



Dear Rupert,

Developing Excellence in Local Public Health (DELPH) peer review, 20 – 21 July 2017

On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited to Doncaster Metropolitan Borough Council to deliver the Developing Excellence in Local Public Health (DELPH) peer review as part of the Yorkshire and Humber Association of Directors of Public Health's sector led improvement programme. The sector led improvement approach is a way of 'providing confidence to both internal and external stakeholders and the public, as well as demonstrating continuous improvement in practice'.

Peer reviews are delivered by experienced officer peers. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer review at Doncaster were:

- Tim Allison, Director of Public Health, East Riding of Yorkshire Council
- Corinne Harvey, Public Health Consultant in Health and Wellbeing, Public Health England
- Tim Fielding, Deputy Director of Public Health, Hull City Council

Scope and focus of the peer challenge

The purpose of the DELPH peer review is to support Councils in implementing their new statutory responsibilities in public health from 1st April 2013, by way of a systematic challenge through sector peers in order to improve local practice.

It is important to stress that this was not an inspection. Peer reviews 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 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 review team acted as fellow public health professionals, not professional consultants or inspectors. Also, the process and time available only allows for a relatively brief assessment. We hope that this will help provide recognition of the progress Doncaster Metropolitan Borough

Council and its partners have made whilst stimulating debate and thinking about future challenges.

We would like to thank you and all the others we met for your hospitality and helpfulness during the visit. We felt very welcomed in Doncaster and everything was provided to assist us with the work. It is important to note that everyone who was scheduled to attend the meetings did so. There was full participation from a large number of people both from within the Council and outside. People appeared to value the opportunity to contribute. There was an overall enthusiasm to seek external challenge and support with an honesty about what may not be working as well as it could. There was a perception that nothing was off the table and that was very welcome.

You requested the following focus for the review:

1. *Our areas of strengths and weakness based on the self-assessment*
2. *How embedded the public health function is*
3. *Whether there are any major capacity or capability gaps and how they might be addressed*
4. *If we have the right building blocks for population health improvement and narrowing health inequalities*

We agreed to focus on substance misuse as a marker condition

We have used this as a structure for this letter.

We acknowledge both the context of the review and that all areas and all Councils have their own unique issues and characteristics. The context in Doncaster includes a period during which the Council was in special measures and the need to address austerity. There is a new mayoral team and there have been recent elections for members. For the Public Health team the transition from NHS to Council is still relatively recent and there has also been a re-structure of the team.

Headline Messages

The overall picture was exceptionally positive. There was widespread praise for the work of the Public Health team within and outside the Council at both a strategic and at an operational level; the role, nature and wide scope of work the Director of Public Health received particular praise. The influence of the Public Health team is widely felt and there is significant influence across the whole of the Council's functions and through into partners.

Performance in areas which are the responsibility of the Public Health team was felt to be good. Further measures could be introduced to capture more elements of performance and in particular evaluate the effectiveness of programmes and interventions. There appear to be some areas of capacity that could benefit from strengthening, in particular the level between Director and Theme Leads.

Strengths and Weaknesses

The leadership from Public Health and the way that the function is delivered were widely praised. There was felt by many to be an excellent integration with the Council as a whole as shown for example by full engagement with the leadership academy for senior Council staff.

Public Health had “brought innovation” and shown “intelligence led commissioning”. Examples of the effective work within Doncaster at a strategic level include full engagement with Team Doncaster’s strategic plans and the incorporation of physical activity in these, while successful operational examples include the transformation of the Big Bite food festival and declining the Coca Cola truck. There is a maturity of relationship with the Clinical Commissioning Group (CCG) and close working with the Public Health Consultant. The Director of Public Health “showed great political acumen”, had gravitas and was “a breath of fresh air”; staff said that he “empowered us to try things” and was keen that people “learn by doing”. The objective expertise from the Public Health team was valued, including by the CCG and provider NHS Trusts, for example in the development of the suicide and self-harm pathway. Overall there was a sense of ambition, drive and motivation.

There were some weaknesses and areas for potential improvement identified. The potential lack of capacity at a senior level which is covered below does potentially put pressure on the work of the Theme Leads and they may need to work in forums where others are more senior in the Council. While partnership engagement is generally very good, this did not appear entirely to be the case for substance misuse where there could be strengthening in work with the CCG and improved links between mental health and substance misuse. Links with the police and other criminal justice agencies could also be strengthened.

We considered the self-assessment undertaken by the Public Health team against the DELPH standards. In some areas self-assessment had strengthened since it was last done but in several areas it had weakened. We felt that the assessment was honest, but perhaps somewhat overly self-critical. It recognised the effects of austerity and areas for potential development.

Embedded within the Council

Feedback from other parts of the Council and from partners indicated that transition arrangements from NHS to local government had been successful and effective, both in terms of functions and practical issues such as moving offices. It was said that the team were embedded “exceptionally well” and “embedded in the way that we do our business”. There was though a sense among some Public Health staff that they were less embedded in the Council and it was not always straightforward to bring specialist public health input at the appropriate level. The plans on a page linking Public Health to other parts of the Council were well received at a strategic level but there was a question as to how tangible they were in the objective delivery of outcomes.

We were presented with many examples of how the work of the Public Health team was embedded within the Council. In addition to those mentioned elsewhere in this letter, these included smooth working with human resources, the Well North work and input to the Urban Centre Master-plan. Our visit to Aspire demonstrated how work commissioned and supported by Public Health is able to be embedded into the society of Doncaster, offering effective treatment to local people.

Capacity and Capability

The capacity of the Public Health team has been reduced following the re-structure. Staff numbers are comparable with similar departments. However, this can be misleading because comparison depends on the role of staff and the extent to which staff engage in operational and service delivery tasks as opposed to strategic and commissioning tasks. Some teams have divested themselves of all service delivery, while in Doncaster it appears that some staff maintain an operational role delivering health improvement programmes. Staff capability was praised and it was noted that “the strength of Public Health is the inclusivity of the way that they work”.

Capacity varies at different levels within the Public Health team. One significant limitation is capacity at the level of head of service or associate director or consultant. Deputising arrangements are in place for the Director of Public Health, but his very wide remit makes this a challenge. Theme leads will often have to take a senior strategic role in their lead areas and these include areas that they have recently acquired following the restructure. The structure overall is relatively flat but there is a question about the large range of work that may be needed. We were concerned about the resilience of the structure and also the need to ensure that succession planning is in place at all levels, but especially senior ones.

While the work of the Public Health team is very widely praised and welcomed, there is still a need for a consistent strategic view of the role of public health staff. There may be different perceptions of the role of staff as for example strategic influencers, commissioners or providers of health improvement initiatives and services. Individual members of staff may be expected to do more than one of these roles and this is especially true following the restructure where some areas of responsibility were widened. An example of the need for clarity is the relationship with the Strategy and Performance Unit; it would be helpful to have more clarity about how strategy, policy and performance link together and where different areas of this work are undertaken.

Building Blocks

It was clear from the visit and the documents that in terms of the Public Health team the great majority of building blocks needed to improve the health of the people of Doncaster and to reduce health inequalities are already in place. These include a dedicated and ambitious group of staff who are highly valued and offer both widespread strategic influence and the assurance of service delivery, led by an extremely well-respected Director of Public Health. There are some further building blocks that can be added but these will be on existing firm foundations.

There are good partnership arrangements in place, although some gaps were apparent as mentioned above in connection with substance misuse. Community engagement has in the past been a major strength. In the self-assessment there was a significant down-grading in this area. We felt that this probably reflects a comparison of the extent of current arrangements with those in the past and changes brought on through austerity. This should not obscure current examples of good community engagement which can be built on. There was limited evidence of direct working with elected members; this will be due at least in part to specific local circumstances and the timing of the visit and is something to build on.

There are good links with research and development, especially through the work of the Public Health Principal. These can be built on and there is a particular need to strengthen the knowledge management function including evaluation and impact assessment. It is vital that

there is appropriate evaluation of the services that are commissioned and provided to ensure that resources are being used as well as possible for improving the health of the people of Doncaster.

There was some discussion of the possibility of the development of an Office of the Director of Public Health. Consideration of this idea should include clarity about function and structure of such an office and how it would work. Would it be in addition to the current arrangement or instead of it and what impact would it have on current staffing structures? For example if the office were there to facilitate strategic influence, would it also manage the commissioning and delivery of services?

Conclusion and Recommendations

We would like once again to thank all the staff we met for their welcome, openness and clarity and we certainly saw a well-regarded and highly functioning Public Health team. It would not be appropriate for us, given both our remit and the short amount of time available for the visit, to give detailed recommendations, but we feel that the following areas should be considered:

- Review of the capacity at a senior level in the Public Health team, especially between the DPH and Theme Leads, including consideration of resilience and succession planning
- Review of the function and purpose of the proposed Office of the DPH and the implications for the wider public health function
- Review of the knowledge management function and capacity for evaluation

We saw a great deal of enthusiasm and ambition among Public Health staff and we are sure that this can and will be well harnessed and can overcome frustrations that may be present.