

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

## **Phase 2 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



## London boroughs complete self-assessment tool (SAT) (2019 - 2020)

Following Phase 1 - Development and pilot of the SAT, in Autumn 2019 all London boroughs were invited to take part in the review through completion of the SAT and participating in a peer-review workshop (details of the peer review workshop method are below). Each borough had a nominated lead officer from the local authority (mainly a commissioner or a public health lead) as the key point of contact for completion and engagement with local partners. Following feedback from the pilot phase, the tool template had minor amendments, and boroughs were given 10 weeks to complete their SAT (with extensions provided for boroughs where necessary).

The SAT covers the following sections:

- **Section One:** Overview (Background to SLI; Self-assessment process; System navigation)
- **Section Two:** Setting the context (Contact details; Three local top strategic priorities; How HV and SN service contribute to achieve the priorities; Three important objectives for HV and SN services)
- **Section Three:** Leadership (see below domains for evidence)
- **Section Four:** Service Provision (see below domains for evidence)
- **Section Five:** Outcomes (see below domains for evidence)
- **Section Six:** Notes (for any additional information)
- **Section Seven:** Scores (table and spider gram)

Scoring for Sections three to five are aggregated based on the strength of evidence provided for each domain. Peer review scoring was not ascertained for this review, as we used a different approach to peer reviewing (see page 13).

### Section 7: Scores



Service Led Improvement Tool Scoring		Evidence	
	Max	Your Score	Peer Review Score
<b>Leadership</b>			
1. Vision and governance	12	0	0
2. Planning, commissioning and quality assurance	20	0	0
3. Communication and engagement	8	0	0
4. Partnership	10	0	0
<b>Service Provision</b>			
5. Mode of delivery	26	0	0
6. Preventative focus	16	0	0
7. Workforce development	16	0	0
8. Organisational Learning	4	0	0
9. Innovation	6	0	0
<b>Outcomes</b>			
10. Monitoring	10	0	0
11. Outcomes	22	0	0
12. Priority indicators	6	0	0
<b>Grand Totals</b>		<b>0</b>	<b>0</b>

Out of the 32 London boroughs and City of London that were invited to take part in the peer review:

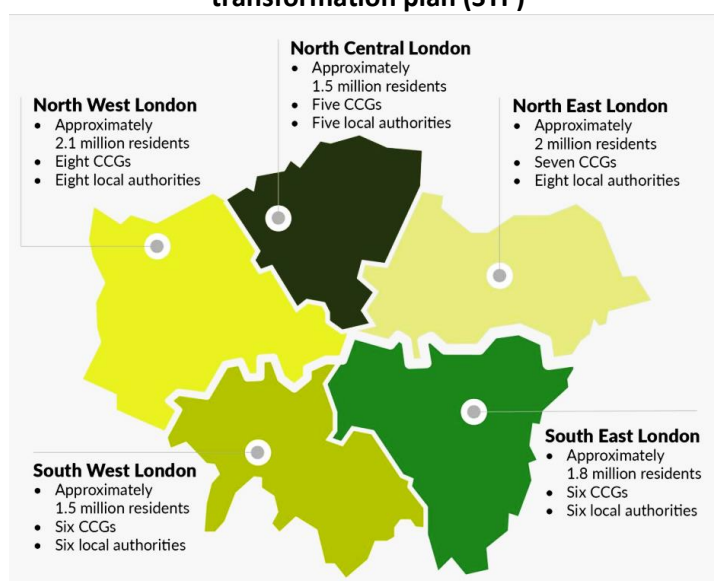
- Four boroughs completed their SAT in the pilot phase (see Phase 1 Appendices).
- 25 boroughs completed their SAT (post pilot phase)
- Four boroughs had not fully completed their SAT. Reasons for this included pending of sign-off from local officers, limited internal resources to complete the SAT, local issues that impacted on completion, and late commencement which was impacted by the Covid pandemic. Boroughs were still keen to engage through the peer review workshops.

Below is a table with the list of boroughs and their SAT status as of 2019-2020. These have been grouped into the 5 Integrated Care System (ICS) footprints, which is illustrated in the map.

**Table of London boroughs in ICS footprints with their SAT status**

<b>North West London (NWL)</b>	<b>North Central London (NCL)</b>	<b>North East London (NEL)</b>	<b>South East London (SEL)</b>	<b>South West London (SWL)</b>
<ul style="list-style-type: none"> <li>Brent (pilot)</li> <li>Hounslow</li> <li>Harrow</li> <li>Ealing</li> <li>Kensington &amp; Chelsea and WCC</li> <li>Hammersmith &amp; Fulham (not completed)</li> <li>Hillingdon (not completed)</li> </ul>	<ul style="list-style-type: none"> <li>Barnet (pilot)</li> <li>Haringey</li> <li>Camden &amp; Islington</li> <li>Enfield (not completed)</li> </ul>	<ul style="list-style-type: none"> <li>Havering (pilot)</li> <li>Newham (pilot)</li> <li>Redbridge</li> <li>Waltham Forest</li> <li>Barking &amp; Dagenham</li> <li>City &amp; Hackney</li> <li>Tower Hamlets</li> </ul>	<ul style="list-style-type: none"> <li>Bexley</li> <li>Bromley</li> <li>Lewisham</li> <li>Lambeth</li> <li>Greenwich</li> <li>Southwark (not completed)</li> </ul>	<ul style="list-style-type: none"> <li>Croydon</li> <li>Merton</li> <li>Richmond &amp; Wandsworth</li> <li>Kingston</li> <li>Sutton</li> </ul>

**London map with the five Integrated Care System (ICS) footprints, formerly sustainability and transformation plan (STP)**



**Image from The Kings Fund**

The 25 boroughs that completed SATs (post-pilot phase) were analysed and developed into a data dashboard by OHID London (formerly PHE) for internal use only. Below are key findings on:

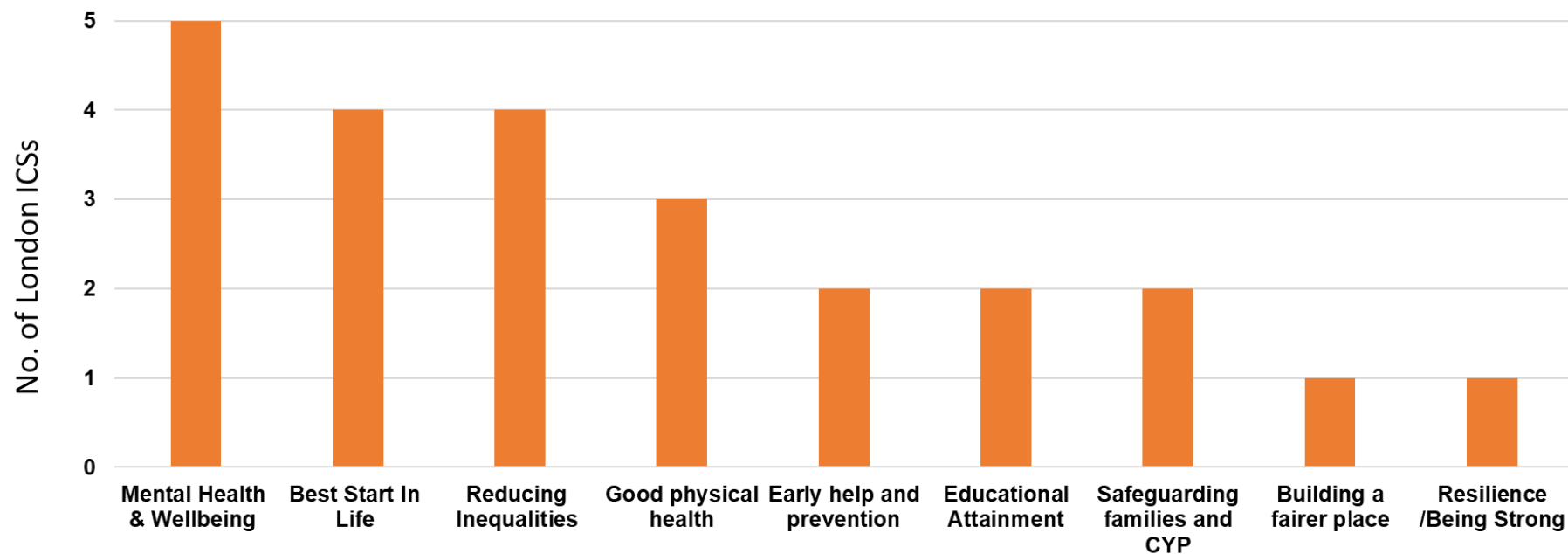
- Section Two in the SAT template: Top strategic priorities
- Contributions that Health Visiting (HV) and School Nursing (SN) make to achieve strategic priorities
- Important objectives for HV and SN services
- Scoring of Sections Three to Five: Leadership, Service Provision and Outcomes in the SAT template

Results are grouped at ICS, pan-London level, and indices of deprivation. This provides a snapshot at the time the SLI Review was conducted (2019). The full data dashboard and individual SAT results are not published as they hold confidential information.

## Self-assessment tool (SAT) – Pan London and ICS results

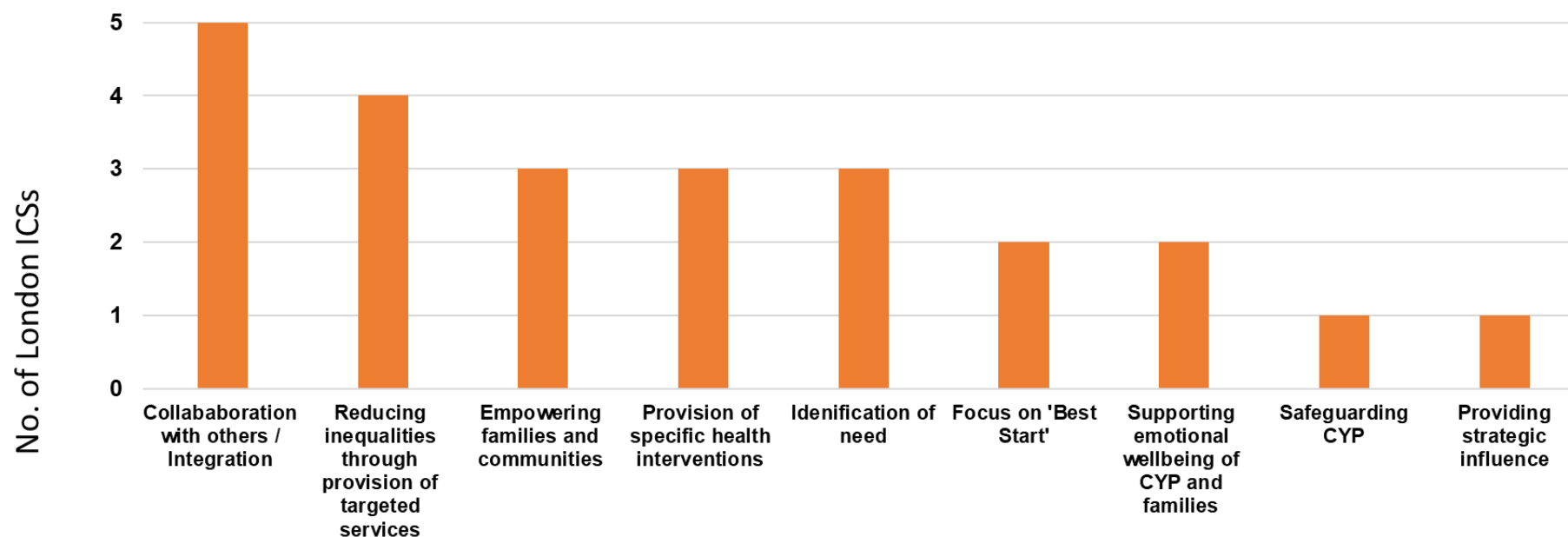
### Top Strategic Priority Themes at ICS level (2019)

- The top strategic priority across all five ICSs in London was 'Mental Health and Wellbeing'
- Four out of five ICSs top priorities were 'Best Start in Life' and 'Reducing inequalities'



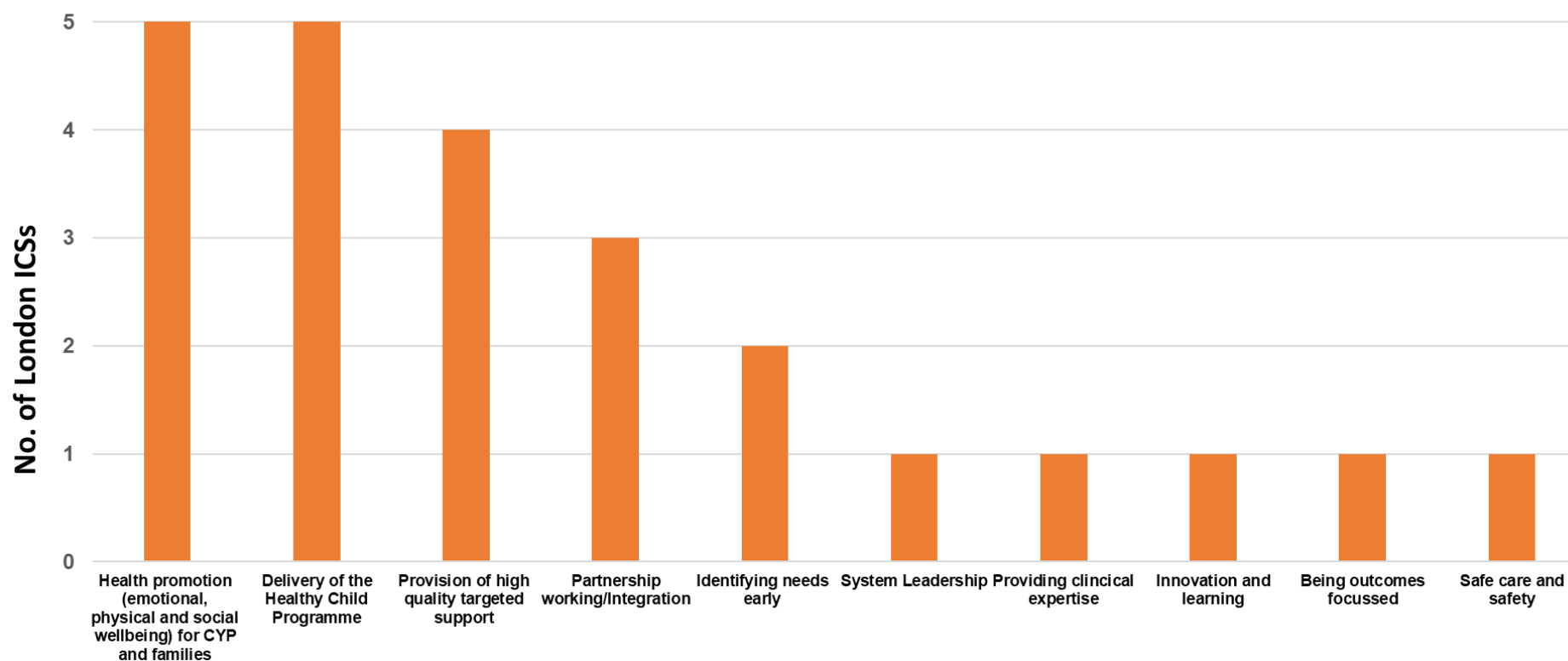
### Contribution HV & SN make to achieving strategic priorities at ICS level (2019)

- The top contribution HV & SN could make to achieving strategic priorities across all five ICSs in London was 'Collaboration with others/integration'
- Four out of five ICSs top contributions were 'Reducing inequalities through provision of targeted services' and 'Empowering families and communities'



### Most important objectives for HV and SN at ICS level (2019)

- The most important objectives for HV and SN across all five ICSs in London was 'Health promotion' and delivery of the Healthy Child Programme





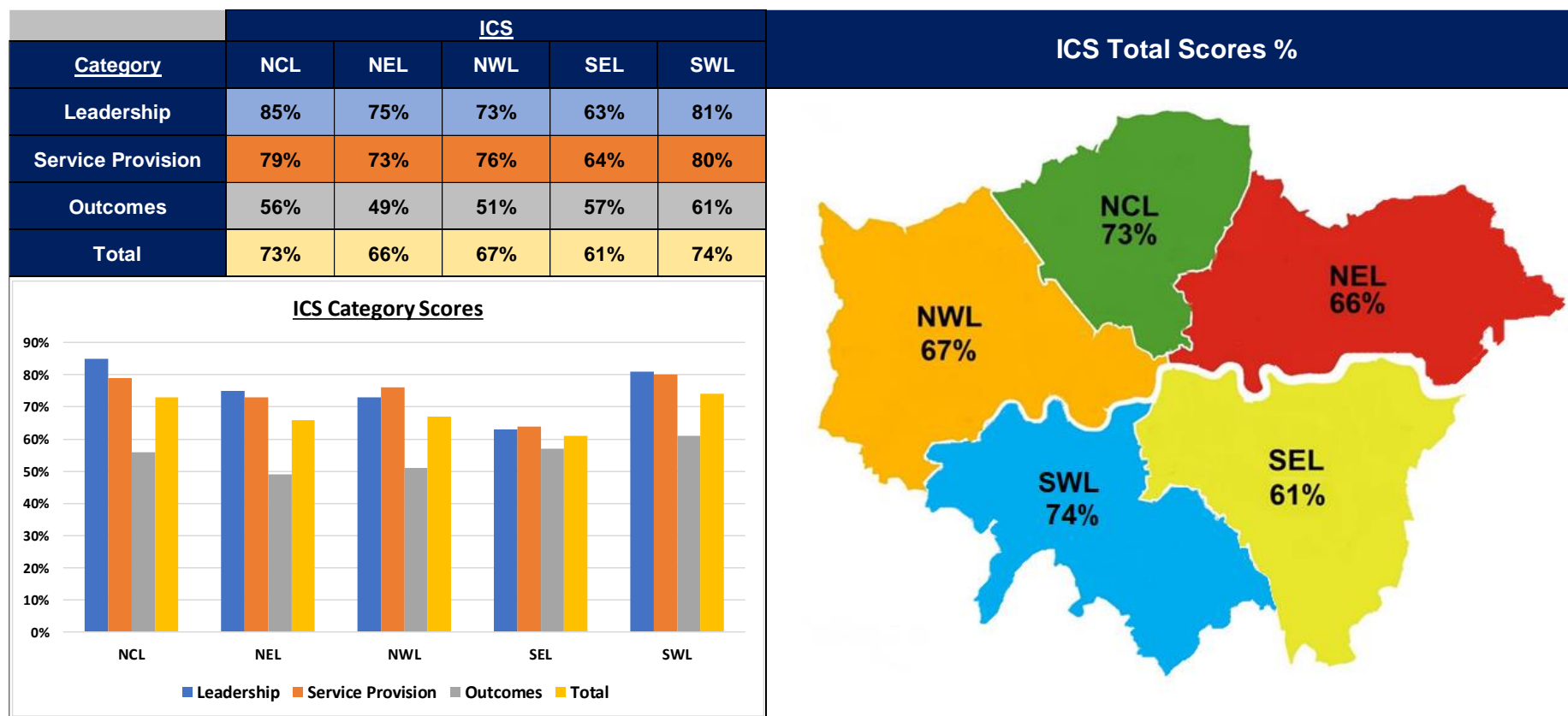
## Table of key priorities and objectives at ICS level (2019)

- This table shows the key priorities and objectives from the borough SATs grouped at ICS level

ICS	Top Strategic Priorities	HV/SN services contribute to achieving those priorities through:	The most important objectives for SN HV system are:
NORTH CENTRAL	<ul style="list-style-type: none"> <li>Mental health and wellbeing</li> <li>Reducing inequalities</li> <li>Building a fairer place</li> <li>Focusing on prevention and early help</li> </ul>	<ul style="list-style-type: none"> <li>Improving outcomes from pregnancy to early years</li> <li>Identifying and supporting perinatal MH issues, attachment, responsive parenting and SN with regards to MH and emotional wellbeing of school aged children</li> <li>Providing additional support for the most vulnerable, interventions aim to narrow the gap</li> <li>Working with communities and increasing capacity in community, using place-based approach</li> <li>Co-locating and working with other teams (e.g. children's centres) resulting to more integrated joined up working</li> </ul>	<ul style="list-style-type: none"> <li>Promotion of the overall health (emotional, physical and social wellbeing) of CYP and families</li> <li>Delivery of the Healthy Child Programme</li> <li>Partnership working and in an integrated way</li> <li>System leadership</li> <li>Early identification of need</li> </ul>
NORTH WEST	<ul style="list-style-type: none"> <li>Safeguarding CYP &amp; families</li> <li>Reducing inequalities</li> <li>Mental health and wellbeing</li> <li>Good physical health</li> <li>Providing children with the Best start in life</li> <li>Educational attainment</li> </ul>	<ul style="list-style-type: none"> <li>Contributing to a reduction in childhood obesity: three Boroughs identified this as key area that the services contribute to. Through work around promotion of breastfeeding, supporting weaning/introduction to solids, NCMP delivery and some weight management support</li> <li>Reducing inequalities through provision of universal and targeted offer for those with greatest need</li> <li>Being responsive to need, ensuring that service identifies it as early as possible</li> <li>Working collaboratively with others in an integrated way</li> </ul>	<ul style="list-style-type: none"> <li>Promotion of the overall health (emotional, physical and social wellbeing) of CYP and families</li> <li>Delivery of the Healthy Child Programme</li> <li>Providing clinical expertise</li> <li>Partnership working with others</li> <li>Provision of high-quality targeted support</li> </ul>
NORTH EAST	<ul style="list-style-type: none"> <li>Good physical health</li> <li>Mental health and wellbeing</li> <li>Providing children with the Best start in life</li> <li>Reducing inequalities</li> <li>Educational attainment</li> <li>Focusing on prevention and early help</li> </ul>	<ul style="list-style-type: none"> <li>Working collaboratively with others in an integrated way</li> <li>Identifying need</li> <li>Provision of specific Health Interventions</li> <li>Providing strategic influence</li> </ul>	<ul style="list-style-type: none"> <li>Promotion of the overall health (emotional, physical and social wellbeing) of CYP and families</li> <li>Delivery of the Healthy Child Programme</li> <li>Partnership working and in an integrated way</li> <li>Early identification of need</li> <li>Provision of high-quality targeted support</li> <li>Continuous learning and innovation</li> </ul>
SOUTH WEST	<ul style="list-style-type: none"> <li>Reducing inequalities</li> <li>Mental health and wellbeing</li> <li>Providing children with the Best start in life</li> <li>Resilience/being strong</li> </ul>	<ul style="list-style-type: none"> <li>Reducing inequalities – targeted services for those in most need</li> <li>Focussing on best start in life 3</li> <li>Working in collaboration with others through an integrated offer</li> <li>Contributions to mental health and wellbeing of both children and parents</li> <li>Empowering children and families</li> </ul>	<ul style="list-style-type: none"> <li>Promotion of the overall health (emotional, physical and social wellbeing) of CYP and families</li> <li>Delivery of the Healthy Child Programme</li> <li>Provision of high-quality targeted support</li> <li>Being outcomes focussed</li> </ul>
<u>SOUTH EAST</u>	<ul style="list-style-type: none"> <li>Safeguarding CYP &amp; families</li> <li>Providing children with the Best start in life</li> <li>Mental health and wellbeing</li> <li>Good Physical health</li> </ul>	<ul style="list-style-type: none"> <li>Provision of targeted support to specific groups</li> <li>Listening to families</li> <li>Collaborative working with others</li> <li>Providing specific health interventions</li> <li>Safeguarding CYP</li> <li>Identification of need</li> </ul>	<ul style="list-style-type: none"> <li>Promotion of the overall health (emotional, physical and social wellbeing) of CYP and families</li> <li>Delivery of the Healthy Child Programme</li> <li>Provision of high-quality targeted support</li> <li>Safeguarding /Safe Care</li> </ul>

## Leadership, Service Provision and Outcomes scores at ICS level (2019)

- The table and bar chart on the left-hand side shows the average SAT scoring on the categories 'Leadership, Service Provision and Outcomes' from boroughs SATs at ICS Level. The combined total across these categories are also shown in the table, with a London map visual on the right-hand side.
- Scoring across the categories were fairly similar across all ICSs, with higher scoring for Leadership and Service Provision, and lower scoring in Outcomes. ICS total scores range was from 61% (South East London) to 74% (South West London)

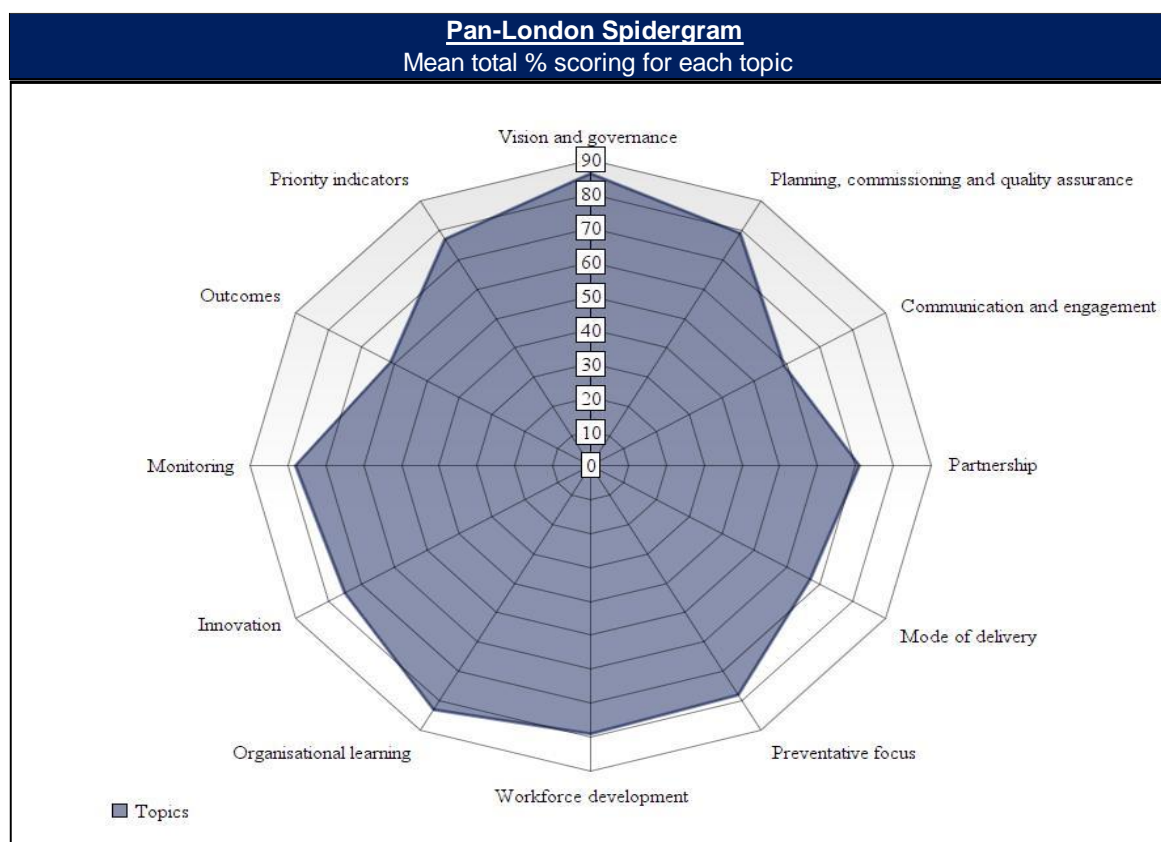




## Leadership, Service Provision and Outcomes pan-London score (2019)

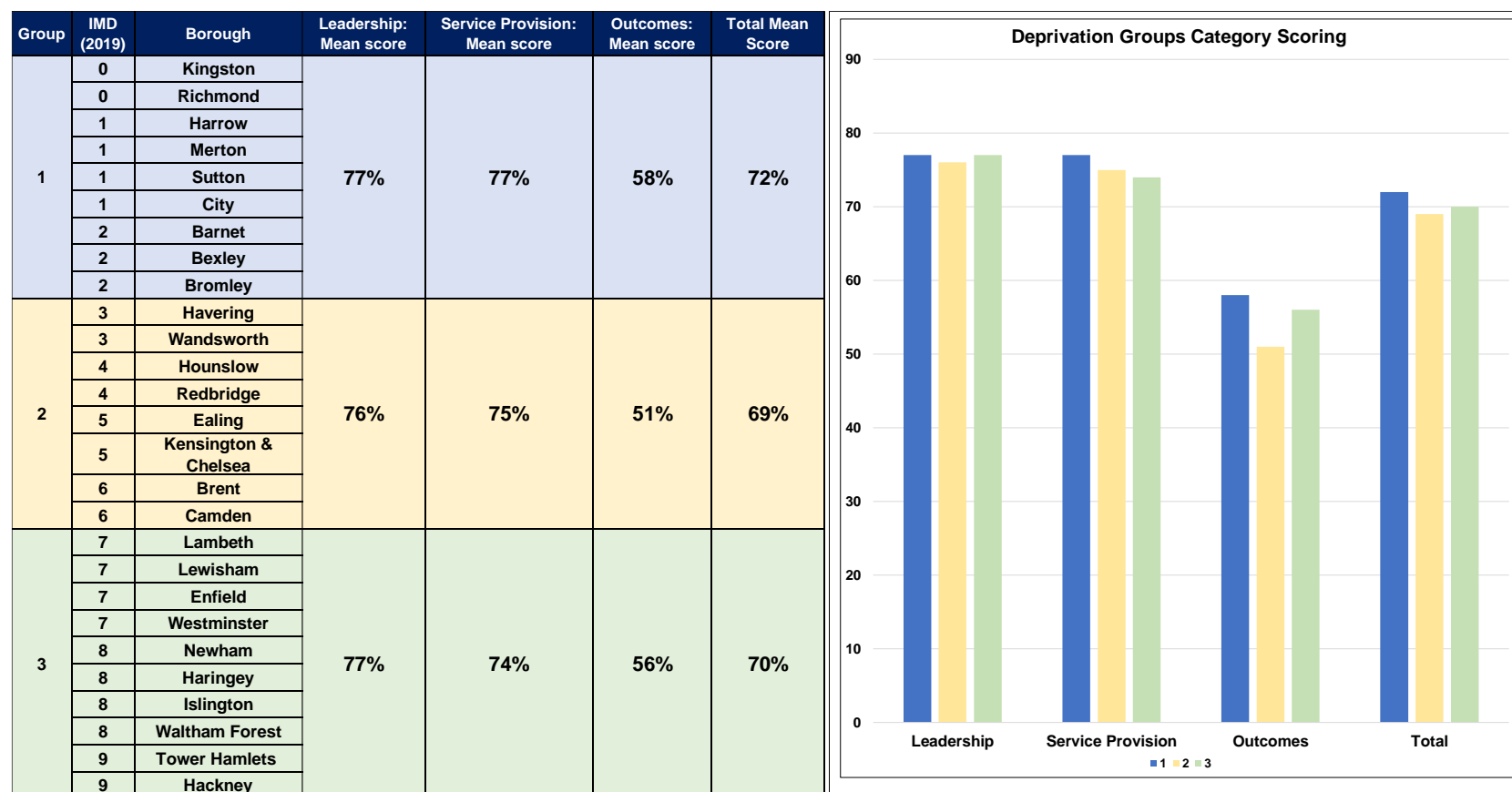
The pan-London spider gram, presents the combined total scoring as an average from all 26 submitted self-assessments. The scorings were calculated by adding all scorings from each topic and dividing them by the number of submitted self-assessments to form an average.

Although the scorings were calculated between 0–100%, the proximity used on the pan London spider gram was 0-90%, due to the highest score being 86%. In total, there are 12 topics under the three categories of leadership, service provision and outcomes; of which can be viewed clockwise from vision and leadership. The spider gram aims to present a useful visual as to each category scoring on a pan-London basis.



## Leadership, Service Provision and Outcomes Index of Multiple Deprivation (IMD) scores (2019)

- The table on the left-hand side shows the average SAT scoring on the categories 'Leadership, Service Provision and Outcomes' from boroughs SATs at ICS Level based on their deprivation deciles in the following groups: Group 1, 0 – 2 IMD (least deprived); Group 2, 3 – 6 IMD; Group 3, 7 – 9 IMD (most deprived).
- The right-hand side shows a bar chart which incorporates the category data sets for each of the three groups from Table 2 (page 2). There is no significant variation between the groups scoring based on deprivation, with the most minor difference occurring in the outcome's graphs.



## Peer review process

In February 2020 a series of face-to-face workshops was planned from February to April 2020. In total, six workshop groups were carefully grouped, each with four to six London boroughs with consideration of the following factors:

- ICS location (formerly STP)
- [Spend and outcome category \(SPOT\)](#)
- [English indices of deprivation 2019](#)
- [Office for National Statistics \(ONS\) area classification](#)

The objectives of the peer review workshops were:

- To challenge boroughs whilst offering an opportunity for the identification of common issues and collaborative problem solving.
- To identify local improvement actions for all boroughs.
- To identify where collaborative action could be taken on common issues.

All London boroughs were invited to the workshops, but it was acknowledged that those that had a completed their SAT would benefit the most from preparation and participation of the peer review process.

Each nominated lead was invited to bring up to three officers from their borough to the workshop. Providers could also join and contribute to the peer review workshops if there was an agreement across all boroughs in the group that they could attend. Service providers were unable to participate if there was a potential for conflict of interest with borough(s) recommissioning their HV and SN services.

Each peer review workshop was facilitated by:

- A Director of Public Health (DPH)
- PHE London Regional Lead Nurse for Safeguarding and CYP
- And a member from the Project Board

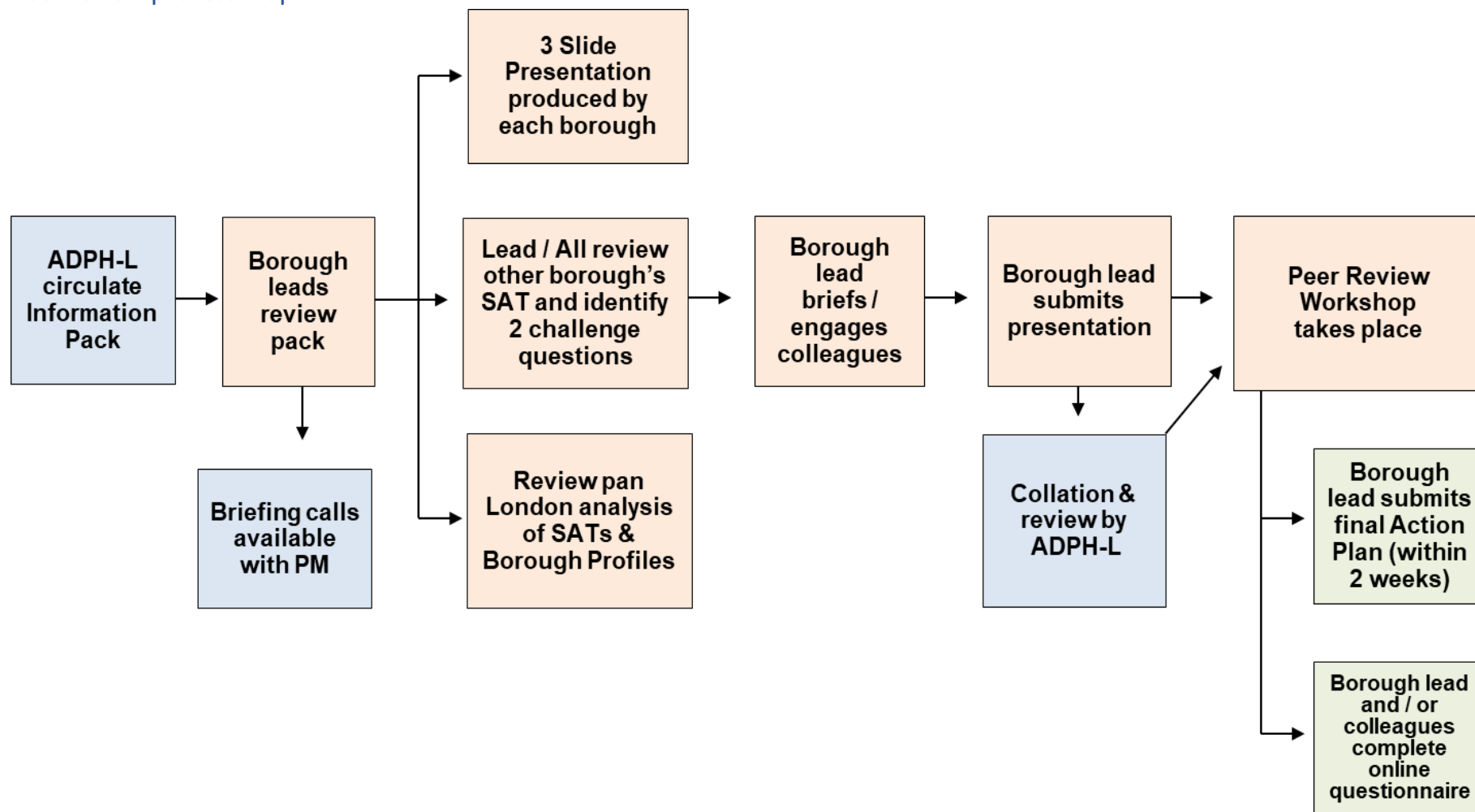
During the workshop, the nominated leads from the participating boroughs were given 25 – 30 minutes for presentation of their strengths, issues and challenges highlighted in the SAT process, followed by peer challenge questions from the boroughs in the workshop group. This was also an opportunity to identify common issues and collaborative problem solving and help inform development of local improvement plans.

Prior to the workshops, nominated lead officers from each borough were provided a checklist of key documents for review (see page 16), and encouraged to prepare in the following way:

- Review the peer review workshop briefing pack (developed by ADPH London)
- Confirm borough representatives who would be joining the workshop: This could be a Director or Consultant in Public Health, and a colleague from Children's Services.
- Produce a Borough Presentation for the workshop and peer challenge (referring to the completed SAT)
- Submit challenge questions for other boroughs in the workshop group (identifying one or two challenge questions to raise at the workshop)

A process diagram was used to guide nominated leads through the key steps involved in preparing for and participating in the peer review workshop (see below).

## Peer review process map



## Peer review workshop list of documents for boroughs

- The following files were sent to the nominated leads

DOCUMENT	DESCRIPTION
Peer Review Workshop Briefing	A PowerPoint document that comprises three parts: <ul style="list-style-type: none"> <li>General Guidance</li> <li>Workshop Introductory Slides</li> <li>Background to the SLI</li> </ul>
Agenda	An agenda for the workshop (see page 17)
Borough Presentation Template	A template to produce a three-slide presentation with the following questions: <ol style="list-style-type: none"> <li><i>What are three Good News Stories relating to Health Visiting &amp; School Nursing services in your borough and why?</i></li> <li><i>What are the three main challenges in your borough relating to HV and SN services and why?</i></li> <li><i>What are the Three key areas for development? How are you going to take this forward? And how could ADPH London help you?</i></li> </ol>
Challenge Question Template	A template to collate challenge questions you would like to ask the other boroughs. <ul style="list-style-type: none"> <li>Challenge questions and notes on SATs can be written for each participating borough (other than the challenger's respective borough).</li> <li>It is requested that the nominated lead officer be responsible for agreeing which <b>two</b> questions you have ready at the workshop.</li> <li>Questions can be submitted in advance to ADPH London and/or used at the workshop</li> </ul>
Learning Points and Next Steps (Action Plan) Template	A template for use during the final part of the workshop, for final submission to ADPH London two weeks after the workshop
Pan London Contextual Overview of SAT Datasets	A headline analysis of the collated self-assessments, providing a pan London initial set of findings to help guide the discussion in the peer review workshop. (see pages 11-13)
Borough SATs (not for onward circulation)	The individuals SAT returns from all boroughs in the workshop group.
Borough Profiles	This document provides a statistical snapshot of each borough in your workshop, including key data from the SAT.



## Peer review workshop agenda

TIMING	ITEM
20 mins	<b>Welcome and Introductions</b> <ul style="list-style-type: none"> <li>Background to SLI and purpose, outline and objectives of session</li> <li>Overview of Pan-London Analysis of collated Self-Assessment data</li> </ul>
2 to 3 hours with a break	<b>Borough Introductions and Challenge questions</b>  20-25 minutes per borough <ul style="list-style-type: none"> <li>5-minute Borough's presentations               <ol style="list-style-type: none"> <li>Good news stories</li> <li>Challenges</li> <li>Areas for development</li> </ol> </li> <li>Challenge questions for boroughs</li> </ul>
<b>10 mins Break</b>	
30 mins	<b>Identify Learning Points and Next Steps</b>  Learning points and next steps' (action plan) template with immediate thoughts and reflections. e.g. <ol style="list-style-type: none"> <li>What are the areas we need to work on?</li> <li>Potential for joined up working across London?</li> <li>Do you have the right stakeholders involved to take work forward?</li> <li>What resources do you have that you could draw on more effectively?</li> <li>How could you strengthen your partnerships?</li> </ol>
15 mins	<b>London Innovation and Next Steps</b>  Facilitate discussion and summing up with attendees: <ul style="list-style-type: none"> <li>Feedback from action planning work</li> <li>Any areas that haven't been discussed?</li> <li>Anything that the self-assessment doesn't address?</li> <li>Anything missing from workshop?</li> <li>Anything else to be discussed further</li> </ul> Boroughs to return 'learning points and next steps' and complete an evaluation form in 2 weeks
<b>Close</b>	





## Borough Data Profiles template

- This document was created for each borough to give a statistical snapshot of for those participating in the workshop

<b>Health Visiting and School Nursing profile for:</b>		<b>Index of multiple deprivation 2019</b>	
<b>Insert name of borough</b>		<b>Insert borough map</b>	
<b>POPULATION (ONS 2018 MYE)</b>	<b>Number</b>	<b>% of population</b>	
Aged under 1	#####	#####	
Ages 1-4 years	#####	#####	
Ages 5-9 years	#####	#####	
Ages 10-14 years	#####	#####	
Ages 15-19 years	#####	#####	
Total ages 0-19	#####	#####	
<b>CHILD HEALTH SUMMARY (Local Authority Profiles)</b> (available from: <a href="https://fingertips.phe.org.uk">https://fingertips.phe.org.uk</a> ) In Year 6, ####% (###) of children are classified as obese, ### than the average for England. The rate for alcohol-specific hospital admissions among those under 18 is ###*, ### than the average for England. This represents ### admissions per year. Levels of teenage pregnancy, GCSE attainment (average attainment 8 score), breastfeeding and smoking in pregnancy are ### than the England average.			
* rate per 1,000 population			
<b>KEY OUTCOME MEASURES</b>	<b>Value</b>	<b>Comparison to previous</b>	<b>Comparison to England</b>
Looked after children under 5 (rate per 10,000)	###	###	###
Smoking status at time of delivery (%)	###	###	###
Breastfeeding at 6-8 weeks (%)	###	###	###
Low birthweight of term babies (%)	###	###	###
Admissions for injuries (0-4 year) (rate per 1,000)	###	###	###
Admissions for asthma (0-9 year) (rate per 1,000)	###	###	###
Children (aged 5 yrs) with one or more DMF teeth (%)	###	###	###
MMR vaccination coverage: 1 dose at 2 years (%)	###	###	###
MMR vaccination coverage: 2 doses at 5 years (%)	###	###	###
Children under 16 in low income families (%)	###	###	###
Reception: prevalence of obesity (%)	###	###	###
Year 6: prevalence of obesity (%)	###	###	###
New birth visits within 14 days (%)	###	###	###
12 month review within 15 months (%)	###	###	###
2-2.5 year reviews by age 21/2 years (%)	###	###	###
School readiness: reception (%)	###	###	###
KS2: pupils meeting expected levels (%)	###	###	###
<b>REVENUE OUTTURN 2018/19 (ONS and MHCLG)</b>	<b>£ thousands</b>		
Children 5–19 public health programmes	###		
Children's 0–5 services (prescribed)	###		
Obesity - children	###		
NCMP (prescribed)	###		
Physical activity - children	###		
<b>THREE MOST IMPORTANT OBJECTIVES FOR THE HEALTH VISITING AND SCHOOL NURSING SERVICE</b>			
<b>Insert top three priorities</b>			
<b>SELF-ASSESSMENT SUMMARY OUTCOMES (Scores as a % of the total available)</b>			
<b>Insert borough spider gram</b>			
To explore outcome measures further, access the interactive profiles from the links below. Choose 'Overview' for a summary of indicators for London Boroughs, 'Compare areas' for a bar chart for comparisons for a particular indicator or 'Trends' to see how an indicator has changed over time.			
<b>Add hyperlinks – PHE Fingertips HV and SN profile (devised by the Data Insight working group) and Child and Maternal Health profiles</b>			

## SLI Review of Health Visiting & School Nursing Services (Action Plan Template)

- A template for use during the final part of the workshop, for final submission to ADPH London two weeks after the workshop

<b>Borough:</b>			
<b>Peer Review Workshop Date:</b>			
<b>Completed By:</b>			
<b>Learning points (from the SAT and the peer review workshop)</b>	<b>Next steps</b>	<b>Timescales</b>	<b>Responsibility</b>
<b>Potential areas for joined up working (e.g. STP/ICS, supra-borough or pan-London)</b>		<b>Stakeholders Required</b>	

## Summary of themes from Peer Review workshops (February/March 2020)

### Workshops conducted

Workshop 1 (Pilot Boroughs) 13 <sup>th</sup> February 2020	Workshop 2 4 <sup>th</sup> March 2020	Workshop 3 10 <sup>th</sup> March 2020
Barnet	Greenwich	Bromley
Brent	Islington	Hillingdon
Havering	Lambeth	Hounslow
Newham	Lewisham	Redbridge
	Southwark	Sutton

### Workshops cancelled due to the Covid pandemic

Workshop 4	Workshop 5	Workshop 6
Camden	Kingston	Croydon
Waltham Forest	Richmond and Wandsworth	Ealing
Barking & Dagenham	Harrow	Hammersmith & Fulham
City of London & Hackney	Merton	Kensington & Chelsea and Westminster City Council
Tower Hamlets	Bexley	Enfield
	Haringey	

## Key points from peer review workshops

W/SHOP	KEY POINTS
1	<ul style="list-style-type: none"> <li>Potential for follow on conversation between boroughs to <b>share experiences, good practice</b>, share documents e.g. specifications.</li> <li>Boroughs with outsourced delivery can learn from (boroughs) with an <b>in-house model</b>.</li> </ul> <p>For further exploration (Deeper Dives):</p> <ul style="list-style-type: none"> <li><b>Workforce challenges</b> – pipeline, recruitment, aging workforce, churn.</li> <li><b>School Nursing is the poor relation compared to Health Visiting.</b></li> <li>Further <b>exploration of the role of the School Nurse</b> as non-mandated service, and within a changing context.</li> <li>Performance of Integrated Health Assessments / Review Health Assessments</li> </ul>
2	<ul style="list-style-type: none"> <li>The balance between HV and SNs in terms of resourcing</li> <li>The role of the School Nurse more generally</li> <li><b>Safeguarding</b> - challenging conversations between PH and Children's needs to happen and reflected in new specifications</li> <li>Workforce capacity, recruitment challenges and competition for staff in recruitment</li> <li>Training models / Post grad – models around sharing those</li> <li><b>Lobbying opportunities:</b> Emotional and mental wellbeing; Violence reduction</li> </ul>
3	<ul style="list-style-type: none"> <li>Strong interest in a borough bringing the service in-house, other boroughs could learn from it. Strong leadership was key.</li> <li>Great scope for greater learning from other boroughs.</li> <li><b>Political context</b> has to be taken into account in driving change – engaged politicians / leadership to raise awareness / understanding</li> <li>Sharing good practice on innovation can be really valuable</li> <li>Taking a <b>systems approach</b>, with greater focus on outcomes</li> <li><b>Co-production / engagement of services users</b> can help shape services – in particular on messaging / comms.</li> </ul>

## Common challenges identified in borough presentations

THEME	ISSUES
WORKFORCE	<ul style="list-style-type: none"> <li>Recruitment and Retention of Health Visitors</li> <li>Low staff ratio to level of need and volume of service users</li> <li>Skill mix - constantly reviewing the model to see if it meets needs of the population, are our ratios for the skill mix right</li> </ul>
SERVICE DELIVERY	<ul style="list-style-type: none"> <li>Constantly reviewing the model to see if it meets needs of the population, are our ratios for the skill mix right</li> <li>Priorities and investment into the service is parity with social care and education departments and greater integrated planning, working and effective sharing of resources, based on robust &amp; accurate joint needs assessments</li> <li>Identification of needs</li> </ul>
BUDGET	<ul style="list-style-type: none"> <li>Budgetary challenges – doing more for less and a growing population</li> </ul>
OUTCOMES	<ul style="list-style-type: none"> <li>Outcomes - data accuracy and reporting</li> <li>Poorer outcomes for children looked after, despite the delivery of the Healthy Child Programme</li> </ul>
PARTNERSHIP WORKING AND INNOVATION	<ul style="list-style-type: none"> <li>Issues around pathways</li> <li>Encouraging innovation with longstanding providers</li> </ul>

## Common areas for development identified in borough presentations

THEME	ISSUES
WORKFORCE	<ul style="list-style-type: none"> <li>• What is the role of the school nurse</li> <li>• Involving staff in developing innovation</li> </ul>
SERVICE DELIVERY	<ul style="list-style-type: none"> <li>• Enhanced and more innovative approaches to co-production and engagement of service users</li> <li>• Addressing Serious Youth Violence</li> </ul>
OUTCOMES & EVIDENCE BASE	<ul style="list-style-type: none"> <li>• Improving health outcomes</li> <li>• Address some of the evidence gaps identified in the SLI</li> </ul>
PARTNERSHIP WORKING AND INNOVATION	<ul style="list-style-type: none"> <li>• Developing the digital offer, using a co-production approach</li> <li>• Ongoing work on integration</li> <li>• Embedding ACEs across services</li> <li>• Development of joint pathways</li> </ul>

## Feedback on the SAT and peer review process

- Boroughs who participated in the SLI Review were asked to provide feedback on the self-assessment and peer review workshops by completing a survey (through Survey Monkey) created by ADPH London.
- The peer review workshops were impacted by the Covid pandemic, which led to the postponement of the SLI Review, and impacted on this feedback process.
- In total, 10 respondents from six boroughs completed the survey. Respondents included Consultants in Public health, Public Health specialists and CYP commissioners.

### The self-assessment process - Most respondents thought the self-assessment process was useful

#### Questions and responses

- The timescales provided for the completion of the self-assessment were adequate (9th October – 18th December - 10 weeks): *5 responses – 4 agree, 1 strongly agree*
- The written guidance and supporting materials provided were useful for the completion of the self-assessment process: *6 responses - 3 agree, 3 strongly agree*
- The self-assessment process was a useful vehicle for engaging other Council departments and organisations delivering services for (or with a stake in) Children and Young People: *7 responses – 3 strongly agree, 3 agree and 1 disagree*
- The (good practice) example responses to each statement (Document 6 of the pack and also when clicking on the cell rating level of evidence) were useful for identifying examples to justify your response to each statement: *7 responses – 1 strongly agree, 5 agree, 1 neither agree nor disagree*
- The additional support available from the project manager (briefing calls, phone support, answering questions) was useful: *7 responses – 3 strongly agree, 2 agree, 2 neither agree nor disagree*

How could the process for completing the self-assessment be made easier and / or more effective in the future?

- Our health visiting and school nursing are very separate services. In the SLI the questions applied to both. It would have been good to **separate out Health visiting and School nursing**. It would have been helpful as we would have scored higher on health visiting for almost everything but school nursing brought the scores down, and it would have allowed us to **better identify strengths and weaknesses of the two services and between the two services**.
- I think the things that were refined in the roll out took account of my feedback
- I feel it would have been better if there had been **questions about the service we commission** even though there is no evidence for this

Please provide any additional comments on your experience of the process for completing the self assessment:

- As the **services are not commissioned services** at our local borough, **some of the questions were difficult to answer**
- It was a **very useful exercise** to consider what we know about the service as a commissioning organisation. This process alone was helpful
- I found this **really useful to do as a team**
- I found it really **helpful especially when writing the spec for procurement making** sure it was evidence based. Also the discussions that were had during the completion of it were like an intervention in itself - people understanding the HCP better and the role the HV and SN take.
- **Very time consuming, but useful**



**Useability of tool - Most respondents thought the self-assessment tool was usable. There were mixed reviews on the usefulness of the outcomes data provided on PHE Fingertips**

**Questions and responses**

- The tool (the Excel document) was user friendly, and easy to navigate and populate: 7 responses – 4 agree, 1 strongly agree, 1 disagree, 1 neither agree nor disagree
- The supporting Evidence Base document was a useful reference document for completing the self-assessment: 7 responses, 4 agree, 1 strongly agree, 1 neither agree nor disagree
- The outcomes data provided on the bespoke Fingertips website page provided sufficient information to complete the self-assessment: 6 responses - 4 agree, 2 neither agree nor disagree
- The outcomes data provided on the bespoke Fingertips website page was useful in completing the self-assessment: 6 responses - 2 strongly agree, 3 neither agree nor disagree, 1 agree

Can you identify any questions/statements that were especially difficult to answer and provide evidence for?

- **6-8 week breast feeding comparison rates weren't available**
- **Section 7. Workforce**
- **Some were more thought provoking than others.** I can't remember any specific examples but others in the group might. It was a long document and I remember the group running out of steam towards the end. It had to be chunked to make it manageable.
- **Evidence around immunisation as we don't commission this service**

Please provide any additional comments on your experience of the tool below:

- **It's useful for identifying service gaps / areas for development**
- The **format is very slick but I would probably prefer something more traditional in Excel with tabs at the bottom of the page.** This is easier to navigate through than the "next page" buttons. Additionally - we try not to print but sometimes it is helpful - it is very difficult to print this version out because you can't wrap the text (i.e. the boxes cut off what you have written)

**Usefulness/utility - Most respondents thought the self-assessment tool had value and impact in local practice**

**Questions and responses**

- The self-assessment process has had an immediate impact on the process and approach to the management and delivery of health visiting and school nursing services in my working borough: 7 responses - 4 agree, 1 disagree, 1 strongly agree, 1 neither agree nor disagree
- The self-assessment process will yield additional benefits, value and impact in the next 1 – 2 years: 7 response - 5 agree, 2 strongly agree
- The potential value and impact of participating in the self-assessment process to your borough has been worth the level of effort (investment of time and resources in the process): 7 responses - 4 strongly agree, 2 agree, 1 neither

What do you think will be the area(s) of greatest value or impact as result of completing the self-assessment?  
(OPTIONAL)

- **Learning about our strengths and weaknesses**
- The other **stakeholders and partners being part of the conversations.** The local action plan based on the actions in the self assessment which we are monitoring through our operational group. And **time out to reflect on the service** knowing that the questions asked were evidence based.
- **It has identified areas where there can be improvement**





**Materials shared before peer review workshop - Most respondents thought the materials shared prior to the workshop were useful**

**Questions and responses**

- The local authority profile and London data you received in advance of the peer review workshop was useful: *10 responses - 5 agree, 4 strongly agree, 1 disagree*
- Reviewing the self-assessments completed by the other local authorities in your peer review group added to your understanding of what the other local authorities are doing: *10 responses - 6 agree, 3 strongly agree, 1 disagree*
- Reviewing the self-assessments completed by the other local authorities in your peer review group was worth the time and effort required: *10 responses - 7 agree, 2 strongly agree, 1 disagree*
- The guidance and supporting documents were useful in preparing for the workshop: *10 responses - 4 strong agree, 5 agree, 1 disagree*

Please provide any additional comments on your experience of preparing for the peer review workshops including how it could be improved in the future:

- **Limited time to review other profiles before event**
- I have no particular comments - I think this **worked well**. It did take longer than I anticipated, however. Many boroughs gave detailed responses and again it was difficult to browse through the files because you have to open up each cell to see the full content
- **It would have been very helpful to have from each borough an introduction to cover: Provider - Commissioning arrangement - Basic model of delivery.** This would have been very helpful in giving an overview of what the service is about - it was difficult to read the SAT from each borough in advance without having any of that context. Also from the workshops it was clear that some boroughs filled it in very favourably and others were more critical. There was a lot of paperwork to do in advance and actually the presentations in the room were really helpful, and that would have been sufficient with the council profile pages ADPH pages prepared, particularly the spider diagrams for us to look at during the meeting.
- It was a bit daunting at first but the **1 - 2 hour guidance was helpful to plan time in diary**. Knowing we only had to think of 2 to 3 challenge questions was also helpful as it made it seem achievable. The more written in the self assessment, the easier the task was!
- I really **valued the positive ethos and respectful challenge** that the process facilitated - it led to a really great learning opportunity and should result in better outcomes
- What would have been helpful - having all the scores for the boroughs who are participating on one page
- Unfortunately we had a late substitution in our team. While the deputy was briefed this meant our preparation was more haphazard than it could have been. **Emphasising the importance of continuity of participation in the self assessment through to the peer review through to action planning** might be helpful to future participants

### Participation in the peer review workshops - Most respondents thought there was engagement during the peer review workshops

#### Questions and responses

- The participants offered each other respectful challenge: *10 responses - 5 strongly agree, 5 agree*
- The participants demonstrated openness and honesty in sharing the current issues and challenges they face: *10 responses - 6 strongly agree, 4 agree*
- All representatives from your borough present in the workshop were involved in the self-assessment process: *10 responses - 4 strongly agree, 3 agree, 2 disagree, 1 strongly disagree*
- The overall format, structure and timings of the workshop worked well: *10 responses - 5 strongly agree, 5 agree*

Please provide any additional comments on your experience of preparing for the peer review workshops including how it could be improved in the future:

- **All parts of the process were useful but the workshop particularly so.** It was really interesting to hear the experience of other boroughs and how their services work. I do think the discussions were not full and frank at the beginning, but they did develop and conversations were respectful and supportive.
- We **would have liked our providers present** - and thanks for discussing this with us.
- (Repeat of Q13 so have assumed this one should refer to 'participating' not 'preparing') The **workshop was a really positive experience**. I'd definitely recommend structuring (as we did) by having the Q&A section for each borough immediately after their presentation, and keeping numbers to a maximum of 4 boroughs if possible.
- Please allow comment and questions to flow naturally following the presentation. **Having fewer LA benefits the fuller discussion and aids learning and sharing from experience.**
- **There were only 4 LA's in our workshop which worked really well.** Not sure if 6 would be too many?
- It would have been useful to have seen the service specification from the other boroughs prior to the meeting

### Value of the peer review workshops - Most respondents thought there was value participating at the peer review workshops

#### Questions and responses

- The workshop increased your understanding of how your approach to the commissioning and management of health visiting and school nursing services compares with those of other Local Authorities: *10 responses - 5 strongly agree, 5 agree*
- The workshop enabled the exchange of successful / good practice: *10 responses - 8 strongly agree, 2 agree*
- The challenge questions asked by other boroughs were useful: *10 responses - 6 strongly agree, 4 agree*
- Production of the Improvement / Action Plan which you commenced in the workshop will support the delivery of improvements in services: *10 responses - 4 strongly agree, 4 agree, 2 neither agree nor disagree*

Please provide any additional comments on the value of participating in the peer review workshop process:

- **It was extremely helpful - very rich learning.** I would have also liked each team to do a little 4-minute-deep dive presentation on one aspect that they do well that is innovative and effective, and that others might learn from
- The workshop was really valuable, but **I think even greater value is yet to come in the exchange of practice that will follow as a result of the relationships built up during this process.**
- We had put together an action plan from the actions in the self assessment. I'm unsure how helpful having another one will be. There were useful ideas that we think we will try from other areas. I wonder if we need an action plan to capture them? Other boroughs might not have approached it the same way as us and find the peer review action plan more helpful
- We found the **challenge questions very useful and helpful**

### Facilitation of peer review workshops - Most respondents thought the facilitation of peer review workshops worked well

#### Questions and responses

- The facilitators clearly outlined the objectives that needed to be achieved by the end of the session: *10 responses - 6 strongly agree, 3 agree, 1 neither agree nor disagree*
- The facilitators kept to time: *10 responses - 7 strongly agree, 3 agree*
- The facilitators provided sufficient time for solution finding for each of the local authorities: *10 responses - 5 strongly agree, 5 agree*
- The facilitators invited supportive challenge from participants: *10 responses - 6 strongly agree, 4 agree*
- The facilitators communicated a clear understanding about confidentiality: *10 responses - 5 strongly agree, 5 agree*

Please provide any additional comments on the facilitation of the workshop, including how it could be improved in the future:

- **More time would be helpful**, but equally, I think it's best to keep it to a half day so, as discussed on the day. I think keeping the intro as short as possible, and allowing as much time as possible for the discussion and challenge questions will be great.
- I think we gave this on the day.

## Impact of the overall SLI process - Most respondents thought that the SLI Review process was worth participation

### Questions and responses

- Participating in the SLI review process has been a worthwhile investment of time, resources and energy: *10 responses - 6 agree, 4 strongly agree*
- Participating in the SLI review process will help create tangible improvements in services: *10 responses - 7 agree, 3 strongly agree*
- Participating in the SLI review process will help create improvements in outcomes (over the next 1 - 2 years): *10 responses - 6 agree, 4 strongly agree*
- You felt engaged throughout the overall SLI self-assessment and peer review process: *10 responses - 5 strongly agree, 5 agree*

To help us refine the agenda and structure of the learning event we are planning for May 2020, please tell us: What would you find most helpful? How can the event support you moving forward? What kind of support would you like after the completion of the overall SLI review process to help you deliver improvements?

- **Highlighting areas of best practice, opportunity to network, share details and contacts** for leads across London
- I think **following up on the major themes identified e.g. workforce and sharing experience/practice across all boroughs would be very helpful**
- Each team to produce a little 3 min deep dive on something that they do well, or ADPH London pick out something from the workshops that they think we should share with the wider groups for maximum learning. Thinking around the HCP which should be published by then, and more about IT possibilities that we could be using and sharing
- As a provider it was very **helpful to hear the challenges and successes that other providers had** had. Learning from others is always helpful
- It would be good to meet with other LA's again
- The **pan London results of the deep dives, something around caseloads and recognising that different boroughs have different budget/resources**. A synopsis of each key theme from each group next steps? What is being planned with the information?
- **More on how we can align the priorities for the council / children's services and public health priorities**
- What would be helpful is having the key challenge questions that were coming out of the peer review sessions. Examples of good practice.
- It would be useful to check in advance if participants will be **willing to share material (JDs, audit tools etc)**

## Borough improvement plans

Following the peer review workshops, it was planned that lead nominated officers would send their local improvement plans, reflecting on the SAT and peer challenge. These improvement plans would help inform a pan-London learning event that would share the SLI findings and improvements planned locally and consider what could be done at a regional level. Boroughs were encouraged to consider the following questions to help inform their improvement plans:

- What are the areas we need to work on?
- Potential for joined up working across London?
- Do you have the right stakeholders involved to take work forward?
- What resources do you have that you could draw on more effectively?
- How could you strengthen your partnerships?

However, the Covid pandemic had impacted on the delivery of the workshops, and time to prioritise development of local plans. In total, ADPH London received three local improvement plans before the SLI Review was paused. The plans focused on the following themes:

- Review of current model and capacity
- Engaging with wider partners
- Exploring champion roles
- Information sharing from SLI peer review group
- Explore appropriateness of a digital offer for services
- Defining offer and identifying priorities for School Nursing

## Impact of Covid on SLI Review

In March 2020, the Project Board for the SLI Review agreed to pause the review to allow boroughs to focus on the Covid pandemic response, and in accordance with the national restrictions. This meant that the following activities were cancelled or reviewed for remobilising in 2021:

- 3 x Face-to-face peer review workshops - cancelled
- Feedback on the process – cancelled
- Local improvement plans – cancelled
- Pan-London learning event on SLI findings and improvements at regional level - reviewed
- One year on SLI Review of improvement plans - cancelled

In Summer 2020, PHE led a rapid review to understand the impact of the COVID-19 of Health Visiting and School Nursing Services in London during the first wave and national lockdown restrictions. Details of this review were used to help inform remobilising of the SLI Review.

In Spring 2021, the SLI Project Board agreed that the SLI Project be remobilised with the following approach for Phase 3:

- To build on the SLI Review work that took place before the pandemic by continuing with the project rather than restarting the SLI Review
- To include a reflection element on the impact of Covid and the changing landscape (e.g., formation of ICs), and consider the relevance of the SLI data and findings that were collected up to March 2020



- To be pragmatic with time and efforts required to complete the phases, adjusting processes where needed to accommodate for work capacity and continual Covid response
- To continue having open conversations on matters regarding HV and SN services, and where possible including providers
- To conduct virtually and not face-to-face for safety (during Covid), and to encourage a wide reach of partners to attend this workshop