

LOCAL GOVERNMENT ASSOCIATION HEALTH AND WELLBEING PEER CHALLENGE

Report of the Assistant Chief Executive, Sunderland City Council

1.0. PURPOSE OF REPORT

- 1.1 At its meeting on the 20th September 2013, the Board was made aware of the opportunity to accept the offer of a Local Government Association Health and Wellbeing Peer Challenge to be provided free of charge. The Board agreed to support the Peer Challenge and this report advises of the progress that has been made to date.

2.0. BACKGROUND

- 2.1 The Local Government Association (LGA) has been convening national partners, including the Department of Health, NHS England, the NHS Confederation, Public Health England, Healthwatch England and the Association of Directors of Public Health, to provide a 'Health and Wellbeing System Improvement Programme' for Health and Wellbeing Boards, Local Authorities, Clinical Commissioning Groups and local Healthwatch organisations. This £1.8million programme includes Health and Wellbeing Peer Challenge.

3.0. Health and Wellbeing Peer Challenge

- 3.1 The purpose of the Peer Challenge is to support councils, their health and wellbeing boards and health partners in implementing their new statutory responsibilities in health, by way of a systematic challenge through sector peers in order to improve local practice.
- 3.2 Peers are working as 'critical friends' or 'trusted advisors', not professional consultants or experts. Peer challenge is not inspection. The process is based on a view that organisations learn better from peers and are open to challenge. Likewise it believes that peers, in their professional capacity, challenge robustly and effectively. While the process is voluntary it is not a 'soft option'.
- 3.3 The Peer Challenge will involve a team of peers spending time in the city, based at the Civic Centre, reflecting back and challenging the practice of the council in order to help it to reflect on and improve the way it works. The process involves a wide range of people working with the council in both statutory and partnership roles. While the LGA appreciate that the new health and wellbeing system includes many organisations, representatives and stakeholders who are engaged in the challenge process, for the purpose of this peer challenge the client is the local council.

Purpose and scope of the Health and Wellbeing Peer Challenge

- 3.4 The peer challenge focuses on three elements in particular while at the same time exploring their interconnectivity – the:
- Establishment of effective Health and Wellbeing Boards
 - Operation of the public health function to councils
 - Establishment of an effective local Healthwatch organisation.
- 3.5 The peer challenge focuses on a set of headline questions and more detailed prompts, from which to frame the preliminary review of materials, the interviews, and the workshops that make up a peer challenge. The main four questions are:
1. How well are the health and wellbeing challenges understood and how are they reflected in Joint Health and Wellbeing Strategies (JHWSs) and in commissioning?
 2. How strong are governance, leadership, partnerships, voices, and relationships?
 3. How well are mandated and discretionary public health functions delivered?
 4. How well are the Director of Public Health (DPH) and team being used, and how strong is the mutual engagement between them and other council teams?

However these questions are discussed and tailored in the context of each council and therefore the Peer Challenge in Sunderland will incorporate a focus on:

- The Health and Wellbeing Strategy
- System Leadership
- Health and Social Care Transformation
- Engagement with residents and patients.

4.0 Preparing for the Health and Wellbeing Peer Challenge

- 4.1 The period over which the Peer Challenge will take place has been established as the 11th till 14th February 2014, and work has been ongoing to produce a position statement and timetable of observations, site visits and discussions with officers, elected members, partners and stakeholders.
- 4.2 The position statement is in development and will outline how the council and partners are performing against the main themes of the peer challenge and the specific focus, both of which are outlined above.
- 4.3 The timetable is also in development. Clearly members of the Board will play a prominent role and will feature heavily in the timetable - know doubt Board members will be aware that their availability during this period has already

been established. It is expected that there will be a number of visits and workshops arranged, for example, visiting the Aquatic Centre to see how the Wellness Programme and G.P. referral scheme works, and workshops with a Children's Centre user a group and also a Care and Support user group.

4.4 The support of the Board and their respective organisations is essential to the success of the Peer Challenge.

4.5 Negotiations have been ongoing with the LGA about the make-up of the peer team. Final agreement has almost been established and the team is unlikely to change – it is currently:

- Lead Peer - Jamie Morris (Walsall City Council, Executive Director, Neighbourhood Services)
- CCG Peer – Dr Adrian Hayter (CCG Chair at Windsor, Ascot & Maidenhead)
- DPH Peer – Dr Jane Moore (Coventry City Council)
- Healthwatch Peer – Sue Stevenson (Healthwatch Cumbria)
- Labour Peer – Cllr Keith Cunliffe (Wigan Borough Council)
- Department of Health Shadow Peer – George Leahy (Deputy Director at the Department of Health with policy responsibility for international commercial healthcare and supporting the production of 5 year Reducing Avoidable Mortality Plan).

4.6 At the request of the Clinical Commissioning Group the team incorporates members that have a clinical background. This is considered an essential ingredient and will contribute to the overall success of the Peer Challenge.

5.0 RECOMMENDATIONS

5.1 The Board is asked to note the report and continue to provide support to the Peer Challenge.

