be a member or co-opted member of the HWB to ensure that at strategic points they have a right of audience to ensure that safeguarding issues are appropriately reflected on the work of the board. An example of this is on the issue of Child Sexual Exploitation which is properly within the remit of the LSCB but requires a response from all areas of the Council/NHS and HWB partners. The LSCB may require the HWB to consider what additional actions may be needed from across partners.

The clear governance arrangement between the HWB and Scrutiny are amongst the best in the country.



## Areas for consideration

- How strong is the HWB in the governance system?
- Balance of professional and democratic leadership
- Clarification needed on links from the Community Wellbeing Partnership to the HWB and the Strategy
- Share good practice across the 14 AAPs

We understand that at each County Durham Partnership meeting the work of the HWB is shared and there are links into several areas of business of this overarching partnership e.g. Think Family, Inequalities, Alcohol etc.. The peer challenge team reflected on how strong the HWB is in the governance system Is it how you would wish it to be?

The Integration Board is where a lot of business takes place and this seems to work for Durham. The peer challenge team raise it purely as a point to reflect on in terms of how well linked lead members are into this group and how aware they are of the issues discussed and agreed there.

The Community Wellbeing Partnership is relatively new. There is an opportunity to be explicit about the linkages to the HWB and the Strategy.

Consideration should be given to the sharing of learning and good practice across the 14 APPs.

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

### Strengths

- Confident HWB Chair secure in the role
- Well respected officers
- Very strong and well-resourced Public Health Team
- Public Health's new direction endorsed by the HWB – best start in life and wellbeing
- Health economy is relatively financially robust and well managed
- Delegations to officers at AAPs
- Key council officers are members of CCG governing bodies
- Public Health Team and CCG reps are on AAPs
- HWB is relatively well resourced
- Transformational approach to school nursing service – shift to mental wellbeing
- 0 – 19 service planning is mature
- Inclusion of Public Health services in the council has allowed efficiency and effectiveness not formerly possible in the NHS
- Strong history of integrated working e.g. One Point
- Innovative collaborative work on tobacco control and alcohol control with other North East authorities
- BCF/ICPLUS brings stability to a range of positive initiatives

The HWB Chair has a strong grasp of the agenda, is clear how she influences the system, where her intervention is useful and where it is not. The HWB is well resourced.

The Council's senior officers are well respected by partners. Funding is granted to the AAPs through delegation to officers. Key Council officers are also members of CCG governing bodies. The Public Health Team and CCGs have representatives on the AAPs.

The Public Health Team is purposefully led, is well-resourced compared with others nationally. The HWB has endorsed the new direction Public Health has taken to focus on wellbeing and the best start in life. It has shifted focus to a wellbeing service. This has meant decommissioning of some services and pathways using GP service delivery. There is a transformational approach to the school nursing service. The planning for the 0-19 service is mature. The contracting of Public Health services in the Council has allowed efficiencies and effectiveness that would not have been previously possible in the NHS.

The fact that the health economy is relatively financially stable and well managed is a great benefit to Durham HWB.

The collaborative work on tobacco control with other North East authorities funded until 2017 is worthy of mention.

The BCF was described as a "natural step for us" and there appears to have been a broad level of agreement about its scope and content. The overriding impression is that the BCF has been well managed and has been the product of partners acting together and achieving a consensus. Finance leads were all well engaged and working together around the issues and how they would manage tracking costs and savings.

#### **Areas for consideration**

- Complex Interdependencies across HWB boundaries
- Succession planning/system resilience – "The Jenga piece"
- CCG may share priorities but implementation varies
- Stability in the system rather than a more expanded BCF?

The HWB may want to more explicitly consider the interdependencies of the health economy across HWB boundaries e.g. patient flows and service re-design. This will be important in terms of future service sustainability. The HWB may want to consider how it works strategically with neighbouring HWBs and the footprint it influences.

The HWB and partnership working are reliant on some key individuals. It would be prudent to do some succession planning and also look at how resilient the system actually is were key individuals to leave and to take steps to anticipate this. This is raised in the headline issues and we acknowledge that your system of distributed leadership and annual review of governance arrangements does in some way mitigate this concern.

Although the CCGs do share the priorities in the Strategy, implementation varies. This is linked to resources and it may be worth being clearer on scale and pace of delivery expected.

The size of the overall BCF appears to be no greater than the minimum expected of the local NHS and Council. It appears not to have been taken as an opportunity to stretch the boundaries and include a wider range of budgets and services. This decision you view as balanced and proportionate in relation to the increased activity in the acute sector. The schemes described do not appear to be other than ones that consolidate and "bring under a

single umbrella” a range of existing services and/or initiatives e.g. pooling resources for community equipment is valuable but should not have needed BCF to achieve and is seen as fairly mainstream in many parts of the country. There is a strong history of integrated working and the Better Care Fund is a key foundation for the delivery of integration. But further opportunity could exist in truly improving and integrating health and care in Durham. The peer challenge team appreciated that a number of schemes were running in pilot form, however the HWB may wish to re-examine the integration vision and provide a clear picture for how the resident of Durham can expect health and care services to meet their expectation for now and the future.

## **5. Are there effective arrangements for evaluating impacts of the Health and Wellbeing Strategy?**

### **Strengths**

- Data dashboard
- Performance improvement and DoT in teenage pregnancy rates and NEETs (impact on MH)
- HWB is making a difference with CYP issues – non-smoking areas in parks
- Clear methodology for evaluation e.g. partnership with universities to evaluate projects on travellers and Children
- Evaluation of Alcohol Liaison Team – decision to decommission – “being bold”

You are data-rich and the quarterly reporting mechanism means that the HWB is sighted on it e.g. lots of data on long term conditions, early help, learning disabilities and local indicators. However what was less clear was how you then connected into the priorities.

Durham’s direction of travel is very positive and you are able to evidence some key long term improvements impacting on health and wellbeing such as the reduction in teenage pregnancies and reductions in the numbers of NEETS.

As previously mentioned children and young people’s health and wellbeing issues are brought to the HWB. The peer challenge team were given a specific example of a service change by Investing in Children, which was stopping smoking in parks.

You have a clear methodology for evaluation. There are complex interrelationships between all the interventions in the Strategy. You have demonstrated a willingness to involve Durham and other academic institutions to help work out what it is that is working so that your activities are clearly evidence based.

A specific example of evaluating impact is with the Alcohol Liaison Team at one of the foundation trusts. The evaluation showed poor outcomes and the decision was made to not continue with the service. This was described as “being bold”.

### **Areas for consideration**

- Drug and Alcohol integrated recovery project – could it increase emphasis on stretch to prevention?

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

### Strengths

- Big Tent events – very inclusive approach
- HWB meets in the community and links to AAPs
- HWB is wired into internal democratic accountabilities – Full Council, Cabinet and across depts.
- Clear lines of accountability at partner level
- Objectives has clear lines of accountability to officers
- HWB ensures transparency, builds trust and holds partners to account e.g. CYP Awards
- Voluntary sector feel valued
- Healthwatch doing some good work e.g. dementia and LTC
- Overview and Scrutiny have a clear connection with the HWB and are proactive e.g. key role in challenging Drugs and Alcohol Service

We heard a multitude of endorsements for the Big Tent events from stakeholders, partners, members and officers. These certainly work for Durham. We gathered a lot of evidence of your inclusive approach most notably with children and young people, people with learning disabilities and those with mental health issues.

There is clearly positive engagement and involvement work being undertaken and investment being made on facilitating people with learning difficulties to be able to articulate their needs. The Learning Disability Engagement Forum have broadened engagement and have access to over 2000 carers of people with learning disability and there have been two successful events. There was a strong emphasis on addressing health inequalities of people with learning disabilities demonstrated by both planning /commissioning staff and the engagement groups. (But it was less clear how the impact of this work was being measured and being reported up to the Public Health team and HWB).

There is evidence of significant resources and commitment being in place for a considerable time to support Carers and an effective third sector provider delivering across the whole of Durham. There is positive work in relation to young carers, influencing the Dementia Strategy, and specific posts to support carers of people with mental health problems are all positive signs. Carers spoke highly of the services and accessibility of help and support.

Another example of your inclusivity is having HWB meetings in the community. Not many HWBs do this. The HWB is also clearly linked to the AAPs.

The HWB is in very clear sight of all the other structures across the Council and the system in General, meaning there is good accountability. There are also clear lines of accountability from the objectives in the Strategy to officers. It was evident that the HWB ensure transparency, builds trust and holds partners to account. The HWB itself is held to account by the Investing in Children award system.

It was evident that the voluntary sector feels valued. Healthwatch are known to be doing some very good work on dementia and long term conditions.

There is a closer relationship between the HWB and Scrutiny than in the majority of areas. The agendas are related, work flows back and forth and partners take scrutiny seriously e.g. Scrutiny played a key role in challenging the Drugs and Alcohol Service. This

effective working is advanced in national terms.

### **Areas for consideration**

- Developing the role of Healthwatch
- HWB does not hear the carers perspective – Carers Strategy is an opportunity
- Lack of assurance provided to HWB by NHS England e.g. screening and vaccinations and impact on health inequalities in County Durham
- Communication and early referral into the system e.g. mental health

There has been a challenging period with Healthwatch but they are showing signs of development and there is a broad commitment to supporting them develop which is clear across partnership.

There is a question around how visible and heard are the needs or the voice of carers at the HWB. There is no voluntary sector/service user/ carer representative/voice on the HWB, nor a Carer Partnership Board which can report in to the HWB, and the view that carers are included on all other planning groups may not be sufficient to ensure that a the carer perspective is fully reflected in priorities and strategies. Neither is there a member champion for Carers. Where these have been appointed it adds a valuable voice for carers, supporting the work of the lead cabinet members and championing the needs of carers across the system. Carers are only mentioned briefly in both the JSNA and HWB Strategy and lack of evidence that the HWB had received reports on any issues relating to Carers.

There is a new Joint Carers Strategy. However it would benefit from input from an effective carer forum (or Partnership Board) a vision for what it is seeking to achieve for carers and some measurable targets. It would also benefit from demonstrating how it links in to other strategies and how it supports the HWB strategy. The peer challenge team found little evidence that carer's organisation and carers had been involved in drafting the document

There has been a change in approach to partnership working with the dissolution of the Learning Disability Partnership Board and its replacement with "Engagement Forums". Although we acknowledge the many positive benefits this has brought there could be a gap in the voice of people with learning disabilities feeding directly into the workings of the HWB in the absence of a formal partnership board arrangement. Also, there could be a risk in the ability to gather a comprehensive picture of the needs and issues of people with learning disabilities – this is particularly relevant in respect of people with more profound disabilities and multiple disabilities who may not be engaged. However, very recently the engagement service has established a task and finish group to explore and address issues of concern for this group of people with learning disabilities and their carers.

We understand that DPHs have regular information through their networks from NHS England but the HWB needs to improve assurance around the screening and vaccination services and their impact on health inequalities provided by NHS England. We understand that there will now be a report to the July HWB. Mental health service user also raised the issue that communication on services could be improved and early referral into the system should be a priority.

## **7. Moving forward**

You have a really strong, well-resourced base and strong partnerships on which to move forward.

If you can be clearer about the 'how' and 'what' of your Strategy, then decide how and if you want to stretch your ambition in key areas e.g. AAPs, the extent to which you want to accelerate the integration of health and social care.

Then be clear about the role of the HWB going forward. You will have an even stronger base to improve rapidly

## **8. 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 to take things forward. As part of the peer challenge process, there is an offer of follow up support. 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, Yorkshire & Humber and North East) is the main contact between your authority and the Local Government Association. Mark can be contacted at (07747 636 910) [mark.edgell@local.gov.uk](mailto:mark.edgell@local.gov.uk) and can provide access to our resources and any further support.

We have identified the following areas of best practice that we would like to follow up with you and share with the sector:

- Community engagement
- Area Action Partnerships
- 'Voice of the child'
- Relationship with Scrutiny

In the meantime, all of us connected with the peer challenge would like to wish Durham HWB 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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