



**Healthy Communities
Peer Review**

Guidance for Authorities

January 2007

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1. Introduction

This guidance manual is designed for councils that are going to undertake a peer review. It is not intended to be wholly prescriptive, but to impart the benefit of five years of learning from peer reviews across the IDeA. Healthy Communities reviews are a new product and this guidance will be revised further as we learn from our experience of them.

The review is a constructive and supportive process with the central aim of helping councils improve. It is not an inspection nor does it award any form of rating category. It is undertaken from the viewpoint of a 'critical friend'. The Healthy Communities Peer Review will help local government to help itself to respond to the changing agenda set out in the public health white papers: 'Choosing Health: Making Healthy Choices Easier' and 'Our Health, Our Care, Our Say' published in January 2006. The peer review will also assist the development of the Healthier Communities and Older People block of Local Area Agreements.

The peer review process will also help a local authority assess its current achievements and to identify those areas in which it could improve. The peer review approach has been successfully delivered by the IDeA in over 160 local authorities on more than 300 occasions.

The review involves an assessment against the IDeA's benchmark for a council's Healthy Communities activities which explores:

1. **Leadership** - looks at the overall ambitions and priorities for improving health and tackling health inequalities, and how this will be led across the Council and its partners
2. **Empowering Communities** - recognizes that health improvement requires a 'whole system' approach and that the involvement of local people and communities is critical to success and achieving improvements in health
3. **Making it Happen** - identifies what interventions and services have been delivered and how they were informed, supported and resourced
4. **Improving Performance** - identifies how well the overall ambitions and priorities have been achieved, what has been learnt and how continuous improvement is supported

The benchmark is not wholly a 'technical' view of health working. It also incorporates wider corporate issues such as leadership, resource management etc. that need to be probed to obtain a rounded view of the councils approach to its work and emphasis on healthy communities.

Over time, the IDeA will use the learning from the reviews to build up a body of good practice, which can be used by authorities across the sector.

2. How a review works

Authority confirms it wishes to have a review. Date agreed. Review manager and project administrator allocated. Guidance manual is given to the authority.
Preliminary research undertaken by review manager and peers requested.



Review Manger visits Authority to discuss review with their Project Sponsor and review Co-ordinator possible areas of focus, background and practical arrangements



PCH sources proposed review team, in consultation with Review Manager.
Authority consulted and team agreed.



Authority produces documents, self assessment and draft interview programme four weeks before on-site work



Identification of main issues, points for clarification by the review manager and circulated to review team for electronic discussion. If possible agree role allocation for the review



Final review programme agreed two weeks before on site work



Team meets evening before the review and has team meeting on morning of the first day on-site. Collects evidence throughout first and second and into the third day on-site.



Third day on-site team puts together a presentation outlining findings, against the benchmark areas then presents findings to authority.



Review manager produces report, consults team and sends to authority 3 weeks after the review concludes



Report agreed with the authority.

3. The peer review team

A standard healthy communities peer review team is made up of 4 people:

- The team will be led by a serving senior officer with an understanding of health improvement and well being
- A further specialist officer with direct experience in health improvement
- A local government member peer with knowledge and experience of the healthy communities agenda
- A IDeA consultant to act as Review Manager

The team will consist of peers from local government and partners, including the NHS, the health sector more widely, the voluntary and community sector and the independent sector.

The Peer Review Manager will act as the first point of contact for the authority. Typically team members will be recruited and accredited by the Peer Clearing House

Should an authority's specific requirements make it necessary, the number of people on a review team can be increased for example to focus on a specific area in more depth or an issue outside the standard Benchmark. This may affect the cost of the review. There may also be occasions when, for the purposes of gaining first hand experience of a peer review, the IDeA requests the permission of an authority for another IDeA member of staff to participate. Where approval for this is given, all associated additional costs will be met by the IDeA.

Review Manager

The authority will be assigned a review manager by the IDeA within a few days of the council commissioning a peer review. The role is

- To manage the overall review process and advise the team and authority on it
- To support the authority in preparing for the review, including conducting the pre meeting with the authority and liaising with them over the timetable and documents
- Act as coordinator, facilitator and adviser to guide the team through the review
- To input advice on your specialism to the review
- To undertake a document review in advance of the review, and produce a pre review summary for the team
- To draft the final report, process it through the relevant quality assurance procedures and liaise with the team and authority to agree it
- To ensure a corporate overview is maintained across the review
- To use your skills and experience to provide insights into how the authority is performing over the whole benchmark

Lead Officer Peer

The role of the Lead Peer is:

- To lead the team during the on-site work, fronting it to the authority and building a positive and constructive relationship with them
- To input specialist advice around the healthy communities work generally and any specialist theme allocated to him or her
- To undertake document review in advance of the review
- To contribute to the final report
- To ensure a corporate overview is maintained across the review
- To use relevant skills and experience to provide insights into how the authority is performing over the whole benchmark

The peer may have some knowledge of the process because their own authority may have been reviewed or they may have led a previous team. However, it will often be the case that this is their first involvement in a review.

Other Specialist Peer

The role of the other specialist peer is:

- To advise on specific areas of knowledge and experience
- To undertake a document review in advance of the review
- To contribute to the final report
- To ensure a corporate overview is maintained across the review
- To use skills and experience to provide insights into how the authority is performing over the whole benchmark
- **Member Peer**
- The role of the member peer is:
 - To provide an elected member perspective to the review particularly as regards the policy, decision making and community leadership
 - To advise on specific areas of knowledge and experience
 - To undertake a document review in advance of the review
 - To contribute to the final report
 - To ensure a corporate overview is maintained across the review
 - To use skills and experience to provide insights into how the authority is performing over the whole benchmark

4. Putting the team together

The Peer Clearing House

The IDeA Peer Clearing House (PCH) will work closely with the review manager in drawing together the review team. The PCH is responsible for the recruitment, accreditation and placement of peers right across the local government sector. They will seek to allocate accredited peers that have shown that they are competent in the areas required for peer work, namely: working with others, developing others, providing challenge, communicating, planning and political and organisational sensitivity.

The IDeA is making special efforts to attract peers with the relevant skills and experience from a diversity of backgrounds. However, there may be occasions where it is deemed appropriate to look beyond this pool.

Liaison with the authority

The review manager will liaise regularly with you and PCH whilst the review team is being drawn up in order to ensure the team matches your requirements as closely as possible. The aim is to have a complete team allocated at least six weeks prior to the review commencing. This is a guideline, as circumstances may dictate otherwise and the main priority is to ensure suitability of team members.

You will be formally consulted once the team has been drawn up to ensure acceptability. Acceptability is defined in terms of ensuring that particular team members do not have a current or previous relationship with the authority, which could affect their ability to be impartial e.g. previous employment, a close relationship with a senior officer or member within the authority to be reviewed, or a commercial interest. Where grounds exist for non-acceptance of a team member, the PCH will seek to replace the individual with someone with a similar background.

5. Preparing for a review

Review Manager's initial visit to the authority

As soon as the review has been commissioned the review manager will contact you to arrange a visit to meet your lead officer for the review and your own review co-ordinator. You will also be allocated an IDeA project administrator who will be your first point of contact on logistical issues. The purpose of this visit is to:

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- Discuss your motivation and aims for the review, and the thoughts of members and officers about it
- Develop the review manager's understanding of the key issues facing you, including any sensitive issues they need to be aware of
- Give initial consideration to the key areas for the review to focus on
- Consider the peer review guidance, discuss the process and look at the arrangements that will need to be made to facilitate the work of the review team including: base room, workshops rooms, documentation, timetable and publicity

If possible the visit may include attending one of the council's health partnership meetings or a health overview and scrutiny committee to help identify some of the issues relevant to the community in question.

The review manager will also check out the proposed hotel for the team to stay in. All review team members will stay at the same local hotel, which will be booked and paid for by the IDeA, this cost will then be passed onto you, contained within the expenses. (In addition, expenses will also cover print and design work). It is helpful if you can provide advice early on in the preparations regarding recommended local hotels and specifically to let the IDeA know if they are able to negotiate preferential rates. The accommodation needs to be of 3 or 4 star quality and reasonably close to the authority

Documentation

At least four weeks prior to the review beginning, you will need to provide review team members with background documentation on your council, and its activities, in either hard or electronic format. This also needs to be made available in the team's base room while they are on-site. The IDeA administrator will make sure you have the team's addresses.

The documentation required is as in the table below, although team members may ask for any additional materials they may require:

Document	Rec'd	Format Hard (H) Elec. (E)	Comments
A short self-assessment against the benchmark. See appendix 4			
General publicity and background information about the council and the area it covers			
Community Health Profile for the area			
Corporate plan / best value performance plan / change programme			
Charts outlining the political and managerial structures of the council			
Structure and membership of the Health Partnership (or equivalent) and its sub- groups			
Community strategy			
Local Area Agreement			
Example service plan			
The most recent CPA corporate assessment and use of resources judgement plus subsequent direction of travel statements			
Most recent Director of Public Health's Annual Report for the area (if possible the last two or three reports)			
Any recent Health Needs or Health Impact Assessments			
Any Health/Lifestyle Surveys conducted in the borough recently			
Any individual or joint health strategies or related strategies (e.g. Teenage Pregnancy Strategy, Inequalities Strategy, Housing Improvement Plan, Road Safety Plan etc.)			
Any individual or joint health action plans (e.g. Physical Activity, Tobacco Control, Suicide Prevention, Obesity etc.)			
Any key Primary Care Trust documents relating to joint working/partnerships and Council (and PCT) Voluntary Sector Compacts			
Annual Reports of partner NHS			

organisations (PCT, NHS Acute or Mental Health Trusts)			
Details of any health-related awards including external funding awards (Beacon Council, MJ or HSJ Awards, Big Lottery Healthy Living Centres, DH Communities for Health etc.)			
Member and staff development programmes			
Reports from Patient Advice and Liaison Services, Patient Involvement Forums etc			
Information about voluntary sector/community organisations in the Borough working for, or an interest in, health improvement or tackling health inequalities			
Relevant scrutiny and performance reports			
Performance against local and national health performance indicators			
Addresses of any relevant local websites on health (or pages on the Council's website)			

Please also have available in the base room any newsletters, magazines or leaflets on health issues produced by the authority

Timetable

In discussion with your review manager, it is the Council's responsibility to draw up a timetable for the review that enables the team to gather evidence in all the areas of the benchmark. This needs to be agreed at least 2 weeks in advance of the on-site work and in practice work on it needs to commence well before then. A sample schedule of what the review might look like is included with this guidance at appendix 1. Further guidance on putting this together is in section 7.

Publicity

At the end of the peer review we may request permission to make the final peer review report public. This may include putting it on the IDeA website, but this will only be done with the explicit consent of the council. The council also needs to think through in advance how it will publicise the findings itself. The authority will receive electronic copies of the "what's it all about" (appendix 5) leaflet to distribute to staff and members.

Review team base

The review team will require a room to use as a base for the time they are on site, which should be located in the main headquarters of the authority. The room needs to be available for the sole use of the team members, with all interviews and focus

groups being held elsewhere. It needs to be private and lockable, with keys for team members going in and out at different times. It also needs to be accessible to the team after hours. The room will need to be equipped with the following:

- A telephone
- At least two computers - one with access to the Internet and the council's Intranet and e-mail system
- A high speed, good quality black and white printer
- Two flipcharts with marker pens and replacement paper
- A central meeting table providing adequate room for each person on the review team
- Facilities for modem dial in from the team's own computers

The team will require around 500 large-sized post-it notes, for use in the team base room and during workshops and focus groups. A box of biro pens and some blue tac, plus access to a nearby fax machine and photocopier are also needed.

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Catering

Tea, coffee, water, fruit juice, fruit, biscuits and other light snacks should be provided in the room or nearby and be accessible at any time throughout the day and evening. The team will need to be provided with lunch each day, either in the team base room or from the canteen. It is important that catering arrangements are planned in conjunction with the timetable for the week and in consultation with the review manager, as different members of the team will, on occasion, take breaks at different times, whilst on other occasions the team will need to work together over lunch in the privacy of their base room.

The project administrator will liaise with each of the team members in advance and notify you in good time of any specific dietary requirements they may have.

6. The review process

The core of the review takes place during the three days on-site at the council. The IDeA Healthy Communities benchmark provides the framework for the review. The team will be seeking evidence that allows it to make a reasoned comparison against each of the elements, exploring current strengths or progress and areas that need to be improved.

Prior to the visit each team member will have reviewed the documentation provided by you and identified areas to probe further. The team may work individually or in pairs in the different sessions.

Information gleaned on site is reviewed on a daily basis and compared with the benchmark, enabling gaps in information to be identified and covered during the remainder of the week. This may require additional meetings not foreseen in the original timetable to be arranged at short notice. On the third day, the team reviews the information it has collected on the flipcharts then reports back its key messages and recommendations on the way forward.

The council should note that all information gleaned by the review team during the process is absolutely non-attributable to individuals. This will be explained at the beginning of every session the team undertakes.

First day morning

The council co-ordinator should meet the team upon arrival to show them to their base room, inform them about the facilities that have been provided and address any immediate queries that they may have. The team will then go into private session to prepare for the review.

Remainder of first and second days

The team will spend time gathering evidence to enable it to compare the authority against all elements of the benchmark. A peer review consists of taking into account the views of a wide range of stakeholders. To gain these views the review team will hold a series of one to one conversations, group/team discussions and focus groups with leaders, senior managers, staff, partners, customers and the community itself. There may also be observations of relevant meetings. Interviews can be undertaken by either one or two people. Workshops and focus groups will need two members to facilitate them.

The circumstances of the particular authority being reviewed will lead the review team as to who is actually seen. A programme should be agreed from the following suggestions:

- Director of Public Health or equivalent¹ and their senior team
- Leader or Deputy Leader (essential)
- Chief Executive and/or Deputy Chief Executive (essential)

¹ Where there is a DPH

- Elected members: relevant portfolio holders and opposition/ shadow portfolio holders:

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- Health (essential)
 - Social care (essential)
 - Children's Services (including education),
 - Community Development
 - Transport
 - Planning
 - Procurement
 - N.B. Some of these can be seen as a focus group if required

- Chair of Health and Overview Scrutiny Committee and lead officer (essential)

- Focus group of backbench members

- Heads of Services:

- Health unit (essential)
 - Social care (essential)
 - Children services (essential)
 - Head of Policy and Partnership (or other senior managers and policy staff responsible for health improvement)

The following Heads of Service could be included via a workshop where not possible to see them individually...

- Planning
 - Procurement
 - Environment
 - Transport
 - Head of HR or other managers, such as occupational health

- LAA Healthier Communities and Older People Block lead and/ or relevant staff

- LAA Children's and Young People Block lead and/ or relevant staff

- Chair and other members of the Health sub-committee of the Local Strategic Partnership, where one exists

- Focus group of other relevant staff who are not as senior as described above who have a direct or indirect (indirect being areas such as planning) impact on health and well being, including: community workers, classroom assistants, teachers, health improvement nurses, social workers etc.

Community Engagement (either individually or through focus groups)....

- Senior leaders in the VCS –particularly those who work directly with hard to reach groups
- “Lay people” who are either “voices” or community leaders and champions e.g. Citizen’s Panel (where one exists)
- Service Users, particularly those who are ‘hard to reach’ to evidence community engagement
- Members of Local Community or neighbourhood organisations
- Where relevant and appropriate members of the Independent sector (private sector) who are either responsible for service delivery for health and wellbeing
- Major employer(s) in the locality
- Parish Councils
- BME representative groups

Other External Stakeholders

Government Office contact: Regional Director of Public Health

PCT Chief Executive/Deputy Chief Executive or another appropriate senior manager

Regional Assembly Chair

It will not be possible to “capture” all of the above people. The council should work in partnership with the review manager to decide who is appropriate.

One to ones should be shown as 1hour on timetable (interview for 45 minutes leaving 15 minutes to get to next meeting)

Workshops (Around 15 people in each – 1 ½ hours). Members of the review team will facilitate these sessions and they need to be done by at least 2 members of the team.

Attending meetings

Whilst on-site the team should have the option to observe any additional relevant meetings already scheduled to take place e.g. cabinet/executive, overview and scrutiny, corporate management board, meetings with partners or internal improvement planning meetings. These should be noted on the timetable. The team may only stay for part.

Third day

The team will go into private session to assimilate the evidence gathered during the process and use this to compare the authority to the benchmark. The conclusions will then be summarised into a presentation for delivery to you that afternoon.

The review team presents its findings to an audience of your choosing. There will be opportunity for people to raise questions and discuss the findings.

Practical timetable pointers

If it's not possible for an interviewee to be on-site, you can arrange a phone interview if you agree this with the Review manager beforehand. The review team will meet together each evening to discuss the day's findings. Make sure this, and lunch breaks, are in the timetable. In order to cover as much ground as possible, the timetable may include breakfast and evening sessions, but be careful people aren't too overloaded. Workshop venues need to be big enough to divide into smaller groups. It's helpful to provide a list of restaurants for the team so they have some choice of where to eat in the evening. Any advice on transport to the authority from the hotel would also be welcome.

The report

The feedback provided in the final presentation will be supplemented with a written report providing more detail to support the findings. A draft of this will be provided to the chief executive of the authority four weeks after the review for comment and discussion where required before the report is finalised.

