Health and Wellbeing Board
Hertfordshire

Agenda Item No.

7

HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD
TUESDAY, 17 OCTOBER 2017 AT 10:00AM

SECTOR LED IMPROVEMENT – PEER CHALLENGE ON PREVENTION AND PUBLIC HEALTH

Report of the Director of Public Health and the Local Government Association's Sector Led Improvement Programme

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1. Purpose of report

1.1 To report on the process of the Sector Led Improvement Peer Challenge of Public Health and Prevention

2. Summary

2.1 As part of its improvement work, the County Council has invited an external peer challenge, undertaken by the Local Government Association (LGA), over three days 18th – 20th October 2017. This challenge will look at public health, and also at how well the County Council and its partners are set up to achieve ambitions on prevention. A team of peers – known as 'the peer challenge team' - are invited by a system or 'place' to spend up to 3 days 'holding up the mirror' to the opportunities and challenges that the system is facing. They are given extensive briefings including documents and visits to the Council before the three day challenge starts. They talk to a range of people internally and externally (around 60 people in Hertfordshire's case) and highlight things that could be improved. Interviews are confidential as nothing is attributed to individual contributions.

2.2 The peer team will be headed by Chris Williams, ex Chief Executive of Buckinghamshire County Council. Cllr Sue Woolley, Chair of the Lincolnshire Health and Wellbeing Board is the elected member peer on the team.

2.3 Cllr Woolley will provide a brief presentation on the peer challenge to the Board at its meeting on 17th October 2017, and there will be a report of the outcomes of the Challenge at the Board's December meeting.

2.4 Details of the brief for the Challenge are at Appendix 1.

2.5 This exercise is undertaken at no cost to the County Council, since it is funded by the Department of Health as part of the Care & Health Improvement Programme through the Local Government Association.

3. Recommendation

3.1 That the board note the report and endorse the Peer Challenge

3.2 That the board receive a further report in December 2017 on the outcomes of the Peer Challenge

4. Sector Led Improvement

4.1 Sector-led improvement (SLI) is the approach to self-regulation and improvement put in place by local authorities and the Local Government Association (LGA) alongside the abolition of the previous national performance framework. The LGA's approach aims to help councils and their partners strengthen local accountability and revolutionise the way they evaluate and improve services.

4.2 Sector Led Improvement support for public health and prevention is developed by the Local Government Association, Public Health England and the Association of Directors of Public Health.

4.3 SLI activity can range from benchmarking to joint problem solving and there is a programme of SLI activity for Adult Social Care, Childrens' Services and Public Health in East of England run by the respective Professional Directors' bodies (Association of Directors of Adult Social Services, Association of Directors of Childrens' Services and Association of Directors of Public Health.) The Public Health framework for SLI summary is attached at Appendix 2.

4.4 A peer challenge is where a team of peers from outside the authority spend up to three days in the authority (with pre visits and a detailed briefing) learning about the authority and its work, and providing challenge and suggestions for improvement. Further information is at https://www.local.gov.uk/our-support/peer-challenges

4.5 The peer team feedback the themes from what they heard, seen and read during the peer challenge process. They also triangulate messages to ensure their validity, using examples wherever possible to bring relevance to the feedback.

4.6 Peer champions challenge local areas but also recognise excellence and the achievements of places they are invited in to. **This is not an inspection.**

4.7 Through peer challenge, the Council is taking responsibility for its own improvement. The peer team are visiting as 'critical friends' and 'trusted advisors', enabling an open and honest exchange to drive improvements forward that are owned locally. Peer challenge is voluntary in in nature, is a proven tool for improvement and can be used in a variety of ways. It is forward looking and tailored to meet the requirements and challenges at that time. The purpose of the peer challenge is to help system leaders with locally driven improvement and is tailored to the specific needs of the system. It is part of an approach to quality and performance improvement called Sector Led Improvement.

4.8 The peer challenge has been co-designed with national and local health and local government representatives as part of the (LGA) improvement offer to care and health systems. Peers are recruited, selected and trained in being a peer for the work they do, before being accredited to be part of peer teams.

4.9 This will be the second peer challenge in Hertfordshire. The first was at the invitation of the Fire Service (Community Protection Directorate). This peer review is at the invitation of the Leader of the Council, the Executive Member for Public Health, Prevention and Performance, the Chief Executive and the Director of Public Health.

5. Peers and the schedule

5.1 Approximately sixty stakeholders from within the County Council and a range of external stakeholders including District and Borough Councils, Healthwatch, NHS bodies and voluntary and community sector bodies will be included in the challenge through a mixture of interviews, focus groups and telephone calls between 18th and 20th October 2017.

5.2 On the afternoon of the 20th October 2017 there will be a presentation providing the conclusions of the challenge, and a workshop on priorities. This will be followed up by a written report. All stakeholders are invited to attend.

5.3 The peers undertaking the challenge will be as follows

Name	**Background**
Cllr Sue Woolley (Elected Member Peer)	Sue has taken part in a number of peer reviews as the Conservative Councillor lead member. She is Chairman of the Lincolnshire Health & Wellbeing Board and is also Chair of the Chairs of Health & Wellbeing Boards for the East Midlands. She is a member of all four NHS CCG governing bodies in Lincolnshire and in turn sits on their relevant Primary Care Co-Commissioning Governing Boards.

Chris Williams (Lead Peer)	Formerly Chief Executive of Buckinghamshire County Council and now an LGA Associate. Has experience of a number of peer challenges.
Jo Lancaster	Jo Lancaster is Managing Director of Huntingdonshire DC, a post she has held since 2013. Prior to this role she was Assistant Chief Executive at Wolverhampton City Council.
Prof Rod Thomson	Rod is Director of Public Health for both Shropshire and Herefordshire Councils and a nurse and nurse educator by background. He is a past Chair of the Royal College of Nursing Congress.
Chris Ashman	Chris has over 25 years' experience in place development in the public and private sector. Chris is Director of Regeneration at Isle of Wight council and is leading the shaping and delivery of a £350m regeneration programme involving commercial development, housing, infrastructure and community led area regeneration.
Martin Phillips	Martin has been an NHS Commissioner since 1993 and has been Chief Officer of both a Primary Care Trust and a Clinical Commissioning Group. He is now an LGA Associate
Kay Burkett Local Government Association (Peer Challenge Manager)	Kay Burkett is the LGA programme manager and has a background in Adult Social Care, Housing, Transformation and HR.
Dr Paul Brand ***Risk Solutions Ltd*** (attending on final day as part of the evaluation of the peer challenge process)	Dr Paul Brand is leading the evaluation of the Peer Challenge work for the LGA. He is a certified professional facilitator and has a significant range of evaluation experience.

Report signed off by	Director of Public Health
Sponsoring HWB Member/s	Richard Roberts, Executive Member, Public Health, Prevention and Performance

	Jim McManus, Director of Public Health
Hertfordshire HWB Strategy priorities supported by this report	Identify which priority/ies: Prevention Healthier Lives
Needs assessment (activity taken)	
Consultation/public involvement (activity taken or planned) This exercise will engage a range of stakeholders in conducting it	
Equality and diversity implications There are no equality and diversity implications in this report.	

Acronyms or terms used. eg:	
Initials	In full
LGA	Local Government Association
SLI	Sector Led Improvement

Appendix 1: Peer Challenge Brief

Hertfordshire County Council Peer Review of Public Health and Prevention

Jim McManus
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1. Summary

1.1 To propose a peer review of

i) Hertfordshire County Council's Public Health function
ii)what value Public Health brings to the council,
iii) the extent to which the County Council is becoming an organisation which uses effectively the insights and tools of public health to add value to its core business,
iv) what future prospects for getting more value out of this exist?
v) What needs to be done to enhance and improve the impact of the developing corporate Prevention programme

1.2 The key thing for this review is not the public health core and mandated services, it is how well does the public health service and Council interact - in particular, how well is Hertfordshire County Council doing in moving from "safe" to "embedded" in the four domains in the Public Health Sector Led Improvement Framework attached at Appendix 2. The proposed questions for the Review are shown in the Table at section 5 below.

2. Arrangements

2.1 The arrangements are that a peer review team will come in on 18th October and will work through a formal peer review until a feedback meeting, and then ideally a workshop where we all work through issues for future implementation, on 20th October afternoon. We will use a format similar to the fire service review in logistics terms.

2.2 Before that we will have a pre meet with Kay Burkett from LGA to plan and we have offered three days for one or more members of the review team to come in for a soft briefing before they start, and an ability to observe and look around before the formal review.

2.2 The proposal for the team is

- A local authority CEO
- An elected member
- A strategic Director of People
- A strategic Director of Place
- A Director of Public Health

2.3 Public Health England will be invited to be interviewed as one stakeholder. They will not form part of the peer review team. This is an exercise undertaken to inform and support the County Council.

Dates	Work	Needed
18th July or 30th August	Pre visit by Kay Burkett to work through planning	Jim, Joanne D, Joel
5th Sept 20th and 21st Sept 26th Sept	Potential pre-visit "soft visit" by one of the Peer Team to help them get their bearings and have a soft briefing for visit (5 Sept has PH Board, 20 Sept prevention workshop, 21st Sept has PHPP Panel, 26 Sept STP Prevention, so the peer visitor could observe these)	Jim, Joanne D, Joel
18, 19,20 Oct	The Peer Review Team will be in and will need to interview and meet a range of people including SMB, Leader, Richard R, key cabinet members, officers and partners, scrutiny.	Programme manager to support them. logistics requirements being worked up
20 October Afternoon	Feedback meeting followed by workshop to take forward	SMB, , Richard R, key cabinet members, officers (partners?), scrutiny.

3. Background

3.1 The transition of Public Health into the County Council was generally recognised as well managed and handled and the Department performs generally well, with high levels of staff morale and commitment. A series of non public health staff have been brought into the Dept across four years which have resulted in providing opportunities for non PH staff into a previously closed area of specialism, and development of hybrid specialties like project managers. HCC business processes like commissioning have been adopted with positive impacts on the business. The Council's. The Council has an ambition to become an organisation which makes best use of Public Health value for the population, and also becomes a prevention focused organisation as part of ensuring public services are sustainable for the future.

4. Existing Scrutiny, review and assurance

4.1 Three internal County Council scrutiny exercises have been conducted on Public Health which have specifically looked at its work, and one specifically looked at the extent to which Public Health. The Scrutinies have consistently given high levels of assurance and have always identified further improvement work. Scrutiny have indicated they will assist.

4.2 A programme of four years of internal audit has given substantial or full assurance on key business processes and metrics. Internal Audit are very happy to collaborate and provide and explain their work programmes.

4.3 Sector Led Improvement , Quality and Clinical Governance work in Public Health are all existing programmes of work designed to ensure greatest efficiency. There is no national programme of clinical governance audit and we would welcome some assurance on this area.

4.4 A range of pieces of corporate and inter-dept work are underway and these are governed by programme management arrangements or Memoranda of Understanding for commissioning relationships. Depts have all said they are keen to participate.

4.5 The Community Protection Directorate of the County Council incorporating Fire and Rescue and Trading Standards have had a Peer Review and as part of this how the Directorate works with Public Health.

5. Moving towards being a Prevention focused Council

5.1 The idea of preventing or reducing demand for public services has been a concept of growing interest in local authorities across the whole spectrum of council commissioned services and activities. The combined challenges of getting a clear narrative about what we're trying to do and why, finding useful evidence of what can be done, fitting it into existing priorities and getting traction on ensuring we reap population and business benefits from prevention is an ambition of the Leader of the Council.

5.2 In the context of our Smart Working Programme a Prevention and Demand Management Programme has been established to support Directorates in achieving this shift from response focussed activity to a culture of prevention first, which will bring benefits for both our citizens and for the council.

5.3 Recognising the challenges that come with moving towards a prevention first approach, the Smart Prevention team from Public Health, will be working closely with Directorates over the coming months to support with:

1. Identifying preventive interventions or programmes which may lead to reductions in need for services and justifying investment in them.
2. Being clear on the logic model, story and desired outcomes for this.
3. Identifying activities which do not led to reductions in need or which do not deliver the outcomes we need going forward and justifying disinvestment to these to enable a shift in resources to preventive activities
4. Considering suitable approaches to identifying prevention opportunities, using methods such as 'lean' and upskilling 'champions' across the organisation.
5. Ensuring we understand and build on the links between prevention tools and business improvement tools and methods.

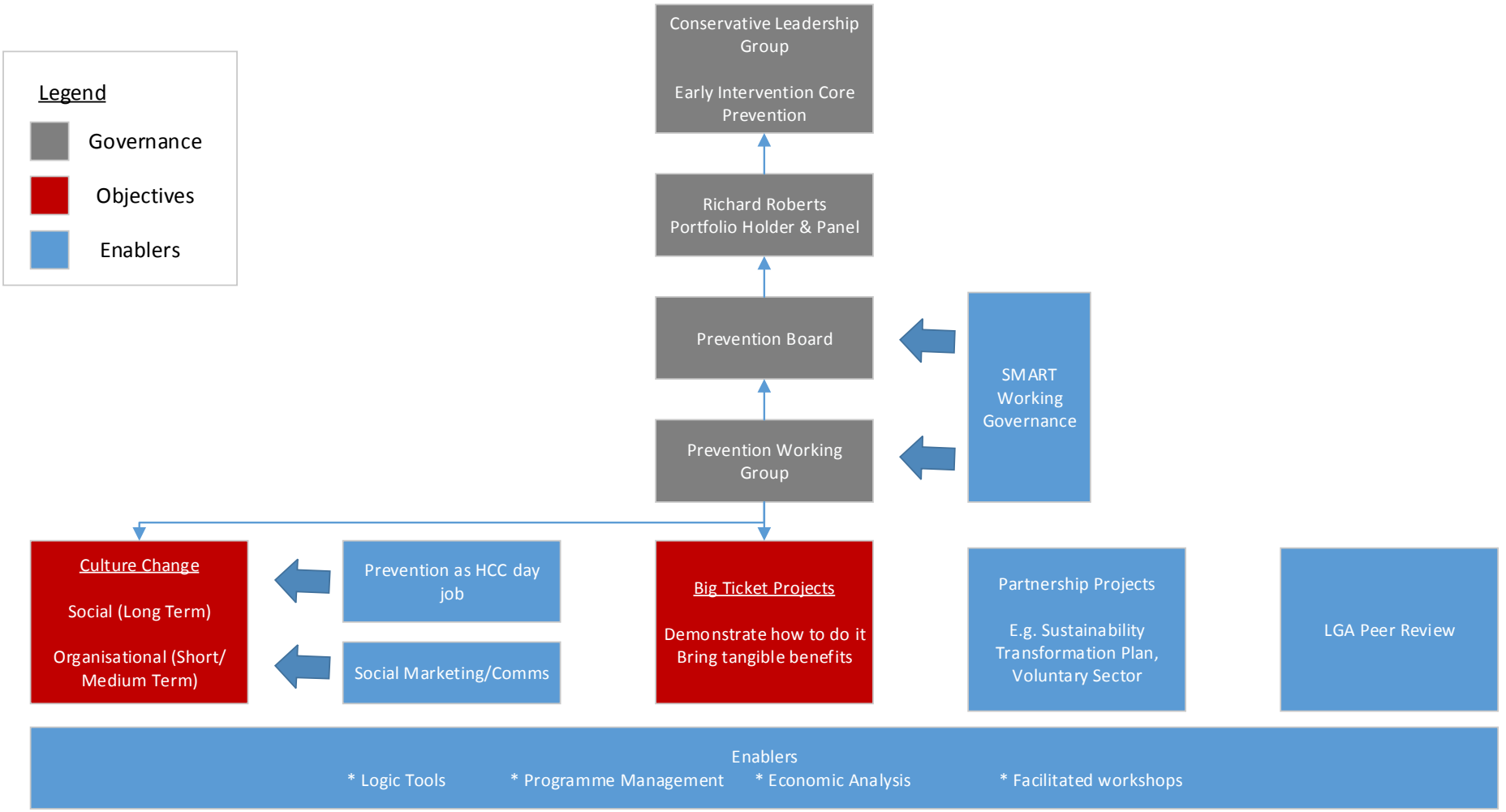
5.4 We are keen that the review consider this work and identify both for the public health service and the council opportunities, challenges, risks and dependencies in making this work.

6. Requested domains of the review

6.1 The domains we ask the reviewers to focus on are set out below.

1: Assuring the basics	2: Influencing across and between	3: Embedding Value and future prospects for value	4: A Prevention focused council
• Do we have the right processes in place in order to assure ourselves we deliver and mandated services and relationships? • Is the strategy coherent and appropriate? • What are the key values (knowledge, skills, tools, human capital) PH brings to the Council	• How is public health impacting across the rest of the Council and its services • How is public health impacting across the rest of the partnership landscape • How are PH contributing to the key strategic agendas for local government in and through austerity • How is Public Health being influenced by and absorbing good practice from the rest of the Council • How are other departments embracing and using what Public Health has to offer	• To what extent are other parts of the County Council understanding, using and integrating the value PH can bring to influence their core business? • What more can be done to do this, and to capitalise on and embed existing value? • What areas not being addressed currently bring opportunities to realise value for the Council? • How well set up is the Council for its ambitions to be a prevention focused organisation? • What work needs to be done to become a prevention focused council?	• Does the council have a clear vision for prevention? • How well set up is the Council for its ambitions to be a prevention focused organisation? • What work needs to be done to become a prevention focused council?

Hertfordshire Prevention and Demand Management Programme



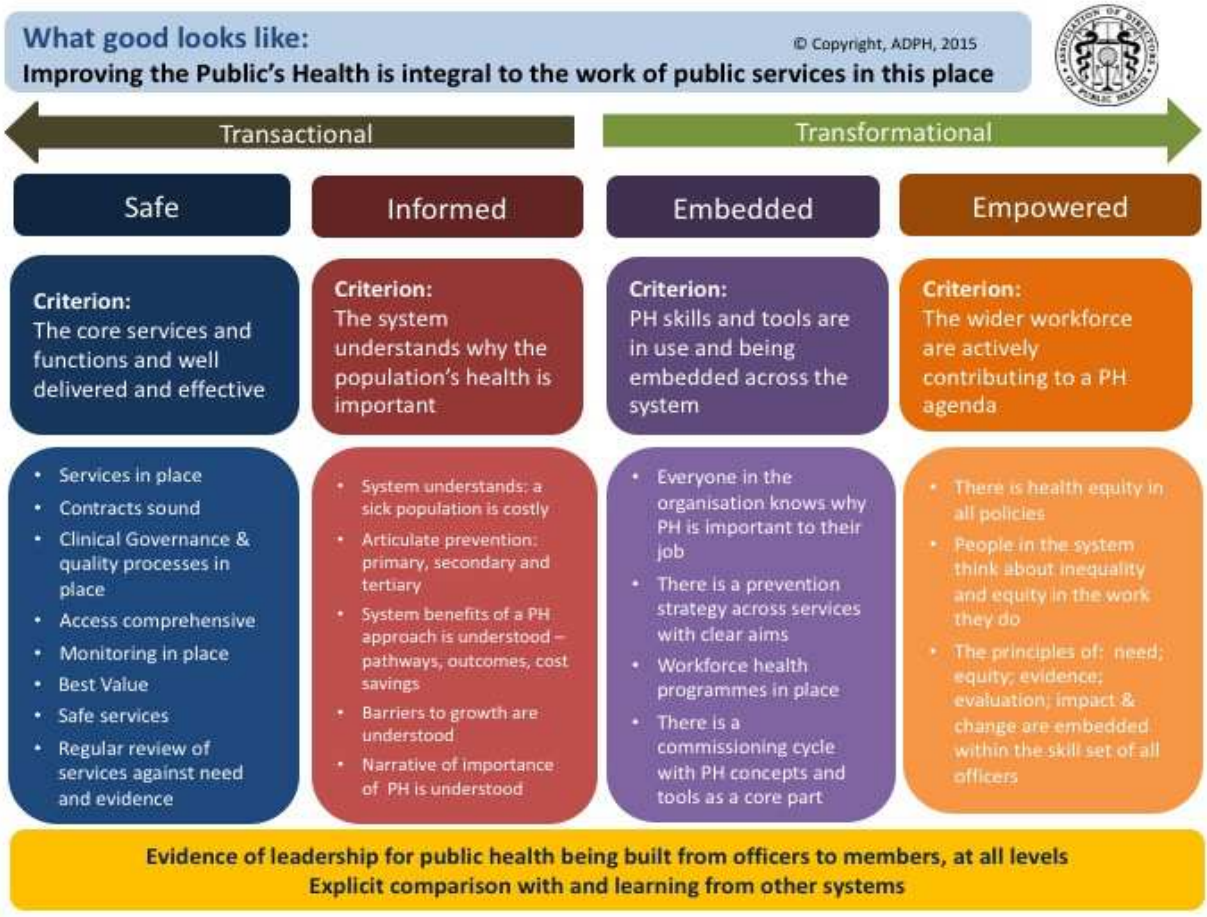
Appendix 2

PUBLIC HEALTH SECTOR LED IMPROVEMENT FRAMEWORK SUMMARY

What is the purpose of SLI?

At its best SLI should provide assurance to both internal and external stakeholders and the public as well as demonstrate continuous improvement to PH practice. In this way it will improve health outcomes and avoid top-down inspection regimes. It should therefore provide demonstrable evaluation, challenge and measurement of improvement not merely increased learning and knowledge.

What does good look like?



SLI for DsPH and their teams

SLI is essentially leadership for improvement. It is not principally about personal or professional development (CPD) but about improvement in outcomes and performance by improving PH. For DsPH the focus is how the DPH exercises leadership to drive improvement in health outcomes.

This can be thought of as three levels of leadership each with its context, environment and stakeholders.

- Functional leadership: the PH functions that are undertaken to deliver improved population health outcomes. SLI is about improving how these are delivered.
- Corporate leadership: improving how PH enables the organisation to deliver its responsibilities to protect and improve health.

- System leadership: improving how PH influences the health system and wider partners to maximise the impact on population health.

What methodologies could be used?

How SLI is undertaken is primarily a decision for those involved but methodologies can be broadly characterised under three headings:

- Challenge: including peer challenges; self-assessment; evaluation approaches;
- Problem-solving: including collaborative workshops to tackle wicked issues ('hack' days); advice surgeries;
- Sharing: including best practice workshops; sharing innovation; learning together.
- Evaluation and measurement of improvement should be included in all activities.

What are the distinctive roles of ADPH; the Programme Board; LGA; PHE?

ADPH SLI Programme Board:

- provides a national focus and leadership for SLI in PH;
- stimulates and supports network activities;
- provides quality assurance, challenge and feedback to network programmes;
- provides a framework; standards, tools etc to provide consistency across networks;
- celebrates and disseminates what is done well;
- ensures stakeholders understand the role and importance of SLI in PH.

ADPH:

- supports the creation of necessary conditions for SLI;
- brings non-geographic networks together;
- facilitates learning across networks.

LGA:

- develops and delivers the national offer of peer challenge;
- develops and offers supportive tools and publications;
- provides understanding of and learning from wider local government SLI programmes.

PHE:

- provides wider context of national public health programmes for improvement;
- provides knowledge, evidence, supportive tools, publications and other resources
- provides support to regional networks through PHE Centres.

Other potential partners – nationally and locally

By definition SLI is always led and primarily undertaken by 'the sector'. However it is clear that improvement in public health cannot be achieved in isolation. There are often opportunities and sometimes the necessity to work together with others. When dealing with a particular topic it makes sense to seek collaborative work with those in the wider system who have a key interest eg DsCS with children; DsASS with elderly; CCGs with primary care issues etc.

Nationally it is important that other stakeholders understand the importance of SLI and that relevant tools and standards are co-created.