

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
WEDNESDAY, 13 DECEMBER 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 and outcome of the Sector Led Improvement Peer Challenge of Public Health and Prevention.

2. Summary

2.1 As part of its sector led improvement work, the County Council invited an external peer challenge which was undertaken by the Local Government Association (LGA) on 18 – 20 October 2017. This challenge looked at Public Health, and also at how well the County Council and its partners are set up to achieve ambitions on prevention.

2.3 The formal report of the work is attached. The key messages from the feedback seminar are outlined below.

2.4 The National Framework for Sector Led Improvement for Public Health is attached at Appendix 1.

2.5 The final report from the challenge is attached at Appendix 2.

2.6 This exercise was undertaken at no cost to the County Council. It was funded by the Department of Health as part of the Care & Health Improvement Programme through the Local Government Association.

3. Recommendations

3.1 Members are asked to comment upon the content of the report and:-

- i. Consider how the Health and Wellbeing Board, in light of the messages, continues to develop its approach to integration, alignment and Prevention;
- ii. Consider the system leadership issues arising from this
- iii. Consider and identify ambitions for further working
- iv. Note that the Executive Member for Public Health, Prevention and Performance, has tasked the Director of Public Health with working on a prevention strategy for the County Council, and that the Director of Public Health also leads on prevention for the Sustainability and Transformation Plan (STP).

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 Local Authorities and their partners strengthen local accountability and revolutionise the way they evaluate and improve services. Members will recall that Councillor Sue Wooley, the elected member peer, presented to the last meeting of the Board (17th October 2017) the day before the Peer Challenge started.

4.2 SLI 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, Children's 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 Children's Services and Association of Directors of Public Health.) The summary of the national SLI framework for Public Health is attached at Appendix 1.

5. Peers and the schedule

5.1 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>

5.2 The peer team feedback the themes from what they have 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.

- 5.3 Peer champions challenge local areas but also recognise excellence and the achievements of places they are invited in to. This is not an inspection.
- 5.4 This was the second peer challenge in Hertfordshire. The first was at the invitation of the Fire Service (Community Protection Directorate). This peer review was 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.
- 5.5 98 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 were included in the challenge through a mixture of interviews, focus groups and telephone calls between 18 and 20 October 2017.
- 5.6 On the afternoon of the 20 October there was a presentation providing the conclusions of the challenge, and a workshop on priorities. This has been followed up by a formal written report, which is attached at Appendix 2.
- 5.7 The peers who undertook the challenge are shown in Table 1 below.

Table 1: Peer Challenge peers provided by Local Government Association

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 Clinical Commissioning Group (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 District Council; 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 the 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 <i>Risk Solutions Ltd</i> (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.

6. Questions for the review

6.1 The questions for the Peer Challenge are identified in Table 2 below.

Table 2: Questions for the Challenge

1: Assuring the basics	2: Influencing across and between	3: Embedding Value and future prospects for value	4: A Prevention focused council
<ul style="list-style-type: none"> • Do we have the right processes in place in order to assure ourselves we deliver on mandated services and relationships? • Is the strategy coherent and appropriate? • What are the key values (knowledge, skills, tools, human capital) Public Health brings to the Council? 	<ul style="list-style-type: none"> • 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 is Public Health 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? 	<ul style="list-style-type: none"> • To what extent are other parts of the County Council understanding, using and integrating the value Public Health 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? 	<ul style="list-style-type: none"> • 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?

7. Key Messages

- 7.1 The key messages from the feedback state both that the County Council's public health function and the County Council have some significant strengths. They also make clear that there are some needs in the wider system for greater clarity. Key outcomes are summarised in Table 3 below:

Table 3: Summary of key messages from the Challenge: Strengths

1: Assuring the basics	2: Influencing across and between	3: Embedding value and future prospects for value	4: A Prevention focused council
<ul style="list-style-type: none"> A very impressive range and volume of health improvement activities, well embedded within Adult Social Care and with partners 	<ul style="list-style-type: none"> Examples of innovative activities which are delivering positive outcomes e.g. Family Safeguarding Service, Falls Car, Beezee Bodies & Creative Herts Partners are generally actively engaged and keen to do more. Recognition that partnership working and greater integration are the way forward Strong political support together with support from the Chief Executive to make prevention core business 	<ul style="list-style-type: none"> Public Health skills and tools are broadly felt to add value and provide an added dimension for services and partners 	<ul style="list-style-type: none"> Public Health leadership of prevention has provided drive and focus both within and outside the Council

- 7.2 In addition, the headline messages identify a range of opportunities for the County Council, much of which are beyond Public Health alone to lead, and require corporate leadership including Public Health. Members' are asked to consider how these messages, noted below, could shape our Prevention and system leadership agenda:
- "In particular, they encouraged the County Council to take on the leadership role of being the custodian of the health of the population as a system leader. This is a challenge wider than just public health, but is an opportunity for system leadership".
 - "Hertfordshire has the opportunity to do more, focussing on outcomes, addressing some of the big ticket issues, shifting the focus further up-stream to help people to help themselves to remain fit and healthy"
 - "There is a clear desire for the County Council to play a key role in promoting the health and wellbeing of the local population"

- 7.3 The headline messages noted below also identify issues which the peers feel the wider system really need to address, and this is where particularly the ownership and leadership of the Health and Wellbeing Board is relevant. Members are asked to consider how the Board should take these forward:

- "Recognition that it is a very complex system with overlapping plans but no overall strategy - need to develop a comprehensive ambitious vision for the future owned by all partners with targets and milestones."
- "The governance and working arrangements between the Sustainability and Transformation Plan (STP) and the Health and Wellbeing Board need to be addressed".
- "Working relationships at an operational level between Hertfordshire County Council and the CCGs are good but behaviours sometimes breakdown. There is an opportunity to re-set relationships."
- "There is a need for a greater shared understanding of the opportunities and constraints for both the County Council and Health".
- "Some of the Invest to Transform Fund could provide for a step change in addressing improvements in the public's health".

8. Financial Implications

- 8.1 There are no direct financial implications as a result of this report.

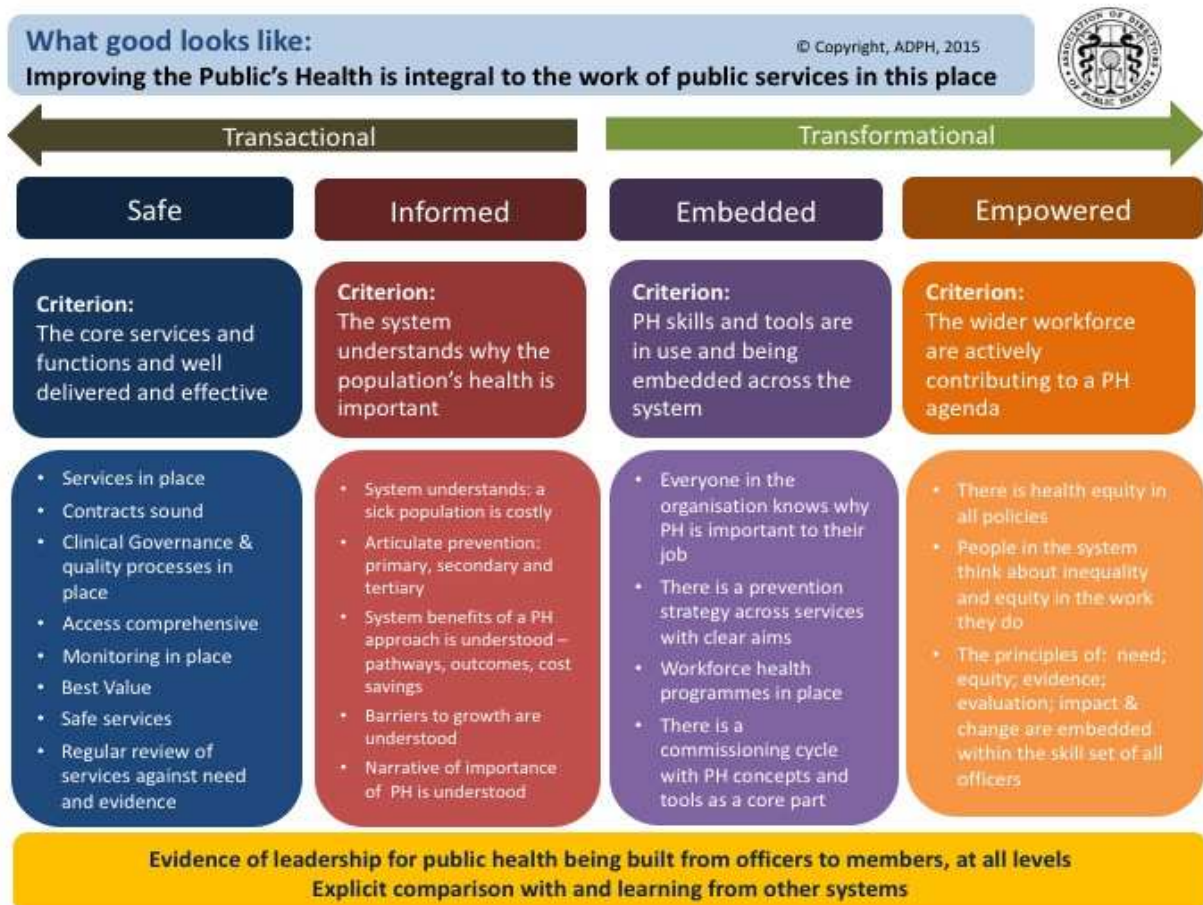
Report signed off by	Richard Roberts, Executive Member Jim McManus, Director of Public Health
Sponsoring HWB Member/s	Richard Roberts, Executive Member Jim McManus, Director of Public Health
Hertfordshire HWB Strategy priorities supported by this report	All
Needs assessment (activity taken)	
The Peer Challenge constitutes a form of system needs assessment	
Consultation/public involvement (activity taken or planned)	
98 Stakeholders inside and outside the County Council including Healthwatch interviewed	
Equality and diversity implications	
No EqIA was undertaken in relation to this matter as the peer review was carried out on the relevant processes and systems, rather than on services.	
Acronyms or terms used. eg:	
Initials	In full
ADPH	Association of Directors of Public Health
LGA	Local Government Association
SLI	Sector Led Improvement

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 Directors of Public Health 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.

9. Functional leadership: the PH functions that are undertaken to deliver improved population health outcomes. SLI is about improving how these are delivered.

10. Corporate leadership: improving how PH enables the organisation to deliver its responsibilities to protect and improve health.
11. 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 the ADPH (Association of Directors of Public Health); the Programme Board; LGA (Local Government Association); PHE (Public Health England)?

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 e.g. Directors of Children's Services with children; Directors of Adult Social Services 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.