

healthy communities

peer review

Copeland Borough
Council
16th – 18th June 2009

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Executive summary and key recommendations

Summary

There is an emerging commitment to the preventative health agenda amongst members and officers in Copeland Borough Council, and health is now being seen as an area of responsibility and priority particularly in terms of health improvement. The vision for health in Copeland sits within the "Improving Quality of Life" section of the Council's Corporate plan, and Copeland has adopted a Health Strategy, working to targets in the West Cumbria Future Generations Sustainable Communities strategy.

Partners and community groups have unanimously welcomed the opportunity to develop a shared vision for health for the borough and fully accept that this is everyone's collective responsibility to develop priorities to move forward on health together. Once developed, the vision should be communicated widely, owned and understood by all partners.

A strong message has been heard from both members and partners about the priority placed on health care by members and the role that they have played in community leadership which has delivered good outcomes. Members spoke of "singing from the same hymn sheet" and that they were unified, this delivered a clear message to communities on the importance placed on health by the council. Members demonstrated a sound understanding of the wider determinants of health, and understood how need is captured in reports such as the Joint Strategic Needs Assessment (JSNA) and how this should inform the work of the Council. Members take an active scrutiny role focused on health; the peer team were impressed by member's enthusiasm and commitment to the health agenda.

A significant outcome for Copeland has been the successful drive of members and communities working together to save Whitehaven Hospital. The peer team have been impressed by the considerable success demonstrated by members in engaging local communities to act to prevent the withdrawal of this hospital.

There are a range of successful projects and initiatives demonstrating health improvement in Copeland, such as Pathways to Art, Heritage volunteers, community sports coaches, smoking cessation and many others. The Pathways to Art project in particular, has resulted in significant outcomes within the first twelve months of the programme, the success of which has allowed Copeland to access £65k from Arts Council England for future funding. Celebrate and communicate your successes and in doing so, raise your profile with your communities and raise the motivation levels of your staff.

The Primary Care Trust (PCT) and the Council identified that their partnership was beginning to develop. Copeland Borough Council is working towards the recruitment of a joint appointment with the PCT for health. This is regarded as a positive move by officers and members. The joint post should make a real difference to delivering improved health outcomes in the community, and embedding health in the council. The joint post should serve to strengthen the partnership between the authority and the PCT and would send a powerful symbolic message to communities and stakeholders of the council's intention to prioritise health issues.

Copeland Borough Council is fortunate to have a well resourced third sector willing to engage with them. The council could harness the offer of help and enthusiasm of the third sector and to consider which activities it could provide in partnership with them. This would provide the council with a valuable opportunity to audit the various activities in the borough that the third sector, PCT partners and the council deliver and to limit duplication of effort and better

coordinate activity. Partners perceived that the council missed opportunities for accessing resources to address health issues, and staff and managers considered that working within silos limited a more corporate and strategic approach to addressing health.

There is a good performance management framework in place, which monitors performance quarterly. The Council's Executive, Corporate Management team and Overview and Scrutiny committee receive quarterly reports on performance. This process informs managers about their performance against targets. The council should ensure that it demonstrates a 'Golden Thread' that links the Corporate Plan to the Health Strategy, and then directly to business plans and into individual objectives. This will help embed health matters into council plans and support the achievement of outcomes.

The council should ensure that it improves joint working and engagement on key health and wellbeing issues. There are a wealth of opportunities to improve engagement on key health and well being issues with external partners and within the council. A stronger partnership approach to reducing the gap in life expectancy within the borough could be developed. This is of particular importance given that the gap in life expectancy of those living in deprived areas is up to 7 years lower than those living in less deprived areas. The council may find it helpful to identify fewer priorities, and to concentrate on setting priorities on alcohol reduction, smoking cessation and obesity which were particularly cited as being important. This would enable greater focus on the issues that were of greatest concern for the borough and improved targeting of Copeland's limited resources.

The council and the PCT could usefully work together on the development of key areas of policy within the Council such as the Community Plan and the Housing Strategy for example. The PCT are willing to work closely with the council and to jointly deliver relevant services for Copeland targeted at reducing health inequalities.

Copeland Borough Council is a small organisation with limited resource and therefore consideration needs to be given on how to obtain optimum health gain from policy and service development. The peer team suggest that the council consider working with the PCT and the IDeA to develop and use health impact assessments effectively on major developments to ensure that the health impact is fully considered in all future developments and policies.

Building on the enthusiasm of members about health care provision, the peer team suggest that increased training and development should be delivered for members to enable them to successfully make the transition from the focus on acute health issues to the promotion of health and the preventative agenda within the organisation. The peer team heard that colleagues from the Primary Care Trust training and development unit would be willing to support the council's shift to the broader agenda, and to help to widen members understanding of the core NHS challenges so they are better able to make direct links to the council priorities. This process would facilitate member's ability to better engage in alternative ways of delivering services through joined up working arrangements.

The commissioning agenda is not well understood by senior officers in the council. The council should ensure that it works closely with the PCT to understand commissioning and be in a position to influence locality commissioning for services provided to residents. Work should begin to review this with the PCT as soon as possible.

Officers informed the peer team that they did not feel sufficiently valued, and that they did not have enough access to health at work, or work/life balance opportunities. The peer team recognises that some work has begun with the introduction of the occupational health service, and recommends that Copeland Borough Council adopt as a matter of urgency a health at work programme.

Copeland Borough Council recognises the need to understand its communities better, and engage more widely with them. This should be prioritised in order to develop strategies and services which are more responsive to community needs. Further work is needed by the council to better engage BME and disabled groups, and also excluded groups such as single parents, people who have experienced long term unemployment and long term limiting illnesses.

Key strengths

- The Peer Review was an important step forward in signalling health as a priority for Copeland Borough Council.
- There were a range of successful projects demonstrating health improvement
- Existence of strategy development which should be built upon with partners
- Members have effectively engaged communities
- The establishment of a 2 year fixed term Joint Health Appointment.
- The implementation of a quarterly performance management process.
- The Overview & Scrutiny Committee (OSC) is strong with regards to health care

Areas for consideration

- Develop a more coordinated approach with key partners to address health inequalities and the well being agenda.
- Further understand and engage communities to inform strategic direction
- Harness the assets of the third sector.
- Maximise partnerships to make most effective use of existing resources
- Work closely with the PCT to understand commissioning and be in a position to influence locality commissioning for services provided to residents.
- Ensure action is taken to address performance at organisational level, service and individual level to address underperformance in relation to health targets
- Support member training and capacity building for members to facilitate better understanding of effective interventions of broader determinants of health.

Key Recommendations

Vision and Achievement

Improve the focus of your vision by:

- A. Beginning the cultural shift from regarding health as health care services, to regarding health more widely in terms of health and wellbeing.
- B. Developing a shared vision for health with partners and embedding the vision for health within the council and communicating it widely.
- C. Specifying clearer, fewer priorities and developing and delivering these in partnership.
- D. Improving joint working and communication within and outside of the council.
- E. Ensuring that actions are in place to reduce the large gaps in life expectancy in Copeland.

Leadership and Strategy

Improve your strategic leadership role by:

- F. Developing a coordinated approach with key partners focused around health inequalities.
- G. Resourcing and contributing effectively to the key partnership structures, based on community needs.
- H. Developing member's capacity to address wider determinants of health and the prevention agenda in particular with partner organisations.
- I. Making effective use of JSNA/ Public Health Observatory and other data to drive health improvement
- J. Ensuring that there is a golden thread through Cumbria, West Cumbria and local targets around health.

Delivery

Improve your delivery by:

- K. Harnessing the assets in your local community by resourcing the coordination of projects and activities.
- L. Using improved engagement techniques with all partners and developing appropriate mechanisms to engage all communities, but particularly small community groups and groups facing specific inequalities e.g. BME groups, disabled groups to inform strategic direction and understand their health needs.
- M. Maximise partnerships to make most effective use of existing resources and maximise opportunities for external funding.
- N. Use health impact assessments to ensure maximum health gain from new developments and new policies.
- O. Better understand and engage in the commissioning agenda.
- P. Reduce staff absence rates and improve morale by implementing health at work programme. Take advantage of the offer from the PCT for assistance in doing so.

Performance Management

Improve your performance management by:

- Q. Improving the robustness of your performance management process.
- R. Ensuring that action is taken to address performance at organisational level, service level and individual level to address under performance in relation to health targets.
- S. Finding effective ways of being more engaged in setting LAA targets.
- T. Using your experience and demonstrable success of members to shift from an external to an internal health focus on the preventative agenda.

Report

Background

1. The visit to Copeland Borough Council was part of the healthy communities peer review programme arranged by the Improvement and Development Agency for local government (IDeA). A peer review is designed to help an authority assess its current achievements and its capacity to change.
2. The peer review is not an inspection, rather it offers a supportive approach, undertaken by friends, albeit 'critical friends', and its intention is to help a council identify its current strengths as much as what it needs to improve. However a peer review will challenge a council to justify any claims that it makes and will seek objective evidence to support the conclusions that it reaches. Peer review is part of an ongoing change process, whereby the recommendations from it make can inform improvement planning.
3. The basis for this assessment is a specially constructed benchmark for reviewing the performance of a local authority. The benchmark focuses on four key organisational themes
 - Vision and Achievement
 - Leadership and Strategy
 - Delivery
 - Improving Performance
4. The members of the Team were:
 - Lynn Keenaghan, Head of Public Health Development Service, NHS Manchester
 - Julie Young, Councillor, Colchester Borough Council
 - Suzanne Lodge, Head of Health and Strategic Housing, Lancaster City Council
 - Samantha Rose, Improvement Manager, IDeA
 - Venita Kanwar, Review Manager, IDeA
5. The team was onsite for the period 16th to 18th June 2009. The programme for the three days was organised in advance and included a variety of activities designed to enable members of the team to meet and talk to a spectrum of internal and external stakeholders. Examples of activities the team undertook are:
 - Interviews and discussions with councillors, officers and partners.
 - Focus group workshops with, community groups and partners.
 - Focus group workshops with corporate management team, middle managers and frontline staff.
 - Meeting observation.
 - Reading documentation provided by the authority, including a self assessment of progress to date against the IDeA's benchmark

The team was appreciative of the welcome given by those that they met at the Council and would like to thank them for their time and contributions.

The feedback given to the council on the last day of the review reported on the key messages. This report gives a more detailed written account of the findings of the review and is structured around the four main themes of the benchmark.

Context

6. The Borough of Copeland is in the Western Lake District area of the county of Cumbria, the most north-western county in England. It is an area of wonderful physical beauty and diverse culture and character. The Borough covers an area of 284 square miles, two thirds of which is in the Lake District National Park.
7. The Borough is one of difference. Copeland is home to both England's deepest lake (Wastwater) and its highest mountain (Scafell Pike). In contrast to this, the Sellafield Nuclear site is housed in the centre of Copeland and is one of the largest nuclear engineering sites in the world. The site is the biggest employer in the area by some considerable margin.
8. There are four towns in the Borough, Whitehaven, Cleator Moor and Egremont in the North, and Millom, which is the only town in the South of the Borough. The majority of the population lives in the North of the Borough. Copeland is split in to 25 wards, and the Borough is represented in Parliament by the MP for Copeland, Jamie Reed.
9. The population of Copeland is 70,300 - 2006 mid-year estimate (69,318 in 2001 Census).
 - Of this 70,300 population, 12,800 are aged 0 to 15, 43,200 are of working age, and 14,300 are older than working age.
 - The mean average age is 40 years old compared with an average age of 39 for England and Wales.
 - 2.2% of the resident population is retired compared with 13.2% in England and Wales overall.
 - The Borough has low numbers of resident ethnic minority groups, and the population is overwhelmingly 'white' (Census classification), with 99.3% of the resident population belonging to this category.
 - Although two thirds of the Borough lies within the Lake District National Park, approximately 4000 people live there.
10. According to the 2001 Census, the unemployment rate in Copeland is 5%.
 - 41% of the population was working in 2001.
 - Of the 28618 jobs in Copeland, around 50% of those depend on Sellafield. This includes those jobs on site, and those jobs which rely on the site.
 - There has been a decline of around 3,500 manufacturing jobs in recent years. The decline of these manufacturing jobs has traditionally been masked by continued recruitment at Sellafield.
 - 34% of the 16-74 year old population have no educational qualifications. This compares to a national average of 29%

11. The Borough has approximately 30,000 dwellings, 67% are owner occupied, 23% are social rented, and 6% are private rented.
- the average property price in Copeland is £123,623 (first quarter of 2008). This is down 8.5% on the previous quarter, but up 2.4% over the last year.
 - Copeland Borough Council does not have any housing stock. Copeland's stock of 3787 was transferred to Copeland Homes (a subsidiary of Home Housing Group) in June 2004.
 - in 2007/08 there were 168 applications for emergency housing under the homelessness legislation, of which a full duty was accepted in 58 cases.
12. According to the Health Profile for Copeland in 2008:
- The health of people in Copeland is generally worse than the England average.
 - A number of indicators are significantly worse than the England average, including hospital stays related to alcohol and early deaths from heart disease and stroke. Some indicators are not significantly different from the England average, while the rate of violent crime is significantly better.
 - There are health inequalities by gender and level of deprivation. For example, both men and women from the most deprived areas have nearly seven years shorter life expectancy than men and women from the least deprived areas.
 - Over the last ten years the death rate from all causes for women has decreased. The rate remains above the England average, but the gap between the Copeland and England rates has narrowed.
 - The death rate from all causes for men and the early death rate from cancer have also decreased, however, both remain above the England rates.
 - The percentage of obese adults (an estimate) is the sixth worst in England.
 - The percentage of children who are physically active is significantly better than the England average.
13. Copeland Borough Council was formed in 1974 and is one of six district authorities in Cumbria. As a two-tier county, Cumbria County Council is responsible for a number of functions in Copeland, including education, social services and highways maintenance.
14. There are 51 Councillors (31 Labour, 18 Conservative, 2 Independent) representing 25 wards. All Councillors are elected for a term of four years. The last Borough elections were in 2007, and the next will be in 2011.
- Copeland Borough Council has a Mayor, who is the first citizen of the Borough of Copeland, and attends a number of functions on behalf of the borough.
15. Copeland Borough Council's Mission Statement is:
- “Leading the transformation of West Cumbria to a prosperous future”

16. Copeland's Corporate Plan for 2007-12 sets out the Council's priorities, describes the actions the Council will take to deliver improvements within Copeland, and sets out key achievements over the past year, set against the previous Corporate Plan/Best Value Performance Plan.

The Council's priorities for 2008/09 are:

- to provide high quality clean streets and open spaces
- to ensure the area has good roads and good public transport
- to create enough different jobs to suit all
- to make Copeland a safer place to be
- to give everyone good customer services

Beneath the overarching priorities sit three themes, health forms part of the three themes. The three themes are

- Transformational Leadership
- Improving Quality of Life and
- Promoting Prosperity.

Vision & Achievement

Vision

Strengths

- Health is now beginning to be seen as a priority.
- Health is now included within the Corporate Improvement Plan.

Areas for consideration

- A cultural shift from seeing health as health care services to health and wellbeing.
 - The need to develop a shared vision for health with partners and communicate it widely.
 - Embed the vision
17. The peer team saw signs of change in Copeland. There is an emerging commitment to the preventative health agenda amongst members and officers, and health being seen an emerging area of responsibility, particularly in terms of health improvement. There was recognition that health is a priority, which was evidenced from interviews with members, officers and partners.
18. The vision for health in Copeland sits within the "Improving Quality of Life" section of the Corporate Plan, the strategic objective states "To significantly improve the way services are provided to allow residents to live, work, learn and relax in a clean, safe and attractive environment" with the long term objective stating that "Copeland's communities are healthier". The Corporate Plan is an accessible document which makes clear and strong links to health improvement activity in Copeland. The plan cites key projects and milestones that outline how the council along with its partners will achieve improved health outcomes, demonstrating commitment by the Council to the health prevention agenda. The council has made a decision that it will be reviewing and revising the Corporate Plan for the period of 2010 - 2015 to update and strengthen it, and ensure that the golden thread is in place. The revision of the plan would present a good opportunity to work with partners to further develop a unified vision for health, and ensure that it is effectively communicated within the council, and externally to stakeholders, partners and communities.
19. Copeland has adopted a Health Strategy and work to targets in the West Cumbria Future Generations Sustainable Communities strategy and the West Cumbria Health Improvement Plan.
20. Members are knowledgeable, skilled and engaged in the health care agenda particularly around traditional health services. However the passion, energy and enthusiasm demonstrated by members should now to be directed into the preventative health agenda, and the wider determinants of health, such as employment and housing. Members could now usefully redirect this focus internally, providing greater leadership on the council's health improvement agenda.
21. There was full acceptance that it was the council's and its partner's collective responsibility to develop priorities on health together. It was really positive to hear the unanimous

support from officers, partners and community groups, to develop a shared vision for health for the borough.

22. Once developed, the vision could effectively be communicated widely, and owned and understood by all partners. The Council could make use better of their local magazine, "Copeland Matters" to facilitate this, as it is well regarded by community groups and could be used to embed the vision for health. Community groups said of "Copeland Matters" that it is well received, but basic information seems to be missing from it. For example those involved with older people's groups do not know who the portfolio holder for older people was. A suggestion from the peer team was that every issue of "Copeland Matters" should publish key contact information for officers and councillors. It became evident to the peer team that the vision was quite low profile, not communicated well, and not understood by key groups, for example partners were unable to articulate the council's priorities for health.

Outcomes

Strengths

- A range of successful projects demonstrating health improvement.
- Members and communities worked together to save Whitehaven's Hospital.
- Outsourcing of leisure and housing services seen as a success.
- Sickness absence reduced from 15 to 11 days.

Areas for consideration

- The need for clearer, fewer priorities developed and delivered in partnership.
- Improve joint working and communication within and outside of the council.
- Celebrate and share your successes inside and outside the council.
- Improve health and well being for staff.
- Ensure that actions are in place to reduce the gap in life expectancy

23. The peer team heard from frontline staff, middle managers and heads of service about the range of successful projects demonstrating health improvement, i.e. Pathways to Art, smoking cessation, worklessness, and healthy eating, sports coaches. The Pathways to Art project in particular which works with individuals on long-term incapacity benefit to offer creative activity as part of a confidence building, therapeutic and motivating programme has resulted in significant outcomes. In the first twelve months of the programme Copeland worked with 61 individuals over 81 sessions and had 7 participants progress onwards to training and education, 6 seeking out volunteer opportunities, 8 going on into permissible earnings and 5 back into full-time employment. It was this success that allowed Copeland to access £65k from Arts Council England for future funding.

24. Members and communities worked together to save Whitehaven Hospital. Members harnessed approximately 3500 individuals in communities to fight to save Whitehaven

hospital, the evidence of this collective effort ensured that the NHS listened to consultation and the hospital is now to remain.

25. The outsourcing of the leisure and housing services has been seen as a success by members and officers, who told the peer team that services had been transformed! For example reinvestment of profits from the leisure trust into providing improved community leisure facilities.
26. Sickness absence has been reduced from 15 to 11 days due to the adoption of a new policy, implementing training, occupational health support and the monthly review of absence figures by managers. Although the council recognises that there is more to do, this was considered by the peer team to be a good start.
27. There was recognition by council officers, partners and members that fewer priorities would be helpful. Priorities around alcohol reduction, smoking cessation and obesity were particularly cited. This would enable greater focus on the issues that were of greatest concern for the borough and improved targeting of Copeland's limited resources.
28. The peer team heard an overwhelming request from partners, community groups, middle managers and frontline staff to improve joint working and engagement on key health and wellbeing issues such as housing, planning and education. This request for engagement was directed at Copeland Borough Council for improved joint working externally with partners, and also at improved working within the organisation. Partners perceived that the council missed opportunities for addressing health issues, and its managers and staff reported that working within silos was preventing Copeland from seeing a bigger picture around health.
29. The council has delivered successful initiatives, and should take pride in its achievements, for example the Fusion arts and mental health project, Heritage volunteers, community sports coaches, support to the smoking agenda, healthy eating, exercise on referral and many others. Celebrate and communicate your successes and in doing so, raise your profile with your communities and raise the motivation levels of your staff.
30. The peer team heard from officers who told us that they did not feel valued, and that they did not have enough access to health at work or work life balance opportunities. The peer team recognises that some work has begun with the introduction of the occupational health service, but the team recommends that Copeland Borough Council adopt as a matter of urgency, a health at work programme. Evidence suggests that such a programme would improve the morale of staff, help to improve the council's sickness levels, and improve the health of its workforce. The health at work programme could involve programmes such as a confidential counselling service, health screening, and improved access to leisure facilities for staff and their families. Staff in the council we were told, would welcome such an initiative.
31. Although the council has made progress in implementing a neighbourhood management approach, the peer team could not find very much evidence to suggest that there are enough actions in place to reduce the gap in life expectancy within the borough. This would be of particular importance given that the gap in life expectancy of those living in deprived areas is up to 7 years lower than those living in less deprived areas. Copeland needs to develop clarity around its health priorities in order to demonstrate improvement in key outcomes.

Leadership and Strategy

Leadership

Strengths

- Members are positively engaged in the health care agenda.
- Members know what the health issues are for Copeland.
- Leaders recognise the need to address the health improvement and the health inequalities agenda.

Areas for consideration

- Develop a coordinated approach with key partners focused around health inequalities.
 - Resource and contribute effectively to the key partnership structures, based on community needs e.g. LSP.
 - Develop members capacity to address wider determinants of health and the prevention agenda in particular
32. The peer team heard a strong message from both members and partners about the priority placed on health care, and the role the members have played in community leadership which has delivered positive outcomes. Members spoke of “singing from the same hymn sheet” and that they were unified in approach, which delivered a clear message to communities on the importance placed on health by the council.
33. Members demonstrated a good understanding of the wider determinants of health. They understood how need is captured in reports such as the Joint Strategic Needs Assessment and how this should inform the work of the Council. This information should now be used to drive priority setting processes more specifically.
34. The peer team acknowledge that Copeland Borough Council have recognised that there is a need to address the health improvement and the health inequalities agenda, by requesting the healthy communities peer review, and by sharing the findings with partners, members and staff. Middle managers have indicated to the peer team a willingness to work with and engage with partners especially the PCT, to facilitate better outcomes for people. It was also recognised that Copeland Borough Council has been very supportive of the Healthy Communities Group within the LSP, with an impressive 80% representation of its staff and members at meetings.
35. There was recognition from the PCT and Copeland Borough Council that the partnership between the Primary Care Trust was not as strong as it needs to be. The peer team found that the PCT were very willing to work closely with Copeland Borough Council to deliver relevant services for Copeland targeted at reducing health inequalities. The peer team hope this leads to more joint involvement in the development of key areas of policy such as the Community Plan and the Housing Strategy for example.
36. The peer team recognises that these are challenging times for all organisations, and feel that embedding a partnership approach can result in positive outcomes for all involved. The council has limited resources, and would profit from carefully considering which partnership

structures it should engage with, and which structures would result in the best outcomes for Copeland. The peer team recommends that the council review and prioritise its engagement within the many tiers of partnerships in Cumbria, taking into account community need to determine maximum gain.

37. Building on the enthusiasm of members in health care provision, the peer team suggest that increased training and development should be delivered to members. This should enable them to successfully make the transition from the acute to the preventative agenda and to health promotion within the organisation. The peer team heard that colleagues from the Primary Care Trust (PCT) would be willing to support the council's shift to the broader agenda.

Strategy

Strengths

- Build on the strategy development with partners e.g. the bi-monthly meeting of Copeland and Allerdale.
- West Cumbria Health Improvement Plan in place.

Areas for consideration

- Further engage all your communities to inform strategic direction.
- Make effective use of JSNA/ Public Health Observatory and other data to drive health improvement
- Ensure a golden thread through Cumbria, West Cumbria and local targets around health.

38. The peer team heard from partners of the promotion of bi-monthly meetings by Cumbria County Council between Copeland and Allerdale area committees. The meetings are aimed to support and build upon strategy development work that has already begun. The peer team thought that these meetings could result in improved strategy development, and help to deliver the priorities for Copeland.

39. The peer team considered the West Cumbria Health Improvement Plan to be a positive development, and one which included SMART targets around health improvement for Copeland.

40. Community representatives were keen to be involved at an early stage around strategy development and policy making. Resulting policies and strategies would provide a user focus and could help to incorporate equality impact assessments at the point of development. The involvement of communities would assist the council in understanding its community's needs, an area that the peer team felt could be improved. The council spoke of its intentions to approach the North West Improvement and Efficiency Partnership to request support and the Peer team would support the council's intention to do this specifically in relation to strategy development.

41. The council has very limited resources, and should ensure that it uses the information that is available to effectively drive health improvement. Copeland Borough Council should ensure that it makes good use of JSNA, Public Health Observatory and other data, such as

consultation information, to inform its work across the whole of the council and all of its services.

42. The peer team recognised that the council has to work across a number of organisational tiers, and could see that this might prove to be resource intensive and complicated. The peer team felt that the council might benefit from stepping back to consider and reflect upon whether a golden thread runs through all of your strategies and are influencing your resources accordingly. If the thread does not follow through, then the council should consider the value of participation and engagement in the strategies and the setting of targets contained within them.

Delivery

Involvement and Community Engagement

Strengths

- Members have effectively engaged communities in health care provision.
- There are some examples where good relationships have developed between the council and some third sector organisations, based on individual personalities.
- A well resourced third sector.

Areas for consideration

- Harness the assets in the local community by resourcing the coordination of projects and activities.
- Community engagement could be improved to enable Copeland to understand its community's health needs.
- Appropriate mechanisms to engage small community groups and groups facing specific inequalities e.g. BME groups, disabled groups, etc.
- Use improved engagement techniques with all partners.

43. The peer team have been impressed by the considerable success demonstrated by members in engaging local communities to act to prevent the withdrawal of the hospital in Whitehaven. Approximately 3,500 individuals demonstrated in the streets of Whitehaven, and made a difference to where their health care was provided.
44. There are some good examples of relationship building between the council and some third sector organisations. For example the West Cumbria Society for the Blind spoke highly of the council, and the leisure services provider, North Country Leisure, spoke of a good working relationship with Copeland Borough Council resulting in services such as community sports outreach work to improve the health of individuals in the community. Copeland Borough Councils councillors and officers are involved in the leisure services Board and help to direct and set the agenda. Working relationships, the peer team heard from the voluntary sector, are dependent upon the personalities that are involved in the council. There is a risk that relationships fostered on the basis of individual personalities will not be sustainable. The council should build upon the good work that exists in joint working with the third sector (and indeed partners) and develop a sustainable framework within which to operate.
45. The peer team heard from a number of third sector organisations that they are very willing to engage with the council on providing improved and wider services to communities, and that they were in a position to assist with resourcing requests.
46. The peer team were very pleased to hear that the third sector was well resourced; this is a most unusual occurrence within voluntary sector organisations. The peer team would urge the council to harness the offer of help and enthusiasm of the third sector and to consider which activities it could provide in partnership with them. This would provide the council with a valuable opportunity to audit the various activities in the borough that the third sector, PCT partners and the council run to limit duplication of effort and coordinate

activity. For example the peer team heard that there were three smoking cessation projects currently being delivered by the PCT, the council and the third sector. The offer of help from the third sector we heard was one of "Talk to us" and "We can help you deliver your priorities".

47. Partners and community groups told the peer team that Copeland Borough Council needed to understand its communities better and engage more widely. Black and minority ethnic (BME), rural community representatives and older people's representatives spoke of feeling ignored by the council, as indeed did key partners. The peer team were told that the council should aim to be more proactive in promoting small community groups and to consider local issues, as communities were now more than ever starting to take up the opportunities to voice their opinions. Further work is needed by the council to better engage BME and disabled groups, and also excluded groups such as single parents, people who have experienced long term unemployment and long term limiting illnesses.
48. Senior officers informed the peer review team that community engagement was disjointed and fragmented, and while seen to be an important role for the council, there was currently no robust method of engaging communities. Officers informed the peer team that members were committed to community engagement, and have been successful in harnessing communities. However there was some concern expressed by senior officers about how community engagement and consultation is fed back into the council and how local issues are acted upon. The peer team were told that this was an area of development for members, and the review team would also consider that this would be an area of development for officers too. Once mechanisms for engagement have been improved, strategy development informed by need should follow.
49. Partners told the peer team that Copeland was missing opportunities to deliver services through community groups and in conjunction with partners, due to a lack of resources. For example Copeland could not participate in the process of improving the Disability Facilities Grant Project which has delivered a much more streamlined and cost effective service. On a positive note, the PCT were requesting a dialogue with the council to facilitate a more joined up approach and a willingness to understand how they could help Copeland achieve its priorities.

Resources

Strengths

- Joint appointment agreed between Copeland and PCT (can you make this a permanent appointment?)
- Build upon existing progress of the county wide shared services for IT/ legal and HR services, if successfully implemented, and then savings from this can be used elsewhere.
- Staff reported having freedom and autonomy.
- Copeland has provided support to the healthy communities group in the LSP.

Areas for consideration

- Maximise partnerships to make most effective use of existing resources.
- Maximise opportunities for external funding.
- Use health impact assessments to ensure maximum health gain from new developments and new policies.

- Better understand and engage in the commissioning agenda.
 - Reduce staff absence rates and improve morale by implementing health at work programme. Take advantage of your partners experience to do so.
50. Senior officers and members told the peer team of Copeland's intention to recruit a joint appointment with the PCT for health, this is seen by officers and members as a positive move. The peer team felt that this post would make a real difference to embedding health in the council. The joint post should serve to strengthen the partnership between the authority and the PCT and would send a powerful symbolic message to communities and stakeholders of the council's intention to prioritise health issues. The peer team however, questioned the necessity of a fixed term contract of two years for the post. The peer team recognised that Copeland Borough Council wished to evaluate the outputs and difference such a post made and therefore limited the contract to a fixed term, however in the current climate of economic unease the peer team felt that this post should be a permanent position in order to address the health issues that the "credit crunch" poses to communities. These are issues such as unemployment and mental health difficulties, which in unsettled times result in a widened health gap.
51. We were told by partners that Copeland are beginning to focus on how back room functions can be better delivered in partnership with other borough and district councils. Good progress has been made with setting up county wide IT, Legal and HR services.
52. Staff and middle managers reported that they were pleased to have freedom and autonomy in their jobs. This enables staff and middle managers to set team priorities and then deliver those priorities. Staff and middle managers felt empowered to deliver on their agendas without barriers.
53. Copeland has demonstrated commitment to partnership working in West Cumbria by providing officer resources and hosting the healthy communities group of the West Cumbria LSP.
54. Partners informed the peer team that Copeland needed to maximise its opportunities for obtaining external funding as there was a perception that Copeland were playing "catch up". Partners informed that the council should develop its understanding of how to influence partnerships in order to bring resources into Copeland, and by not doing so could be missing some potential opportunities. This was underlined for the peer team by comments made by the third sector which perceived themselves to be relatively well resourced and who would like to engage in partnership with Copeland to deliver improved health services, (paragraph 46). The third sector were keen to engage more with the council in relation to delivery of health services and preventative services as there is a perception of duplication. The council is well engaged with external funding related to nuclear energy which is commendable; however there was a concern that this was also potentially an opportunity lost in relation to scoping and accessing other opportunities. Heads of service considered that Copeland's limited resource to influence the Cumbria wide LSP and setting of LAA targets, limited access to funds and diminished ownership of targets.
55. The peer team were told by partners that Copeland Borough Council lacked capacity to support local businesses in promoting entrepreneurial activity, for example with regard to the incubation units and support from the university. Improved connections between the council and university activity would encourage creative thinking around new business opportunities for the area. The inability to promote local business growth and development, restricts the council's ability to promote the well being of its communities by nurturing the local economy and promoting employment opportunities. This is a

particularly important issue given the decommissioning of Sellafield and the potential loss of 8000 jobs.

56. The peer team recognises that Copeland Borough Council is a small organisation with limited resource and would urge the council to obtain the maximum opportunities for health gains in terms of its policy and service development. The peer team would suggest that the council consider working with the PCT and the IDeA to effectively use health impact assessments on major developments to ensure that health impact is fully considered in all future developments and policies.
57. The peer team found that the commissioning agenda is not well understood by senior officers in the council. This agenda is running at a fast pace, and the council should ensure that it works closely with the PCT to understand how it can be in a position to influence locality commissioning for services provided to residents. Of particular note the council is not involved at all in the locality commissioning for the residents that they service. The peer team considers that this should be reviewed with the PCT as a matter of urgency.
58. The council have successfully reduced their current sickness absence by 15 to 11 days in 2008/9, but recognises that there is much more to be done. The peer team consider that there is much to be gained by implementing a health at work programme which could result in substantial and impressive improvement in staff absence and also in staff morale. The peer team have been informed by partners that Copeland have good opportunities to work with local partners such as Sellafield who have an excellent track record of health programmes for staff. The PCT have also expressed a willingness to work with the council to develop a health programme for staff and have told the peer team that they are able to provide the expertise of a local public health doctor with an interest and expertise in this area to work with Copeland Borough Council.

Improving Performance

Performance Management

Strengths

- Senior managers and heads of service reported that a quarterly performance management process had been implemented.
- Performance is reported to Executive, CMT and O&S.
- The council has a performance development review process for staff.

Areas for consideration

- More work needs to be done to improve the robustness of the performance management process.
- Ensure that action is taken to address performance at organisational level, service level and individual level to address under performance in relation to health targets.
- CBC to review their scarce resource for partnership work with the LSP and prioritise those areas that reflect Copeland's greatest needs.

59. The peer team found evidence from members and officers of a good performance management framework, Covalent, to monitor performance quarterly. The Council's Executive, Corporate Management team and Overview and Scrutiny committee receives quarterly reports on performance based on an organisational system of management reports. This mechanism informs managers about their performance against targets.
60. Senior officers, frontline staff and middle managers told the peer team that the Council has a performance review process in place that enables individual officers to align their work areas to council priorities. Staff reported that this process has significantly improved, and that they are able to demonstrate how their work relates to the council's corporate plan.
61. Middle managers, members and partners told the peer team that performance management in Copeland had been underdeveloped and could see the efforts being put in to develop better performance management. However under performance was only just starting to be tackled with some notable success e.g. sickness monitoring policy which is demonstrating results. There was recognition that performance information needs to be utilised more routinely to drive improvements, redirect resources and respond to priorities.
62. Staff reported that they were becoming clearer about identifying how their work related to council priorities. However, the peer team were told by middle managers that more could be done to demonstrate a 'Golden Thread' that links the Corporate plan to the Health Strategy, and then directly to business plans and into individual objectives. This will help embed health matters into council plans and support achieving outcomes.
63. The ability for Copeland Borough Council to drive their own priorities is complicated by the complex partnership structures within which they work. The peer team were struck by the relative distance of staff responsible for driving performance from key processes, in particularly the Cumbria wide LSP targets. The peer team suggests that given the scarce

resource for partnership working, a review should be undertaken of the relative proportion of resources allocated, e.g. Cumbria wide and the local LSP to identify Copeland's own priorities and to resource those parts of the partnership that is most likely to deliver on these. The peer team consider this to be important as it would ensure that Copeland could become instrumental in setting targets, and by doing so, have greater ownership of them.

Overview and Scrutiny

Strengths

- Members are enthusiastic and motivated about the health care agenda
- O & S function is strong with regards to health care.
- Members understand the preventative health agenda.

Areas for consideration

- Use experience and demonstrable success of members to shift from external to internal health focus on the preventative agenda.
- Members are a key asset in fostering improved relationships with partner organisations around the broader determinants of health.
- Training and capacity building for members to support their understanding of effective interventions to address broader determinants of health

64. Members consider health to be a big priority for Copeland, and take an active scrutiny role focused on health. The peer team were very impressed by member's enthusiasm and commitment on health

65. Senior officers have told the peer team that there is a strong overview and scrutiny role, which has worked to deliver excellent outcomes, for example councillors have successfully influenced the decision made around the hospital closure in Whitehaven, and the Closer to Home agenda.

66. Members have shown themselves to be highly effective in driving change with communities and should now look inwards to the council, to harness their energy and enthusiasm to deliver health improvement focusing on the preventative agenda in partnership with the PCT. The PCT focus is naturally skewed towards clinical issues, and the PCT would welcome the council's input on matters of community and public health, to jointly deliver the right level of health improvement for Copeland. The PCT see member's role as pivotal in this process. It would be desirable to offer training and development on delivering the preventative agenda for members to be successful participants in this process.

67. The council should consider how it can develop links with the PCT's training and development unit to help to widen members understanding of the core NHS challenges so they are better able to make direct links to the council priorities. The PCT have offered to work with members to facilitate a process whereby members can begin to engage in alternative ways of delivering services through joined up working arrangements.

Contact Details

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