

0-19 years commissioning Sector Led Improvement Review (London region)

Phase 1 Appendices

March 2022



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Glossary

ADPH UK – Association of Directors of Public Health (National office)

ADPHL - Association of Directors of Public Health (London office)

ALDCS – Association of London Directors of Children’s Services

BCYP - Babies, Children and Young People

CAMHS – Children and Adolescent Mental Health Services

CCG – Clinical Commissioning Group

COVID-19/Covid – Coronavirus

C(s)PH – Consultant(s) in Public Health

CQC – Care Quality Commission

CYP – Children and Young People (0-19 years)

DCS – Director of Children’s Services

D(s)PH – Director(s) of Public Health

GLA – Greater London Authority

HCP – Healthy Child Programme

HV – Health Visiting

ICS – Integrated Care System

iHV – Institute of Health Visiting

iPiP - Institute of Performance in Practice

LA – Local Authority

LB – London Borough

LGA – Local Government Association

NCL – North Central London

NEL – North East London

NWL - North West London

OHID – Office for Health Improvement and Disparities

ONS – Office for National Statistics

PHE – Public Health England

SAT – Self Assessment Tool

SCPHN - Specialist Community Public Health Nursing

SEL – South East London

SLI – Sector Led Improvement

SN – School Nursing

STP – Sustainability and Transformation Plan

SWL – South West London

T&F – Task and Finish



Principles of Sector Led Improvement

What is Sector Led Improvement (SLI)?

Sector Led Improvement (SLI) is the term used by local government for a self-assessment and peer-review approach to service improvement that is independent of formal external inspections. It presents an opportunity to improve practice and outcomes whilst demonstrating transparency and accountability to internal and external stakeholders¹.

The underlying principles that local authorities use are:

- Responsible for their own performance
- Accountable locally, not nationally
- There is a sense of collective responsibility for the performance of the sector as a whole
- The role of the Local Government Association is to provide tools and support.

In August 2015, the Association of Directors of Public Health UK published a framework highlighting the key points²:

- The purpose of SLI is to provide confidence to both internal and external stakeholders and the public in demonstrating continuous improvement in public health practice
- It should provide demonstrable evaluation, challenge and measurement of improvement
- Increased learning and knowledge



¹ <https://www.local.gov.uk/our-support/our-improvement-offer/what-sector-led-improvement>

² <https://www.adph.org.uk/wp-content/uploads/2016/04/PH-SLI-Framework.pdf>



ADPH London SLI Programme

The Association of Directors of Public Health (ADPH) for London represents Directors of Public Health in London's 33 local authorities, supporting them to improve and protect the health of their local populations. Part of the role of ADPH London is to support local authorities in service improvement through an SLI programme. ADPH London has an SLI Programme Board; previous in-depth SLI thematic reviews that have or are currently being conducted with London partners include smoking cessation, childhood obesity, alcohol and suicide prevention using a self-assessment and peer review approach.

- [CLeaR self-assessment and peer review tool used for ADPH London smoking cessation and tobacco control thematic review](#)
- [Evaluation of ADPH London SLI pilot on smoking cessation and tobacco control](#)
- **ADPH London childhood obesity SLI thematic review**

0-19 commissioning SLI Review

In late 2017, the ADPH London SLI Programme Board identified Children and Young People (CYP) as an area of SLI interest given policy levers including best start in life, the Mayor's Health Inequality Strategy, with a focus on where the Public Health Grant has direct influence. It was agreed that Health Visiting (HV) and School Nursing (SN) services would be the focus, with interfaces with other remits such as maternity and Children and Adolescent Mental Health Services (CAMHs), though not the services themselves included in the scope.

Why Health Visiting (HV) and School Nursing (SN) services?

HV and SN services play a crucial role in giving every child the best start in life, and since the COVID-19 pandemic in 2020, these services have been impacted and have led to a change in delivery as part of the 'new norm'. In 2015, commissioning of 0-5 year and 5-19 years (HV and SN respectively) came under the responsibility of local authorities³. Since this report was written, no self-assessment and peer review tool for service evaluation and improvement exists for HV and SN services, therefore this SLI Review involved developing and piloting a suitable self-assessment tool.

The hypothesis for this SLI Review is that an improvement in HV and SN services will lead to an improvement in health outcomes for CYP. As the tool will be developed based on national guidelines and evidence of best practice it may also be of value of local authorities outside of London. Overall, the process of this SLI Review will help inform service improvement in HV and SN, and SLI Review approaches will help inform shared practice in self-assessment and peer review approaches in general for other services.

³ <https://www.local.gov.uk/topics/social-care-health-and-integration/public-health/children-public-health-transfer>

Health Visiting and School Nursing SLI Review approach

Aim and Objectives

The overarching aims of the SLI review were:

- To inform future standards for School Nursing, Health Visiting and interface with other CYP services.
- To aid improved public health provision for children and young people across London
- To develop and strengthen partnership working with the Association of London Directors of Children's Services (ALDCS) and support the development of a shared CYP agenda.

The objectives were:

- To develop a self-assessment tool in collaboration with Public Health and Children Services professionals, to review Health Visiting and School Nursing practice in London
- To engage all (33) London boroughs in the CYP SLI thematic review
- To conduct a peer review process in line with the principles of SLI
- Identify and develop areas for improvement locally and across London for CYP
- To utilise the opportunity to strengthen collaboration between the London Directors of Public Health (DsPH) and Directors of Children's Services (DsCS)

Scope

In scope

- Literature review of the evidence base that will underpin the tool
- Development of a self-assessment and peer review tool, based on clearly articulated rationale and referenced evidence.
- Facilitation of a sector led improvement process with the 32 London Boroughs & City of London

Out of scope

- HV and School Nursing COVID-19 impact project
- An economic evaluation of Health Visiting and School Nursing services.
- Development and implementation of self-assessment tools for CYP services outside of SN and Health Visiting and services exclusively commissioned by CCGs such as CAMHs.
- Collection of primary data (e.g. tool development will use routinely available/existing evidence).

0-19s Public Health Services

- Health Visiting
- School Nursing
- Significant interfaces that Health Visiting and School Nursing services have to manage for safe, effective and equitable delivery such as maternity, primary care, therapies, screening & immunisations, CAMHs and other Local authority (LA) children's services and adult services.
- Safe staff numbers and skill mix
- Safeguarding



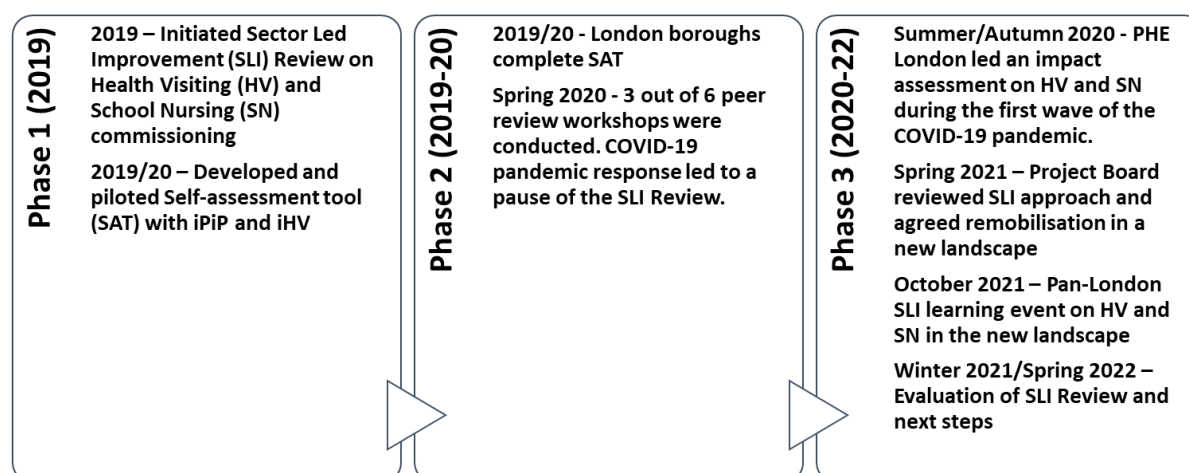
SLI Review method and timescales

The review was conducted from 2019 to 2022, with a pause between Spring 2020 to Spring 2021 and a change to the approach to allow for boroughs to focus on the Covid pandemic response. The key SLI methods would include:

- Challenges – including self-assessment and peer to peer challenge
- Problem solving – including collaborative workshops to share and tackle wider issues at local and regional level
- And sharing – including best practice workshops, and sharing innovation and learning

The review was split into three phases:

- **Phase 1: Develop and pilot a Self-assessment tool (SAT – owned by ADPH London and London Councils)**
- **Phase 2: Boroughs complete SAT and partake in peer review workshops**
- **Phase 3: Pan London learning event and evaluation**



As part of the development of the SLI Review, a logic model and evaluation framework were developed to help inform the SLI review process.



Logic model

Context	Inputs	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> From 2015 commissioning of 0-19 came under responsibility of local authorities Public health funding (cuts in real terms), and impact on programmes Regional and local models and disparities Health inequalities amongst CYP, exacerbated during Covid pandemic Covid impact on HV and SN, change in service delivery, impact on families Workforce changes with recommissioning, and how the workforce will be developed in future PH system change, how will that impact local authorities? ICS development, NHS/LA partnership approach, how will that influence commissioning in future? 	<ul style="list-style-type: none"> Project Management resourcing (internal and partners) Leadership and oversight (DsPH, Local authority CYP PH Leads, NHS, London Councils, OHID London, ALDCS) SLI funding for self-assessment tool with iHV/iPiP SLI project governance structure Stakeholder engagement and comms Data analysis OHID London SLI process – self assessment, peer review, evaluation Virtual pan London reflective session 	<ul style="list-style-type: none"> Self-assessment tool Engagement with London local authorities and providers Peer review workshops Improvement plan (pre-pandemic) Pan-London shared learning SLI review report and next steps 	<ul style="list-style-type: none"> Identification of good practice Peer to peer challenge Understand opportunities and challenges Share SLI Review learning Benefit/value of LA investment Understand impact of Covid on HV and SN services Prepare for changing landscape of HV and SN services with PH system transformation and ICS development 	<ul style="list-style-type: none"> Improved approach to HV and SN commissioning Improved outcomes for children and young people through HV and SN services Pan-London intervention and support to London LAs Collaboration opportunities (e.g., joint commissioning) Close partnership working at system level
Assumptions <ul style="list-style-type: none"> Work capacity to commit to delivery of the project during the Covid pandemic Applicability of the Self-assessment tool in a changing landscape 			External Factors <ul style="list-style-type: none"> Continual COVID-19 response Public health system transformation ICS development and impact on future commissioning Workforce development of HV and SN Public health grant and public health nursing grant 	



Evaluation framework

	Pre-Covid pandemic		During Covid pandemic
Phase (Date)	Phase 1 (2019)	Phase 2 (2019 - 20)	Phase 3 (2020 - 22)
SLI method	<ul style="list-style-type: none"> Develop and pilot Self-assessment tool (SAT) 	<ul style="list-style-type: none"> SAT completion across all London boroughs Peer review workshops Borough Improvement Plans 	Planned approach before the SLI Review was paused and revised due to the Covid pandemic <ul style="list-style-type: none"> Pan-London learning event on SLI findings and improvements at regional level - reviewed One year on SLI Review of improvement plans
			Revised approach (during Covid pandemic) <ul style="list-style-type: none"> London learning event Lessons learnt on SLI Review process
Outputs	Pilot: <ul style="list-style-type: none"> Written Feedback questionnaires on use of SAT 	SAT: <ul style="list-style-type: none"> Analysis of SAT feedback from local authorities No. of SAT submissions Survey monkey on use of self-assessment tool Peer review workshops: <ul style="list-style-type: none"> No. of participants and representatives Themes/discussion points Survey monkey feedback on process Borough improvement plans: <ul style="list-style-type: none"> No of submissions Themes/areas for improvement plans submitted 	Pan-London learning session: <ul style="list-style-type: none"> Verbal feedback from facilitator(s) on development and delivery of workshops No. of participants and representatives Themes/discussion points – use Menti, Jamboard, MS Teams recordings to capture themes, conversations. SLI process: <ul style="list-style-type: none"> Verbal feedback from SLI Project Board on process, lessons learnt and actions for next steps. Project management reflections



Development and Piloting of the Self-Assessment Tool (2019)

In January 2019 the project comprised a period of mobilisation including the establishment of the governance structure, project management systems and processes. ADPH London and London Councils commissioned Improving Performance in Practice (iPiP) and the Institute of Health Visiting (iHV) to conduct an evidence review that would help inform development of the SAT with a small working group with the following representatives:

- Directors of Public Health, Consultants in Public Health and Public Health Leads from London boroughs
- Associate Director and CYP commissioners from London boroughs and/or Clinical Commissioning Group (CCG)
- Office for Health Improvement and Disparities London Office (formerly Public Health England)
- Association of London Directors of Children's Services (ALDCS)
- London Councils
- ADPH London
- and Greater London Authority

A data insights working group was also convened (again with local authority CYP public health leads and key system partners) to determine key indicators for borough data profiles as part of the SLI process.

It was envisaged that the design of the tool would:

- Encourage collaboration and engagement
- Be challenging yet user friendly
- Be evidence based, drawing on guidance along with national ambitions and plans
- Assess the current situation not what is aspired to or planned
- Grounded by local priorities
- Focused on outcomes
- High level, given its breadth
- And require the recording of reasons for self-assessment scores, e.g. a short explanation or an extract from a document.

Rapid evidence review

Evidence was considered from a range of recognised data bases including: the Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE, ASSIA, Web of Science and Google Scholar Advanced for peer reviewed published studies. The search strategy focused on robust/peer reviewed literature and considered key publications from governmental departments, including policy and guidance documents. Grey literature was considered, for example non-peer reviewed journals, conference presentations and abstracts that would support the aim of the review.

Following the search, it was found that:

- More evidence at the time was available on models/programmes than specific interventions
- More evidence at the time was available on 0-5yrs services and health visiting than school nursing
- A consultative approach was taken to inform the evidence drawing on members of the project working groups

Self-assessment tool

The self-assessment tool (SAT) is meant as an improvement resource and not as an inspection process, for competitive use or as a rating system, nor is it a tool to manage any individual's performance. The design of the tool encourages collaboration and engagement and requires the



recording of the justification/evidence for the assessment scores, e.g., a short explanation or an extract from a document.

The tool has the following key sections:

- Contact details of the borough and lead completing the assessment
- Three top strategic priorities within the borough
- How the health visiting and school nursing service contribute to achieving those priorities?
- Three of the most important objectives for the health visiting and school nursing service?
- Scoring and evidence, justification and actions/considerations for the each of the following themes and domains set out in the table below:

Leadership	Service Provision	Achieving Outcomes
Vision and Governance	Mode of delivery	Monitoring
Planning, Commissioning and Quality Assurance	Preventative focus	Outcomes
Communication & Engagement	Workforce development including recruitment and retention	Priority Indicators
Partnership	Organisational learning	
	Innovation	

The self and peer scoring system were as follows:

Can you demonstrate this practice in your local area?

- If you cannot, select **'no evidence'**
- If there is evidence of some relevant practice, select **'some evidence'**
- If you can demonstrate that the practice is common and strongly reflects the evidence, select **'strong evidence'**
- Where you select 'some evidence' or 'strong evidence', boroughs were encouraged to use the justification section to make a note of examples or references to justify the score

Peer reviewing was conducted through workshops (Phase 2) with groups of boroughs rather than a borough-to-borough approach (see Phase 2 appendix for details).

Pilot

In June/July 2019, the four boroughs (Newham, Brent, Barnet and Havering) piloted the self-assessment tool for Health Visiting and School Nursing. The pilot boroughs were invited to a workshop to:

- Be introduced to sector led improvement
- Understand the background to the tool including the SAT and evidence base
- Familiarise with the SAT
- Awareness of the options for completing the SAT
- Understand of the available support
- Agreeing timescales of 6 weeks completion of their SAT for the pilot, and share feedback to help inform Phase 2 - rollout of the SAT across London boroughs.

Boroughs were asked to:

- Identify a local borough lead from the local authority with a broad and in-depth understanding of health visiting and school nursing (usually a commissioner or public health lead)



- Identify the key people who have the knowledge/information to complete and provide evidence for sections of the assessment
- And decide whether the lead completes the assessment in consultation with key individuals, or the key individuals be given a section to complete where appropriate based on their knowledge and involvement. Engagement can be done through a workshop, one to one or small groups

For this pilot, boroughs were given 6 weeks to complete the tool.



Pilot of Self-Assessment Tool (SAT)

Between the 15th of June and the 24th of July 2019, four boroughs (Newham, Brent, Barnet, and Havering) piloted the SAT and were asked to provide feedback on the use of the tool. Eight questions were formulated and shared with the nominated lead officer for each borough for response. Below are key responses that were drawn from the questionnaire.

1) Who was involved in completing the tool and how did you find engagement across the council?

- Led internally (local authority public health team), linking with the services
- Some jointly/supported with providers
- Would need greater preparation time for engagement

2) Did you feel 6 weeks was adequate to complete the tool?

- 6 weeks is too short for some when you consider version control, meeting people
- Restating the need for a longer lead-in to commence SAT and preparation time.

3) How did you find the technical usability of the tool?

- Mixed reviews from provider and commissioner: some found it easy to use, some found it difficult
- Change formatting of tool going forward - The SAT has small text, it needs space for evidence, use colour to distinguish actions and completion stages

4) Has completing the tool had any immediate impact on process and approach to delivering health visiting and school nursing?

- It's helped to reassess what can be done better – involving wider partners
- Our commissioner will provide additional supplementary training to enhance practice
- Acknowledgment that the impact of the tool varies depending on each boroughs stage within the commissioning cycle. A suggestion that asking the boroughs to disclose their stage of commissioning cycle may be useful in the background section at the start of the tool. This will have relevance in the peer-to-peer review - helping to guard against the 'rule of optimism'.

5) Was anything missing from the tool?

- Most boroughs found the tool comprehensive
- Missing - feedback from service users, how are staff recruited, training, sessions

6) Can you identify any questions/statements that were especially difficult to answer?

- Procurement of service involved the general population - patient stories, friends and family test, case studies. We found this difficult to answer as we did not go out to consultation prior to procurement
- Was difficult to show the service is making a difference to health inequalities
- Some of the questions were challenging, we were able to work through them and gather the required information
- We suggest a completed tool should be read for duplication (training and workforce planning)
- 'Outcomes' statements / questions could be reworded so it's clear we're being asked about the prevalence / trends, not the evidence / data availability for these

7) Do you have suggestions or feedback which will help the successful roll-out of the tool Pan-London?

- A guide on the way boroughs should proceed to complete the SAT, who to engage with
- How other boroughs approached the completion of the tool
- Further guidance on engaging colleagues / running our own workshops would help with planning and structuring completion
- Example of a completed self-assessment to help with expected level of detail, evidence etc.

8) General comments/additional feedback

- Senior leadership were involved from the beginning
- Provider: It was interesting to complete the tool and identify where our gaps are as a service provider and have discussions about how to best work collectively and effectively to meet the needs of our locality and reduce health inequalities.
- Sometimes it's hard to differentiate between some vs strong criteria
- A collaborative effort with joint ownership
- Completing the tool was a useful experience. We will re-do the SAT to inform commissioning arrangements, including monitoring and evaluation moving forward
- The workshop was useful in familiarising us with the tool
- It was useful to have greater detail about the evidence bundle
- It felt very much like a CQC inspection which at times gave a feel of duplication