

HEALTH AND WELLBEING – LGA PEER CHALLENGE

Report of the Assistant Chief Executive, Sunderland City Council

1. Purpose of the Report

To inform the Board of the intention to hold an LGA peer challenge on Health and Wellbeing in 2014 and ask for comments on the draft scope of the Sunderland review.

2. The Peer Challenge

As part of the LGA offer to local authorities, an offer has been made to hold a peer challenge of the Health and Wellbeing. A peer challenge is a voluntary and flexible process commissioned by a council to aid their improvement and learning. It involves a team of between four to six peers from local government, health or the voluntary sector who spend time onsite at a council to reflect back and challenge its practice, in order to help it to reflect on and improve the way it works.

The purpose of the health and wellbeing peer challenge is to support councils, their health and wellbeing boards and health partners in implementing their new statutory responsibilities, by way of a systematic challenge through sector peers in order to improve local practice. In this context, the peer challenge focuses on three elements in particular while at the same time exploring their interconnectivity. They are the:

- establishment of effective health and wellbeing boards
- operation of the public health function to councils
- establishment of an effective local HealthWatch organisation.

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. They are discussed and tailored in the context of each council and a draft expression of interest from Sunderland is included as Appendix1.

A list of headline questions and prompts are at Appendix 2 but 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?

Recommendations

The HWBB are recommended

- To support a Sunderland Health and Wellbeing Peer Review for late 13-14
- To provide any comments on the draft scope as attached

Draft Peer Review Scope

Sunderland's HWBB has successfully transitioned from early implementer to shadow and now full Board status and in doing so has established a track record of positive partnership working. The Board is small but is supported by a broad partnership of advisory groups, the Children's Trust, Adults Partnership Board and a newly formed NHS Provider Forum.

The Board is a learning board, alternating full Board sessions with development sessions examining structures and systems as well as key transformational topics. The Board has worked with the NHS Institute for Innovation and Improvement to undergo a Health and Social Care System diagnostic looking at the strengths and weaknesses of the Sunderland system and is working as a whole towards implementing the recommendations from this.

Both the JSNA and HWB Strategy look at Health and Wellbeing in a broad context, examining both the social determinants of health, prevention and early intervention and looking to promote an assets approach to improving the life chances of Sunderland's residents. This is consistent with the corporate policies of community leadership, community resilience and strengthening families but presents a challenge in terms of service reconfiguration and integration, commissioning and decommissioning. Not only the Board, but all key leaders within the HWB System have signed up to the design principles of the strategy as it moves into the key action planning and delivery stage.

The Council's new Public Health responsibilities have been embedded into its operating model, with the DPH taking on a key influencing and shaping role within the Council and between the Council and the CCG.

HealthWatch has been commissioned but as yet has still to appoint a chair, and so this relationship is under pressure to develop quickly.

The Sunderland HWBB would welcome a peer challenge

- to test the leadership of the HWBB and the advisory group structure
- to test the extent to which the principles of the HWB Strategy are embedded throughout the system
- to examine the extent to which public health is influencing other council services
- to assess progress in bringing together social care and health resources
- to uncover any barriers to service integration/pooled budgets across the system
- to critically assess the engagement of patients and the public and the progress towards co-production
- to provide recommendations on the future direction of the HWBB that will enable it to affect a positive step change in residents health,

We would see the benefits of a peer challenge to be:

- Providing external "critical friend" challenge and an opportunity for reflection

- An independent view on the depth of understanding and how well embedded and integrated the current agenda is
- Considering the extent of joint commissioning to date and support in moving forward around alternative service delivery modelling
- Assisting the HWBB and partners in understanding and using customer insight to manage demand and improve customer experience

Timescales

As some of the relationships are new, the HWB Strategy is only moving into action planning stage in late 2013 and the recommendations from the previous systems diagnostic are still being implemented, the challenge would be best timetabled into 2014, ideally as late as possible in the current financial year. If there is scope for the challenge to occur in 2014-15, we would be happy to discuss this.

Appendix 2: Headline questions for the peer challenge (National Guidance)

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. They are discussed and tailored in the context of each council.

1. How well are the health and wellbeing challenges understood and how are they reflected in JHWSs and in commissioning?

- Is there a vision for the health and wellbeing of the local population? Is it shared between key partners in the local system?
- How strong are the analyses on which JSNAs are based? Do they reflect the population needs across health and care?
- Do JSNAs cover the wider-determinants of health?
- How well articulated and presented is the analysis?
- How clear are the priorities and timelines in JHWSs? Is there an appropriate balance between preventative and responsive interventions? Is there clarity over any areas of disinvestment from historic provision?
- How clearly are health inequalities, and their relationships with other inequalities, understood? Do JHWSs contain convincing strategies for closing gaps?
- How clearly are the delivery programmes related to available resources? How well are resources combined and pooled?
- Is there evidence of HWB members together finding the best uses of their collective spend across the system?
- How well are the potential contributions of the third sector and community structures reflected in strategies?
- How have local priorities been related to the national outcomes frameworks and strategies for public health, adult social care, children, and the NHS?
- How clear is the linkage through JSNAs, to JHWSs, and then to commissioning?
- How well combined are the analyses available from locality-based sources with those of the commissioning support unit?
- How clear is the relationship between JHWS and CCG commissioning plans and strategies?
- How well-used are national learning, benchmarking information, summaries of effective practice and value for money approaches, and the experiences of others responding to similar challenges?
- How clearly are health and wellbeing priorities reflected in broader community strategies and in the delivery strategies of individual agencies, including district council strategies in two-tier areas?
- How ambitious are the strategies and are they deliverable? To what extent is the balance of local service delivery being challenged?
- How well are actions, impacts and cost-effectiveness reviewed? To what effect? Is the local health system a learning system?

2. How strong are governance, leadership, partnerships, voices, and relationships?

- How well does the membership of the HWB reflect the need to align power and influence around the JHWS?
- How effective is the grip of the board on its programme and agenda? How well informed are its members? How effective are discussion, challenge, commitment and review? How is conflict managed?
- How strongly do members commit to the board and its actions? How well-shared is the core analysis to challenges and the commitment to priorities and actions?
- How well developed are relationships in the board? How effective has the development of the board been and a mutual understanding of how it can be most effective in achieving key impacts?
- What is the quality of the relationship between the HWB and the CCG(s)?
- What is the quality of the relationship between the local public health team and CCGs? Is it able to meet its statutory function in giving the CCG public health advice?
- How effective are relationships with Health Providers? The local schools system? Local housing agencies? Other public sector providers?
- How well is the council considering the impact of its services, plans and strategies on health and wellbeing (eg considering the impact of planning decisions on health and wellbeing)?
- How well engaged are local politicians, beyond those directly involved in the HWB? How strongly do health and wellbeing challenges influence political ambitions and vice versa? How strong is the commitment to JHWSs across the local political landscape?
- How effectively are local voluntary and community organisations engaged in advocacy, strategic direction, and delivery?
- How effective are the local Healthwatch arrangements?
- How well are the experiences of service users, patients and members of the public heard and reflected on, both through the local Healthwatch organisation and wider?
- How effective is the local Overview and Scrutiny function?
- How effective is collaboration with the Public Health England and NHS England regional and local teams?
- In two tier areas, how well are district authorities engaged in analysis and setting priorities? Do strategies make best use of the functions of both tiers?
- Are there shared arrangements for any element of the public health functions? How well do they work?

3. How well are mandated and discretionary public health functions delivered?

- How well are sexual health services commissioned and delivered?
- How effective are local arrangements for screening and immunisation?
- How well is the population healthcare advice service delivered locally? What is the quality of the relationship between the local public health team and the CCG(s)?
- How well is the local Health Check programme being commissioned and delivered?

- Is there a clear and appropriate Health Protection arrangements? Is there clarity over relative roles, responsibilities, and leadership arrangements in the context of an incident or outbreak?
- How effective are Emergency Preparedness, Resilience and Response relationships? How well are key roles understood? How strong are the connections to wider emergency planning and resilience arrangements?
- What discretionary functions, including drugs and alcohol interventions, are provided in the locality? On what rationale?
- How effectively has the Board encouraged integrated working between commissioners of health and social care services?

4. How well are the DPH and team being used, and how strong is the mutual engagement between them and other council teams?

- How has the organisational design of the council been adapted to make best use of the public health team?
- Do the local arrangements ensure that the DPH is able to fulfil the statutory functions of the role effectively?
- How well is the DPH able to contribute to the wider leadership of the place and council?
- How well are JHWS priorities reflected in service plans and change programmes across the council?
- How well are the strengths of the professional public health team used across the council and its partnerships?
- How is the public health team's use of evidence and analysis being incorporated with the place-based sensitivity of the councillors?
- How aware are key staff across the council of the contributions that the public health team can make?
- How aware is the public health team of the full range of the functions of the council, their spheres of influence, and their particular areas of expertise?
- How strong are the arrangements for the development of the public health profession, including continuous professional development and accreditation?
- How influential is the public health team across the wider local health system?

