



A cold case for delivery

Adam Fineberg outlines the results of his Labour-commissioned assessment on providing equally effective public services on a budget

Last year the Labour Party set me the task of advising them on ‘reconfiguring and reforming public services locally to deliver better when funding is frozen or falling’.

After a whirlwind tour, I suggested a number of things. First, that there is the potential for locality hubs to provide the whole gamut of local public services and this is the opportunity to realise improved services at the frontline, whilst achieving significant savings elsewhere in the system.

Second, with a frontline focus there’s an end-users perspective combined with frontline worker intelligence. This realises a horizontal view, working across services, organizations and boundaries with multi-disciplinary ‘teams around’ the service user and locality working with ‘teams around’ the centre (service provider setting). It is also the necessary context for successful preventative and early intervention work. There’s the potential for locality hubs to provide the whole gamut of local public services.

Ed Miliband’s recent Hugo Young Memorial lecture focused on public sector reforms. The Labour leader spoke about creating a new public service culture based on individuals working together with practitioners.

Apart from working locally, there are certain ways to realise integration. They are about breaking down silos higher up the food chain and effecting ‘whole-system’ change in behaviours and cultures.

‘System change’, however, is not practically feasible over the short and medium-term timescales, given the wider contextual environment. The drivers needed for such a change are not in place.

Going back to my advice last year to the Labour Party. The third focus was my work on the ‘growth coalitions’ and a ‘smart local government’ project that began a decade ago.

Growth coalitions sought to drive growth in all local economies on the basis

that what’s good for local people – good housing and education, a good environment etc – is good for local business.

It concentrated on working with or adapting and developing existing mechanisms for partnership, governance, strategic leadership, organisational working, programme development and funding in

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order to realise a better scenario for local business, communities and service users.

Local public services provision would be funded through the conduit of an economic growth-focused local partnership that is fit for purpose in terms of meeting the needs of local people and the national economy (promoting economic growth, health and well-being etc, and fiscal discipline).

This effectively would lead to a rationalisation, coordination and in some case integration of local services. It aimed to rid of the wastage, in terms of releasing unrealised potential for people and places that remains inherent in the system, realising significant efficiencies.

Perhaps this, alongside a local model for service provision, and other movements to balance budgets, is the way to reconfigure and reform public services locally to deliver better when funding is frozen or falling. ▶

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A catalyst for collaboration

Council scrutiny has improved partnership working across local government and the NHS in tackling avoidable deaths among people at most risk of poor health, explains **Tim Gilling**

Last month saw the launch of our report *Checking the Nation’s Health – the value of council scrutiny*, at Public Health England’s national conference NHS Health Check 2014: Share, Listen, Act.

We supported councillors in Devon, the London boroughs of Barnet, Harrow and Newham, Lancashire and South Ribble and Tameside to understand the benefits of the Health Check Programme, the barriers to take up and how it can be improved.

Public Health England, the Local Government Association and NHS England have backed the Health Check as an opportunity to tackle avoidable deaths, disability and reduce health inequalities.

Their *10 point plan* published in 2013 included support from the Centre for Public Scrutiny (CfPS) for council scrutiny of the programme’s effectiveness.

We at the CfPS have once again used our ‘return on investment’ approach to help councillors look beyond traditional stakeholders to understand challenges and identify practical solutions.

This was particularly effective, demonstrating that scrutiny can bring the right people together – people who use services, professionals from the public, private and voluntary sectors and politicians – to explore how best to collaborate to create improved outcomes for those most at risk of poor health.

By focusing on Health Check, council scrutiny proved to be a catalyst to bring councils and primary care together.

Councillors looked at the effectiveness of Health Check from commissioning to delivery and wanted to hear views from clinicians and people who use services.

As well as highlighting learning from the case studies, *Checking the Nation’s Health* makes recommendations to national and local health system leaders about the need for Health Check to be accepted as part of a whole system approach to tackling health inequalities, self-responsibility and prevention.

Where this happens it can help councils and general practice co-operate

to develop improved health and social care services for their local population.

The report highlights a potentially stronger role for health and wellbeing boards, making sure that the Health Check programme supports priorities for outcomes identified through joint strategic needs assessments and joint health and wellbeing strategies, and ensuring that Health Check helps those most at risk of poor health and begins to tackle health inequalities.

The areas found a potential cultural barrier to effective Health Checks which is the difference between the ‘medical model’ of general practice and the ‘social model’ of local government.

Both are valid, but combining them could give real impetus to new solutions to intractable health issues.

Areas identified total potential savings of over £4m if their recommendations are accepted and demonstrated how the Health Check can be effective if it is accessible in community settings, commissioned as part of a whole system approach to tackling poor health, or is targeted to reach those

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With an above average take up of NHS Health Check already, the council wanted to develop its model of community delivery to help reach communities most at risk from poor health that are least likely to be able to easily access health services.

Working closely with the public health team, councillors wanted to identify how best to utilise a community or general practice-based approach for delivering Health Checks.

A stakeholder event involving 14 organisations focused on opportunities and challenges of delivering Health Checks as well as creating new and improved partnerships between the council, the Clinical Commissioning Group and a range of other partners.

Councillors reported that the approach to identifying and hearing from stakeholders was a particularly