Public Health Peer Challenge

Hertfordshire

18 – 20 October 2017

Feedback Report

1. Introduction

The peer challenge was requested by Hertfordshire County Council in order to get knowledgeable recognition of what has been achieved towards its ambition to become an organisation which makes best use of public health value for the population. The peer challenge was also asked to ascertain progress by the County Council towards being a prevention focused organisation as part of ensuring public services are sustainable for the future. The peer challenge team were asked to identify opportunities, challenges, risks and dependencies in making this work in the context of the wider system within Hertfordshire.

2. Key messages

There is a clear desire by Hertfordshire County Council to play a key role in promoting the health and wellbeing of the local population building on a legacy of strong political support. There is a renewed intent from the Chief Executive and senior management team to make prevention core business and as a good basis its Public Health Service is well regarded and generally embedded within the organisation and widely respected within the local community. The public health leadership of prevention has provided drive and focus both within and outside the County Council, including development of the prevention element of the Sustainable Transformation Partnership (STP) 'A Healthier Future'.

There is a very impressive range and volume of health improvement activities well embedded within the County Council and with partners. Many innovative activities are delivering positive outcomes such as the Family Safeguarding Service, Falls Car, Beezee Bodies & Creative Herts. Some of the Invest to Transform Fund could provide a further step change in addressing improvements in the public's health. This would enable Hertfordshire - both the Council and its partners - to move from "good" to "outstanding".

There is a recognition within Hertfordshire that greater integration partnership working is the way forward but more can be done with partners that are already actively engaged and keen to do more together. However, there are a couple of key areas that need addressing, including the governance and more importantly relationship\working arrangements between the STP and Health and Wellbeing Board. The Health and Wellbeing Board needs to be able to clarity its important role in 'place making' in tackling health inequalities with a renewed focus on the wider determinants of health making the links with economy, employment, housing and growth. Whilst there are good working relationships at an operational level between the County Council and Clinical Commissioning Groups (CCGs) the peer team heard that behaviours worked against 'partnership' and sometimes broke down. It is important to make the most of the opportunity to engage with significant stakeholders by re-setting relationships with the CCGs so they can access public health insight to improve decision making.

In the context of a very complex system with overlapping plans more could be done if there was a shared vision to focus upstream on the wider determinants of poor health to help people to help themselves and tackling the cohorts and areas to make the biggest impact - one size does not fit all in Hertfordshire. As part of this there should be a greater shared understanding of the opportunities and constraints for both the County Council and partners - particularly health – to help turn aspirations from intent to tangible outcomes.

Local Government House, Smith Square, London SW1P 3HZ **T** 020 7664 3000 **F** 020 7664 3030 **E** info@local.gov.uk www.local.gov.uk
Chief Executive: Mark Lloyd

This could include devising a knowledge programme for greater understanding of local government by health and vice versa. Government and the NHS work to different Government Ministers and the system of governance and control is very different between the two systems. This leads to confusion and misunderstanding on both sides as to what is feasible. Some joint work involving both sides to understand the constraints and limitations that each side has to operate under would help to avoid unnecessary conflict.

A high level of energy and focus has enabled Hertfordshire to 'get ahead of the curve' in relation to the public health agenda but with so many good foundations in terms of a generally healthy population, above average life expectancy and deprivation concentrated in a few urban pockets Hertfordshire now has the opportunity to do more, focussing more on outcomes and being more transformational. There is still much to be done to shift focus upstream to identify those cohorts and areas with least opportunity to help themselves. The Council needs to continue doing what it is doing but also to focus on the wider determinants of poor health.

The whole system in Hertfordshire needs to challenge itself about how it can address some of the 'big ticket prevention projects' like family safeguarding, mental health and employment to enable the health and social care system to make a quantum change in the local economy. Consideration should also be given to variations in primary care outcomes for chronic conditions that provide an avoidable burden of cost and disease, maybe through a shared use of key levers like a primary care incentive scheme for CVD. HCC is well-placed to provide the necessary leadership for this. There are tangible benefits for individuals and the system as a whole, diabetes prevention was one example cited where some 50,000 people are identified as being pre-diabetic. Effecting a change in their status would have a significant benefit to the short, medium and long term health of these individuals and the future pressures on health and social care budgets.

In moving forward there is an opportunity for partners to revisit the risk appetite, beyond the evidence base, to just 'give it a go' to enable the system to move further faster.

3. Summary of the Peer Challenge approach

3.1 The peer team

Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected the requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with Hertfordshire County Council. The peers who delivered the peer challenge in Hertfordshire were:

- Chris Williams **–** LGA Associate (previously Chief Executive of Buckinghamshire County Council)
- Cllr Sue Woolley – Chair of Health & Wellbeing Board, Lincolnshire County Council
- Jo Lancaster - Managing Director - Huntingdonshire District Council

Local Government House, Smith Square, London SW1P 3HZ **T** 020 7664 3000 **F** 020 7664 3030 **E** info@local.gov.uk www.local.gov.uk
Chief Executive: Mark Lloyd

- Professor Rod Thomson – Director of Public Health, Shropshire Council & Herefordshire Council
- Martin Phillips – LGA Associate, Previously Clinical Commissioning Group Chief Officer
- Chris Ashman – Director of Regeneration - Isle of Wight Council
- Kay Burkett, Challenge Manager, Care & Health Improvement Programme, LGA

3.2 Scope and focus

At your request the peer team considered the following questions as the focus for the peer challenge and basis for feedback:

1. To what degree is there whole system ownership for the health of the public?
2. To what extent has the Council embraced its role as custodian of the public's health?
3. How effective is the public health activity in improving outcomes?
4. How effective is the reach into communities in order to positively affect the public's health?

3.3 The peer challenge process

It is important to stress that this was not an inspection. Peer challenges are improvement focussed and tailored to meet individual Councils' and wider system needs. They are designed to complement and add value to existing performance and improvement activity. The process is not designed to provide an in-depth or technical assessment of plans and proposals. The peer team used their experience and knowledge of local government and public health to reflect on the information presented to them by people they met, things they saw and material that they read.

The peer team prepared for the peer challenge by reviewing a range of documents and information in order to ensure they were familiar with the Council and the challenges it is facing. The team then spent 3 days onsite at during which they:

- Spoke to more than 98 people including a range of Council staff together with Councillors, external partners and stakeholders

- Gathered information and views from more than 50 meetings, additional research and reading

This report provides a summary of the peer team's findings. It builds on the feedback presentation provided by the peer team at the end of their on-site visit on 20 October 2017. In presenting feedback they have done so as fellow local government and health officers, Councillor and public health specialists and not professional consultants or inspectors. By its nature, the peer challenge is a snapshot in time. There is an appreciation that some of the feedback may be about things that are already being addressed and progressed.

Local Government House, Smith Square, London SW1P 3HZ **T** 020 7664 3000 **F** 020 7664 3030 **E** info@local.gov.uk www.local.gov.uk
Chief Executive: Mark Lloyd

4. Feedback

This section provides feedback on key areas in addition to the headline messages above, and to expand some elements of the presentation delivered on the final day of the peer challenge.

4.1 To what degree is there whole system ownership for the health of the public?

The Joint Strategic Needs Assessment (JSNA) looking at the specific health and wellbeing needs of the local population is well respected and clearly influencing strategic and local planning. This is evident from collaborative work based on information within the JSNA on topic themed needs such as drug and alcohol harm and air quality at service level, and at a strategic level on transport and housing. The JSNA themed reports, such as Tobacco Control, are comprehensive and include information from the Hertfordshire Health Evidence website incorporating surveys and primary care intelligent reports to support planning, commissioning and decision making.

There is a strong commitment for an ongoing series of engagement events initiated by the Public Health Team to provide opportunities for partners, professionals and residents to discuss key population health challenges and opportunities. The well attended annual Public Health Conference, public health masterclasses with the University of Hertfordshire and recent Suicide Prevention event are good examples of how latest research, national perspectives and life story type case studies can be presented in a themed agenda to act as a catalyst for change and innovation at a local level.

The multi-agency officer led Public Health Board is valued as a useful forum for a wide range of partners, including district and borough councils, to give more detailed focus to population health issues, share practice and co-ordinate similar programmes. However, the peer team heard from partners who want to contribute to the wider prevention and public health agenda but sometimes struggle to find a way in, or to know who to contact. Some thought could be given to practical ways of enabling more connectivity that enables timely and relevant contributions to be made e.g. ways of influencing the design of new housing layouts.

More could be done to further develop prevention as the cornerstone across the local health and social care community through the key element of the STP, embedding the preventative agenda as core business for its clinical workstreams. A good place to start would be with planned care, around AF, diabetes & frail elderly. Both are priorities for health and social care with affirmative action in both areas being key to transforming the model of care, responding to ‘demand’ challenging services in terms of capacity, volume, quality and sustainability of services.

4.2 To what extent has the Council embraced its role as custodian of the public’s health?

Hertfordshire County Council has a leadership committed to public health with a good understanding of challenges based on a strong evidence based approach that underpins many successes in collaboration within the council across a range of population health issues. There are practical examples where joint work between Adult Social Care and the

Local Government House, Smith Square, London SW1P 3HZ **T** 020 7664 3000 **F** 020 7664 3030 **E** info@local.gov.uk www.local.gov.uk
Chief Executive: Mark Lloyd

Public Health Team is showing positive outcomes. These include the early feedback from the social prescribing pilots where the use of Make Every Contact Count (MECC) type approaches are showing positive results. Partnership with the Fire and Rescue Service and "Safe and Well Check" has freed up over £300k of council resources. Other positive examples of cross directorate working include the Early Childhood Board, the development of Planning Guidance, the Transport Strategy and the SMART Prevention Strategy.

Elected members have demonstrated a keen interest in the prevention agenda, for example as mental health champions and their engagement in the Public Health Panel. They value the support from the Director of Public Health and Public Health Team and the quality of the member briefing and induction sessions. As influential leaders within their local communities elected members should go further as advocates for a county wide focus on prevention as 'community wellbeing champions'.

The evidence base provided by public health regarding "best value approaches" is comprehensive and pragmatic enabling financial savings in areas such as:

- retendering of CAMHS
- refocus of Children's Centres to create hubs with a prevention element
- a stronger focus on Falls and Frailty Prevention and bringing third sector partners in order to improve joint approaches
- joint project on improving air quality, infection prevention and control project to reduce loss of care home capacity.

The configuration of the STP that covers the county and parts of Essex presents a challenge for the health and social care economy. In view of the shared interests of local authorities and the local NHS in reducing demand for their services and the importance of a coherent and coordinated approach, the County Council is in a unique position to positively influence a Hertfordshire wide vision for preventing avoidable long term ill health and enabling local people to be amongst the physically and mentally healthiest communities in the country. To achieve this ambition the County Council should consider how it can play a greater part in influencing the STP and supporting local NHS organisations to achieve the system change needed to provide a sustainable and appropriately accessible health and social care system. In order to play this leading role the Council needs to take forward its SMART Prevention strategy, ensure that every department within the organisation understands and endorses the role that it must play and offer its experience in doing this to the rest of the system.

Effective tertiary prevention strategies will be crucial to the capacity of services to reshape the presentation of demand therefore it is equally important that other partners to the STP also embrace the importance of prevention as part of their core work. The local and health and social care community should take the opportunity to build on existing work to enhance the success of the STP's prevention workstream by placing prevention front and centre of the clinical workstreams.

The Public Health Team has a significant advocacy role to play within the Council and with partner organisations to achieve SMART ambitions and ensuring that every department within the organisation understands and endorses the role that it must play. As a major contributor to this plan, the Public Health Team is well place to have a significant advocacy role within the Council and with partner agencies.

Local Government House, Smith Square, London SW1P 3HZ **T** 020 7664 3000 **F** 020 7664 3030 **E** info@local.gov.uk www.local.gov.uk
Chief Executive: Mark Lloyd

The public health 'district and borough offer' has been seen as a very positive initiative and has delivered focus, shared endeavour and created tangible benefits e.g. a sustainable delivery model. The collaboration between the councils in Hertfordshire has been greatly enhanced in the commitment by the Director for Public Health and his Deputy in attending the district level local strategic partnerships, provision of information and evidence by the Public Health Team and the follow through of ideas to improve local population health. However, there is a concern about the sustainability of the initiative due to the uncertainty of the national public health grant. There is a clear desire to continue to develop place based working and consideration should also be given to the opportunity to go further with district & borough working beyond traditional working arrangement in housing, leisure and other services deploying social prescribing for many health and social conditions that would overwise receive a statutory response.

4.3 How effective is the public health activity in improving outcomes?

The Public Health Team is seen as an enabler and key facilitator providing focus at many levels to drive forward the population health and prevention agenda. There is widespread recognition of the talent, skills & knowledge that the team possesses and the enthusiasm which they have engaged to develop the public health and prevention agenda is widely recognised. The Shape Up campaign and Men's Weight Management Programme are real examples where people's lives have been made better. The peer challenge team were particularly impressed with the monitoring and regular reporting of public health activity, although there is scope for an even greater emphasis placed on the monitoring of outcomes. In going forward data collection could be grouped for the desired population health outcome i.e. sexual health to include teenage pregnancies data and cytology and chlamydia screening rates.

Public Health have invested capacity in NHS work and to build on this the health economy would benefit by enabling greater engagement by the Public Health Team in helping to transform local NHS services. This should include the opportunity to provide public health insight into CCG and other NHS partners - ranging from enabling local trusts to embed prevention measures within their core service provision and building on the work already provided in helping the NHS to transform Child and Adolescent Mental Health Services. Having already achieved considerable progress there is now an opportunity for both the Council and the NHS to move to being outstanding if they can agree to work collaboratively on new areas which the Public Health insight suggests can be of greatest benefit. Partners together need to review where to go next on these areas to get traction and buy-in.

East & North Hertfordshire CCG value the expertise that the Public Health Team offer and would wish to have greater engagement with the team on a range of jointly led programmes, e.g. Substance Misuse Commissioning and Mental Health; Diabetes Prevention and more coordinated use of data; and the four tiers of the Weight Management Programme. Recent tensions should not be allowed to disrupt the good work that has been achieved and the even greater benefits that could be achieved from continued close working with Herts Valley CCG. Both sides need to put the current dispute behind them and concentrate on future collaboration for the benefit of local residents.

Local Government House, Smith Square, London SW1P 3HZ **T** 020 7664 3000 **F** 020 7664 3030 **E** info@local.gov.uk www.local.gov.uk
Chief Executive: Mark Lloyd

Progress has been made to mainstream the narrative on prevention across the council workforce and with the public. The campaigns for Health Walks and Year of Cycling are good examples of cross council working and Public Health Team in enabling a change towards healthy behaviours. To enhance this the language of population health needs to be made less medicalised and more relevant to more engage 'hearts and minds'.

The presence of the robust intelligence, support and advice in developing and implementing service responses and more recently improving the evaluation of interventions is clearly valued by all partners and services and whilst not as visible, the beneficiaries in communities themselves. While this was clearly driven in part initially by the funding public health were making available the reach has demonstrably broadened to evidencing the value to services themselves of adopting a focus on public health outcomes. One illustrative quote referenced the Public Health Team as the "oil and chain" instigating the reason for change and linking the differing parts of the response together.

4.4 How effective is the reach into communities in order to positively affect the public's health?

The production of a Public Health Strategy was seen by many to be a turning point in Hertfordshire in bringing the public's health out from a concealed role within the NHS to becoming a more relevant and valued resource in influencing wider community well-being with a wider group stakeholders. This document helpfully sets out the wide range of issues impacting on public health that need attention but the peer team heard that there needed to be clearer prioritisation of two or three issues around which collaborative effort or resources of all stakeholders might be focused over a 2 - 3 year period. Relationships with the third sector are good and therefore consideration also needs to be given to work with the voluntary and community sector in order to achieve impact through local community leadership and connectivity.

There is a clearly targeted effort to differentiate the need for public health interventions in deprived communities across the county 'one size does not fill all in Hertfordshire' is resulting in local health and wellbeing strategies and priorities. On this basis public health activity is tangibly influencing district and borough council culture, policy making and practice in relation to population health. The peer team noted the enthusiasm from all the districts and boroughs to participate and fulfil their role and are making progress in embedding public health responses in reshaping some of their service delivery with many examples to cite, for example, Stevenage Health Hub, growth and transport plans, no takeaways next to schools and Broxbourne cross rail lobbying. However, there is more that can be done to ensure planning departments are fully on board.

The support in addressing the needs of communities with protected characteristics, thus promoting the councils objectives for securing equality in service delivery, is evolving towards being exemplary. The challenge is to continue to build on the successes to date and address remaining priorities where awareness and adoption has been weaker as well as developing the cost /logic model evidencing savings impact to help justify continued budget activity post 2019.

There is evidence of a commitment to use a range of approaches to support individuals in prevention, for example, use of digital technology and the COPD app. More could be done

Local Government House, Smith Square, London SW1P 3HZ **T** 020 7664 3000 **F** 020 7664 3030 **E** info@local.gov.uk www.local.gov.uk
Chief Executive: Mark Lloyd

to build upon the ‘public health champion’ initiative by enhancing the Making Every Contact Count (MECC) approach across all of the council’s activities and introducing Health in All Policies (HiAP).

5. Next steps

We appreciate the senior managerial and political leadership of Hertfordshire County Council will want to reflect on these findings and suggestions with partners in order to determine how to take things forward.

As part of the peer challenge process, there is an offer of further activity to support this. The LGA is well placed to provide additional support, advice and guidance on a number of the areas for development and improvement and we would be happy to discuss this. The Principal Adviser, Rachel Litherland, is the main contact between the authority and the Local Government Association (LGA). Contact details are: rachel.litherland@local.gov.uk telephone number 07795 076834.

In the meantime we are keen to continue the relationship we have formed with the Council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

Local Government House, Smith Square, London SW1P 3HZ **T** 020 7664 3000 **F** 020 7664 3030 **E** info@local.gov.uk www.local.gov.uk
Chief Executive: Mark Lloyd