

Councillor Rory Palmer
Deputy City Mayor
Leicester City Council
New Walk Centre
Welford Place
Leicester
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24th February 2014

Dear Rory

Health and wellbeing peer challenge, 10 – 14 February 2014

On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited into Leicester City Council to deliver a health and wellbeing peer challenge as part of the LGA's health and wellbeing system improvement programme. This programme is based on the principles of sector led improvement, i.e. that health and wellbeing boards (HWBs) will be confident in their system wide strategic leadership role, have the capability to deliver transformational change, through the development of effective strategies to drive the successful commissioning and provision of services, to create improvements in the health and wellbeing of the local community.

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

- John Mothersole – Chief Executive Sheffield City Council, Lead Peer
- Councillor Steve Bedser – Cabinet Member for Health & Wellbeing, Birmingham City Council and Chair Birmingham HWB
- Gerry Taylor – Director of Public Health, Luton Borough Council
- Jane Milligan, Chief Officer, NHS Tower Hamlets CCG
- Peter Stewart - NHS IQ
- Rebecca Matthews- Policy Manager (North of England), Dept. Health
- Caroline Bosdet – Challenge Manager, Local Government Association

Scope and focus of the peer challenge

The LGA peer review team consisted of 7 team members with a breadth of experience and professional backgrounds. In four days the peer challenge team attended 31 sessions, met with 7 Councillors; 26 staff and 38 partner organisations, plus an earlier observation of the HWB.

The purpose of the health and wellbeing peer challenge is to support HWBs and councils in implementing their new statutory responsibilities relating to health from 1st April 2013, by way of a systematic challenge through sector peers in order to improve local practice

Our framework for the challenge consisted of four headline questions:

1. Is there a clear and appropriate and achievable approach to improving the health and wellbeing of local residents?
2. Is the Health & Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?
3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
4. Are there effective arrangements for evaluating impacts and for underpinning accountability to the public?

In the Leicester City HWB context, the peer challenge also has focused on these elements:

- How well is the HWB operating?
- What opportunities are there for the HWB to enhance its influencing and steering of NHS commissioning?
- How can the HWB develop and deliver a clear policy and developmental role?
- How can the HWB best influence the reduction in health inequalities?

It is important to stress that this was not an inspection. Peer challenges are improvement focused. The peers used their experience and knowledge to reflect on the information presented to them by people they met, things they saw and material that they read.

This letter provides a summary of the peer challenge team's findings. It builds on the feedback presentation delivered by the team at the end of their on-site visit. In presenting this feedback, the peer challenge team acted as fellow local government and health officers and members, not professional consultants or inspectors. We hope this will help provide recognition of the progress Leicester City Council and its HWB have made during the last year whilst stimulating debate and thinking about future challenges.

1. Headline messages

The peer challenge team found all staff, members and partners to be very open, honest and receptive to suggestions. This is a good basis for maximising the benefit of having a peer challenge. The people we met had great pride in the city and felt that Leicester was a good place to work. There is a supportive culture in the Council.

It was very striking that there was such a good shared understanding of health needs of the population among both officers and members. Key health inequalities and challenges (CVD, diabetes, infant mortality, eight year difference in life expectancy in some parts of the city etc...) were articulated throughout the week. Strong political leadership was apparent. The Council is an organisation with professionalism and commitment with the ambition to make a difference.

Public Health landed well in Leicester, with a strong team and with a very positive story to tell. The Public Health team have been developing and implementing delivery plans with considerable multi-agency and multi-disciplinary input from across the NHS and the council before, during and after the implementation of the health reforms. The HWB and the Health and Wellbeing Strategy have provided impetus to this activity and set and confirmed these key priorities for improvement. The scale and system-wide nature of much of the delivery we have deemed as areas of best practice that we would like to follow up with you and share with the sector:

- Oral Health Plan/Strategy
- Health checks
- Immunisation programme outcomes
- Breastfeeding initiative
- Reduction in teenage pregnancy
- Sexual Health Commissioning

The Council is also seen as a productive partner and it was stated that partners had, “no issue with trust and confidence”. With a history of strong partnership in the city, a well-established CCG with the benefit of co-terminosity there are very strong foundations on which to move forward.

Moving on from this position of strength the key challenge the team posed is; what difference has the HWB made? The team felt that the HWB needs to be driving change, leading not monitoring and to move on from a view that “The HWB is used to explain things not resolve things”. Leicester is in a position that is not uncommon across the country within HWBs, as evidenced by the LGA’s research “Change Gear” and echoed by the King’s Fund, that it is now time to increase the pace, step up to the plate and deliver. There is an awareness of this and we heard the quote “walking not running” to describe the HWB. The current ways of working are not yet sufficient to make the difference that your ambition says that you want to see.

A key observation was that the agenda for the HWB was not comprehensive enough and was operationally focussed, often on NHS specific issues, with for example the short term issue of the acute trust’s deficit and issues on quality of urgent care. It would be useful to have more prominence given to adult social care, children and a major issue for the city and its partners – mental health. These issues did not seem to get the coverage they deserve and would be necessary for a comprehensive view to be formed and delivered for the City’s health and care system. The HWB also now needs to focus on delivery – delivering the Health & Wellbeing Strategy and setting the Board’s own agenda. The HWB also needs to develop its role in having an impact on CCG planning and commissioning and ensuring that contracting is delivering the strategies.

To move to the next level, the HWB needs to develop some collective thought and greater collective leadership on what system success would look like in view of the big strategic challenges. It needs to create a collective will on reconfiguration, including how preventative services and care services will work more effectively together across the whole system. Organisations and individuals must have clarity on their roles. Effective system leadership needs to develop with a strategic blueprint and a clear line of accountability to the HWB for driving this forward and holding partners to account. This will challenge the current structures and will push against external constraints. We did not find much experience of delivering large scale transformational change within the council and there needs to be thought given to the existing capacity for big system change.

Transformational change requires a culture shift in understanding that it is not business as usual and with a willingness to do things differently and look beyond Leicester City for new ideas and innovation. The links now with the peer team, through the LGA's sector led improvement programme and engaging in regional networks can support you with this. Identifying the change agents among your members and officers will be helpful. We believe that those change agents already exist but need to be used as such.

Finally in order for the HWB to "change gear" you will need to give due thought to the appropriate type of support the HWB needs and also to take some time to reflect and to set the strategic direction. This was a key finding for the LGA's research that in order to develop, HWBs need to create some space to think, for example through away days, facilitated sessions, themed workshops, initiating big conversations about the big issues that will impact on health and wellbeing and the wider determinants of health with the key players. A review of HWB membership is timely and Leicester does not have to constrain itself to the statutory minimum requirements and should also consider other ways of effectively involving stakeholders outside of the formal meetings.

In summary there are essential ingredients in place to support success but the HWB is at a critical point where, if nothing changes, it will lose momentum and effective engagement from its members. If it can regroup it can start to put in place the key levers to deliver strategic change at a pace that will enable the system to collectively survive the financial and quality challenges which will become increasingly pressing and deliver more appropriate and therefore better care to its citizens. There are huge opportunities for you to exert your influence and system leadership role.

Our final thoughts are to leave you with a choice:

- Currently, you are good, respond well and committed to doing the best
- You could become great, leading and shaping your own destiny

2. Is there a clear and appropriate and achievable approach to improving the health and wellbeing of local residents?

In terms of strengths, the quality of the Health & Wellbeing Strategy is valued and it

has a very strong mandate. The JSNA and strategies articulate the health needs and challenges of the population clearly and these are well understood by the HWB.

The Council historically has had Public Health awareness and has taken the new responsibilities under the health reforms very seriously i.e. firstly having the City Mayor chairing the shadow HWB then the Deputy City Mayor. The Public Health team has integrated well into the local authority and is beginning to influence action across the Council on the wider determinants of health such as transport. They have also brought an evidence base/data to wider local authority functions e.g. neighbourhood services further embedding their advice. However, the team recognise that there is more to do with planning, housing and unemployment. There are some specific needs assessments that are commissioner led and decision making and commissioning are needs and evidenced based. There is an Integration Strategy and prevention models in the Better Care Fund (BCF) which could join up with wider public health work. There has been a strength of approach to date and the opportunity to make a real difference now is recognised by political leaders.

Areas for further consideration are as follows. Relationships with partners are good, but these are at an operational level and are not sufficiently effective strategically. This is reflected in the impact and operation of the HWB. Following on from this, the HWB needs to have a strategic approach. This is an opportunity for providing long term solutions to provider pressures rather than dealing with crisis in the short term. There are too many conversations on the £40m gap in the acute trust rather than wider systems issues. Another example would be the Better Care Together Strategy. We heard and believe that this “had drifted” which is a concern for something that should be the basis for your health and care blueprint. Our advice would be to take a programme management approach, work up a delivery plan ensuring it is integrated with other plans, has capacity to deliver identified, has clear leadership and is owned by the HWB.

There appears to be limited connectivity between the Children’s Trust, LSCB and the HWB. The HWB needs to examine if these linkages are sufficient particularly as the cabinet member for children is not a member of the HWB. The team believe that there should be far more emphasis on children and young people at the HWB. This is critical to achieve the long term impacts of any prevention strategies and interventions and tackling health inequalities.

Acknowledging the strength of ‘Closing the Gap’, it was not clear how you will measure success as the Strategy lacks targets. There also needs to be far more clarity on the underpinning strategies that contribute to its delivery, for example Primary Care and other strategies and plans which reflect the wider determinants of health e.g. employment, housing. We heard about the desire to harness more innovation and creativity to jointly commission flexible wellbeing services and so strengthening community services, whilst valuing the voluntary and community sector contributions to individual and community support.

Finally Public Health staff were not always clear how the HWB and the Health and Wellbeing Strategy is driving and shaping their priorities and their work. As previously stated, the Public Health team is a strong team with huge potential for driving forward

change and the HWB should consider how to use these strengths more explicitly. This would help to make the system leadership role of the HWB more prominent.

3. Is the Health and Wellbeing Board at the heart of an effective governance system? Does leadership work well across the local system?

The Mayoral model provides pace, focus, ambition, leaner decision making, strong & supportive leadership. There is a high level of engagement and impressive understanding of the health and wellbeing agenda, wider determinants of health and strategic linkages at political level. The Deputy City Mayor is the champion for health and

wellbeing pushing forward action and bringing people together. This approach “opens doors and unblocks”. The Council has well established relationships and corporate memory. An example of this is the Healthwatch interim Chair that has brought vast experience coupled with commitment and acting as an equal partner at the HWB. The HWB has responded to the Better Care Fund (BCF) as a catalyst.

In terms of areas for further consideration, you have the opportunity to use the strength of leadership as a springboard to develop pace and to provide leadership for system change. For example, there needs to be a political narrative for ‘Better Care Together’, the five year health and social care strategy for Leicester, Leicestershire and Rutland and a strategic conversation on reconfiguration and how this plays back in the integration agenda across the whole health economy.

The HWB’s remit and role requires further development to more systematically engage with providers (particularly the acute and community NHS providers), to clarify the relationship between the HWB and the Council’s Scrutiny functions and to clarify the interplay between the HWB role and Healthwatch. A point to note is that some stakeholders have displayed nervousness about politics and not being politically aware. This is about politics in general rather than the specific position in Leicester and it may be something that the HWB could tackle through a development opportunity. As referred to previously, we are not convinced that the HWB agenda strikes the right balance or allows a strategic discussion that reflects priorities. Is the current frequency of meetings effective to progress the necessary business? It would be timely to examine what support the HWB needs to support policy development and strategic thinking. A final point is to consider is about developing a joint approach across the city and county to deliver the Health & Wellbeing Strategy as part of the Better Care Together Strategy.

4. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?

As stated earlier the transition of Public Health in Leicester went smoothly and the Public Health grant has been protected. The DPH and her team have a strong grip on Public Health and there is confidence in the Public Health structure. Public Health consultants are involved in commissioning. The team have demonstrated good practice in Integrated Sexual Health commissioning, increasing immunisation coverage and uptake of health checks. Public Health being positioned in the Council has resulted in increased reach into areas like transport, planning, food, Children’s

Services and Early Years. The CCG is still committing funding to Public Health initiatives and committed to prevention – e.g. health checks and lifestyle hub.

In terms of areas for further consideration: the low profile of Mental Health was quite surprising to the team given the level of need in the city. Mental Health and vulnerability impacts on several partners' e.g. big issue for the police. There also seems to be an over-reliance on beds in Mental Health Services and not enough investment in community infrastructure, for example no transfer of resources to build community support, including integrated neighbourhood services and identifying and building on community assets.

There should be more priority given to prevention and early intervention and less on secondary care overall. There is also a need to highlight prevention in the planning for urgent care using system-wide approaches e.g. voluntary and housing sectors. The Public Health team could provide more leadership to ensure the delivery of 'Closing the Gap' including a particular focus on children, ensuring that interventions are at the right scale and appropriately targeted to reduce evident inequalities. They could also make sure the integration agenda has a greater focus on prevention. There is also a need to develop an overarching strategic approach to tackling inequalities through universal and targeted mechanisms. There is also an opportunity to really capitalise on skills sets in needs assessment, research and intelligence to better co-ordinate resources, pool insight from public and service user engagement and learning across organisations about service remodelling.

Risk sharing is not fully resolved and the contracting process is getting in the way of delivering strategy. There are significant challenges which will require a partnership approach across all commissioners and providers. To drive this, consideration should be given to utilising different contracting and risk sharing arrangements, building on examples being developed as part of the integrated care work nationally. The team believe that the system change that Leicester needs to both meet the financial challenges and deliver its ambitions will need a new approach to risk-sharing and contracting. Without this then change will be difficult to achieve at the right scale and to the right timetable. We did not see any evidence of this new approach emerging and we believe that you need to start now in addressing this so that you both have the right framework and culture in place in time. Put simply, the new system that you need will not be created by the old and current way of approaching risk, commissioning and contracting.

5. Are there effective arrangements for evaluating impacts and for underpinning accountability to the public?

There is ward level public engagement on a range of health issues and good networks for involvement e.g.; Neighbourhood Panels, tenants engagement etc...but how does it feed into the HWB? The CCG as an elected board gives strength to its mandate. A Joint Commissioning Board is in place which could be the "engine room" for the HWB.

In terms of areas for further consideration there appears to be an implementation gap. Leicester has got the strategy and priorities but it is not clear how it is delivered.

The oversight of progress did not seem to be at the HWB. Indeed the HWB seemed distant to some. It would be useful to review the balance of new and existing activities needs in the Health and Wellbeing Strategy. Finally, the HWB needs to be mindful of ensuring Healthwatch is supported to play their part and achieve their potential to influence particularly when the new Chair takes up her position with a new team.

6. Moving forward

Based on what we saw, heard and read we suggest the Council and HWB consider the following actions. These are things we think will help improve and develop your effectiveness and capacity to deliver your ambition to 'close the gap'.

At an overall level you should prioritise the following aim as this will provide one of the key conditions for success:

The HWB should have an **inclusive** membership, direct access to and engagement with the **key levers**, **expecting** and being **assured** that the **right** things are happening and spending its time considering the **appropriate** issues.

We consider the first five recommendations will help you achieve this and that the *first five are essential to move forward*:

1. Build the capacity of the HWB to be the recognised system leader in the local health and care economy
2. To be inclusive and to have access to the key levers review the arrangements for the HWB membership to include Lead Member for Children's Services and consider providers, voluntary and community sector
3. Change the agenda planning process to be clearer on appropriate business and review the frequency to ensure the HWB has the capacity to deal with the right issues at the right time
4. Review the governance arrangements and capacity supporting the HWB – this may include; ToR, sub-groups, policy support and infrastructure
5. The HWB and the HWB Strategy needs a Delivery Plan and an appropriate performance management system that is explicit about expectation and progress internally and externally, making linkages with underpinning strategies clear
6. HWB needs to lead the development of a strategic blueprint for the health and social care system (to a *deadline*) – this is a *long term* strategic vision for the *whole population*, focussing on the *shift to prevention*, and an *operational and investment plan* to achieve it and the *development plan* to deliver it
7. Understand what is needed for large scale transformational change e.g. right behaviours, look outwards, identify change agents and consider boosting capacity with secondments from other parts of the sector

8. There is widespread recognition of the need for system integration but there needs to be policy integration and therefore the embryonic efforts of Public Health to tackle the wider determinants of health need to be accelerated using the City Mayor's Plan and 'Closing the Gap', the Joint Health and Wellbeing Strategy.
9. Develop an innovative commissioning and contracting approach for all partners to deliver strategic objectives
10. Use your best practice examples to showcase how the work of the HWB is closing the gap.

7. Next steps

The Council's political leadership, senior management and members of the HWB will undoubtedly wish to reflect on these findings and suggestions before determining how to take things forward. As part of the peer challenge process, there is an offer of follow up support. In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. Mark Edgell, Principal Adviser (East Midlands) is the main contact between your authority and the Local Government Association. Mark can be contacted at mark.edgell@local.gov.uk (or telephone 07747 636 910) and can provide access to our resources and any further support.

In the meantime, all of us connected with the peer challenge would like to wish Leicester City every success going forward. Once again, many thanks for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely,



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