An evaluation of the Cheshire and Merseyside Public Health Collaborative Service

Dr Lindsay Eckley and Dr Hannah Timpson

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Executive Summary and Directors of Public Health Response
Acknowledgements

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Executive Summary

In April 2013 the Cheshire and Merseyside Public Health Network (known as ChaMPs) transitioned into a collaborative, shared service for public health teams to form the Cheshire and Merseyside Public Health Collaborative Service. Funding has been established for two years until April 2015. The Directors of Public Health (DsPH) across Cheshire and Merseyside pay for and oversee the Collaborative Service. Since this is a new model, an interim assessment of effectiveness was required. In addition, in order for DsPH to justify their investment, the collaborative service sought to understand: the added value of the public health teams working in partnership; the advantages and disadvantages of the new model; and, areas for improvement. The Cheshire and Merseyside Public Health Collaborative Service commissioned the Centre for Public Health at Liverpool John Moores University to undertake a brief evaluation and gather feedback from stakeholders.

The Cheshire and Merseyside Public Health Collaborative Service provided 16 case studies of projects from the work stream components that make up the Collaborative Service (Improving Commissioning, Health Care Public Health - Advising the NHS, Health Protection, System Leadership, Social Marketing, Workforce Learning and Development, Public Health Intelligence Network, and Mental Health & Wellbeing). The researchers reviewed the case studies against a set of key areas of added value, which are: improving health outcomes, improving service quality, creating efficiencies; producing cost savings; enabling advocacy/influencing policy; cultivating innovation, developing the workforce, generating new external income and, ensuring a safe system for the local authorities. A link to an online survey using Survey Monkey was emailed to staff in the nine public health teams across Cheshire and Merseyside and the Collaborative Service support team. The survey gathered views on: the service’s purpose, objectives, stated outcomes, the benefit and impact of the service, the advantages and disadvantages of the collaborative service and areas for improvement. Researchers analysed the responses using SPSS and produced themes from the qualitative responses.

The evaluation found that the Collaborative Service benefitted local public health teams by practicing collective working across Cheshire and Merseyside. Sharing good practice amongst colleagues was identified as a key benefit and was highlighted throughout much of the Collaborative. Other advantages discussed by survey participants and the case study reviews were networking opportunities, bringing together expertise, sharing capacity and resources, and efficient working (e.g. avoiding duplication). The evaluation showed that there were areas for development, to further improve and measure delivery and impact. The main recommendations suggested for the Collaborative Service to consider included:

- Developing measurable indicators of outcomes
  - The evaluation found a lack of quantifiable or measurable evidence of impact, and there was the perception by survey participants that the Collaborative Service did not produce cost savings or added value;

- Streamline and focus projects
  - The case study review showed that projects across the Collaborative have similar benefits such as creating efficiencies and improving health outcomes. The participants in the survey suggested reducing the remit of the Collaborative Service to concentrate on a few, focussed pieces of work;

- Improve the commitment of all stakeholders by increasing transparency and tailoring communications
  - There were a range of negative perceptions regarding the Collaborative Service, to assist in alleviating these it is proposed that: outputs clearly acknowledge where the work has originated from and who has contributed to its development; the communications strategy is redesigned for increased and easier interaction; provide clear updates of the impact or outcomes of the Collaborative Service; and allow individuals to contribute to decision making and provide a process of allowing individuals to contribute to projects that are relevant to them or is of interest to them.
Directors Public Health Response

Thank you
The DsPH have carefully considered the report and recommendations from the evaluation and would like to propose some next steps. Firstly we would like to thank all those who contributed from local teams and responded to the survey. It is really important to understand the opinion of local teams and what they value and also what, from their perspective, needs to change to improve collaboration. Thanks also to LJMU for collating the results.

The context
It is important to consider the context in which the survey took place, just over a year after the dissolution of PCTs and the integration of public health into local government. The transition of public health into local government has also been more challenging in light of the austerity measures and the significant impact particularly on Local Authorities in the North. Overall this has had an influence on the morale of public health teams coping with the whole scale system change, the inevitable cuts to local services and the threats to jobs. Despite this there remains energy and commitment to working together to make a difference to the health and wellbeing of the 2.4 million people of C&M.

What is going well and what can be improved
Clearly local teams value the opportunity to network and share good practice/expertise and resources and there are good examples in the case studies. There are also three key areas for development including: 1) creating crisper measurable outcomes, 2) streamlining projects and 3) improving communications/engagement with local teams.

Key next steps
- **Hold a Focus Group with local teams** – DsPH will commission a focus group with representatives from local teams to particularly consider the third recommendation and hear more suggestions and ideas to improve communication and decision making;

- **Focus on fewer collective priorities** – DsPH strongly support this recommendation and will work with PHE and NHSE to agree a small number of key priorities where collaboration at sub-regional level can add value locally;

- **Identify clearer measurable outcomes** – DsPH have requested this is a strong focus in the new business plan and an economist is providing expertise regarding clarification of return on investment for collaborative working;

- **System Leadership Learning Set to focus on fewer priorities and outcomes** – This new clearer outcome focus with a few key priorities will require a cultural change for the DsPH Board and all the Collaborative Service members. A System Leadership Learning Set, funded by DH, will support us collectively as we make this change and will be delivered in early 2015. DsPH are selecting participants from local teams;

- **Review the Communications Plan** – The Communications Plan is currently under review and the website is being amended to improve functionality and changes will be ‘tested’ with representatives from local teams. The Service Director would like to
reassure everyone involved in collaborative projects that appropriate acknowledgement of work will be communicated;

- **Capacity Measures Paper** – DsPH supported a paper in April this year with steps to improve how we work and meet together including less time in face to face meetings. The DsPH agreed a systematic approach to deliver identified priority work programmes and a Project Initiation Document (PID) will be developed before work is commenced to ensure the work reflects the Boards strategic vision and delivers sector lead improvement in terms of quality and efficiencies. The PID also identifies the capacity required to deliver the work and also the approximate ‘delivery hours. It is expected to use a 3 month cycle to deliver work obviously with some flexibility that would be agreed and also various communication and engagement methods would be explored to challenge the traditional meeting arrangements;

- **Changes to the Champs Model and Support Team roles** – DsPH have also completed an associated internal stocktake and the result is the creation of a much leaner and more agile Support Team who will focus on the delivery of key priorities.