Local Government Association

In good shape

Learning and good practice from the early health and wellbeing peer challenges

Sector-led improvement

Contents

Introduction

The transition of public health into local government has seen one of the most significant changes for councils in recent years. It has created huge opportunities for local authorities to make a stronger impact on improving the health of local communities. In 2013 the Local Government Association (LGA) launched 'Rewiring Public Services', its vision for local government. A key part of this vision is councils taking a leading role in health issues.

The introduction of health and wellbeing boards (HWBs), the establishment of Healthwatch and the transition of the public health function into local government have presented large-scale challenges for the sector. Local government leaders are demonstrating that they are up to the task and driving councils forward to ensure they achieve it.

Councils are creating the conditions to drive significant improvement in public health. The last year has seen many councils taking the opportunity to test how effectively they are integrating public health and how their planning for the future is gearing up, particularly in terms of tackling major challenges, such as integrating public health and leading a whole systems approach.

One of the tactics they have adopted is using the LGA's support to look at issues around public health, the work of their HWB, and the way the whole system works. This enables the local authority to learn from others and make more rapid progress.

Peer-based challenge and support helps councils and their health partners to reflect on their current approach, drawing on political and officer expertise from across local government and the health sector. As part of the LGA's offer to the sector, local authorities and their health partners can commission a health and wellbeing peer challenge. The scope of the challenge is agreed with the council so that it is tailored to local needs, requirements and priority issues on health. It's making a real impact.

This publication contains a number of case studies outlining how peer challenge is playing a strong role supporting and improving public health and also points to some of the good practice we have already identified in the first phase of the health peer challenge programme. We hope you find them useful and informative and that they help you to consider how your council might draw on a health peer challenge as well as sharing the practice from other authorities.

Katie Hall

Councillor Katie Hall
Chair, Community Wellbeing Board

Councillor Peter Fleming
Chair, Improvement and Innovation Board

Bath & North East Somerset

January 2014

We have a strong track record of working in partnership locally. We have established a Public Service Board to take a 'One Place' approach to achieve whole system change, placing health and wellbeing at the centre of our work. Internally, our 'One Council' approach means that health and wellbeing is now part of everybody's business. Our approach is built on sound analysis and a commitment to tackling health inequalities. To support this we have a well-established approach to joint commissioning with our partners in the Clinical Commissioning Group (CCG). We now need to ask ourselves some fundamental questions about health and wellbeing in its wider sense:

- How much money is in the system?
- What can we afford as a system and place?
- What are the assets in our community that we can build on?
- How can we shift to better prevention, early intervention, non-medical solutions?

How has the peer challenge helped?

We asked the peer team to explore how effective our HWB is, and how well we are tackling issues such as helping children maintain a healthy weight and alcohol misuse.

The team found very strong relationships between the organisations that form the health and wellbeing system. The HWB is setting the stage to provide effective leadership. We have a good understanding of local needs which has enabled the Board to identify and agree clear priorities under three key themes. It is now timely for us to articulate and communicate what our health, care and wellbeing system will look like in the next five years and how to make this transition.

On childhood weight, the team found that leadership and prioritisation of healthy weight in children is strong. There is a good understanding of the complexity of childhood obesity and a strong multi-agency strategy underpinning delivery. The team also identified that it is time for us to develop a narrative about what a healthy weight environment would look and feel like for residents. For example, how does the environment for a 10-year-old need to look like to make healthy and active choices? How does she travel to school? What parenting does she experience? How does she spend her leisure time? Developing a more person-centred approach will create a more convincing narrative, embed a shared sense of the problem, accelerate progress and build community engagement and community capacity.

On alcohol misuse the peers recognised that our Alcohol Harm Reduction Partnership is solid, the quality of data is improving and there are good examples of initiatives to tackle alcohol abuse, for instance, the Purple Flag Award for recognising excellence in the management of town and city centres in Bath, work with schools, the investment in an alcohol liaison service and work with the council's housing provider on supported detox. The team asked us to consider developing a more holistic approach; for example, linking together work on tackling smoking, domestic abuse and poor parenting. Finally, the team asked how to better invest in prevention; for example, embedding screening and advice on alcohol misuse across the health, social care and wellbeing system.

The peer challenge focused on issues that are really important for us. It's only a short while since the peers were with us, so we are taking

a little time to reflect on their findings, but found their insight really helpful.

Good practice

Joint commissioning: The peer challenge team saw this as 'part of the DNA of the health, care and wellbeing system in Bath & North East Somerset'. The arrangements for integrated commissioning and the integration of delivery for community health and adult social care is an example of national best practice and a significant advantage to integrating services to achieve better outcomes for residents.

Multi-agency Joint Strategic Needs Assessment (JSNA): Our JSNA includes information about carer and patient experiences. In 2013 the format was changed to a continually evolving online 'wiki' resource which is updated by partners, with the council providing oversight, quality assurance and managing the system overall. The system was regarded as a 'beacon of excellence' by partners and council officers. It is well known, understood and valued as a tool to inform the preparation of strategies, service plans or funding bids.

For more information on these issues contact: **Helen Edelstyn**, Strategy and Plan Manager at: helen_edelstyn@BATHNES.gov.uk.

Jo Farrar
Chief Executive

Councillor Simon Allan
Chair, Health and Wellbeing Board

Coventry

October 2013

We have a scale of ambition on health that we believe many other areas would struggle to match. We consider Coventry to be a 'Marmot City', committed to fundamentally changing the health outcomes of people in the city. We want to move Coventry out of the bottom quartile for premature mortality and aim for the top. This will mean a fundamental shift in the way we approach things. We wanted the peer team to challenge us to see how we could better deliver on this ambition.

We have some of the poorest wards in the country. We also have a high black and minority ethnic population in some parts of the city. All of this brings some specific challenges for us to turnaround the health outcomes for Coventry.

How has the peer challenge helped?

We asked the peer challenge to focus particularly on a couple of issues that are really important to use. Firstly, the cultural issues arising from integrating NHS staff into the council workforce (how this transition felt and how well staff are adjusting). Secondly, how well we, as a city (not just a council) are collectively responding to our health and wellbeing challenges, and how well the HWB is driving this work.

We were very pleased to see confirmation that the transfer of the public health function to the council had been achieved successfully. We have really embraced these new responsibilities. More importantly, people across the council understand the importance of this agenda for the people of Coventry.

With two universities and a very strong track record in research, evaluation and teaching in health we have the potential to consider the value a city-wide knowledge management function could bring.

The peer challenge has given us the opportunity to reflect on how we can ensure we establish a cooperative relationship between commissioners and providers. We'd like providers to be actively involved in the design and development of services, working closely with commissioners. The challenge identified that some market shaping may be needed to help move more in this direction.

Ensuring local people receive the right care, at the right time, in the right setting, is a challenge almost everywhere. The peer challenge has made us think more clearly about how, with strong leadership from the HWB, we might collectively drive rapid improvement in primary care, working with the local CCG and NHS England. This will include developing improved data analysis on primary care performance outcomes and costs.

The peer challenge has really made us think about how we can meet our ambition and the critical role that the HWB needs to play as a systems leader. It provided us with reassurance of the progress we've made so far, but also food for thought to ensure we make a stronger impact on improving health outcomes particularly for some of our most vulnerable communities.

Good practice

The operating model: The structure of public health team is exemplary. Staff work extremely well across different services. There are significant strengths in health protection and emergency planning (resilience) services

and partnerships. Services have been able to continue seamlessly to a good standard and were transferred across safely.

HIV testing: Innovative work is led by public health staff into HIV testing in primary care and Coventry is also part of a national "3Cs and HIV" pilot to support improved prevention and early detection of sexually transmitted disease in primary care for young people.

Integration: An integrated Early Help offer for 0-5 years in children's centres is a good example of joint commissioning. This has brought services together to better meeting the needs of children.

Behaviour change: New techniques are being used to target behaviour change in groups with poor health outcomes, working directly with communities to understand what drives their health. This intelligence is being used to embed health in people's day to day activities. Social media and social marketing, is also being used extensively to target health messages at specific groups of people and parts of the city with the worst health outcomes.

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Martin Reeves
Chief Executive

Councillor Alison Gingell
Cabinet Member (Health & Adult Services)

Doncaster

November 2013

The peer challenge was particularly timely as the council is looking forward to the challenges of system integration and changes to health provision and reconfiguration in Doncaster. We wanted the peer challenge to help us reflect on a number of major challenges.

Overall, the public health transition has gone well in Doncaster and our team has made a positive impact in a relatively short period of time. However, we are keen to take a strong leadership approach across the health and wellbeing system and take advantage of the good informal relationships we have built up over a period of time.

We have made a good start, but are keen to be more ambitious and focus more strongly on the priorities in our health and wellbeing strategy.

How has the peer challenge helped?

We wanted the peer challenge to focus on a number of key issues, including how we use an outcome-based accountability approach to commission services. This aims to give us a better understanding of the outcomes we are trying to achieve for improving health. We have started to use this as a tool to drive delivery against the health and wellbeing strategy. The peer challenge recognised that this approach has potential to help identify and monitor the actions required to deliver on our priorities. However, it was not clear whether it is enabling a shared responsibility to deliver the areas of focus as we intended. It has also made us reflect on how well understood the approach is and consider more training and communication to embed the approach.

We were pleased to see that the peer challenge gave us external acknowledgement of the strong leadership that elected members and partner agencies have been taking with regards to the health agenda.

It has also given us valuable insight into how we work with the third sector, the progress we are making on integrating commissioning across the council and health partners, and in getting people to take personal responsibility for their health.

We want to accelerate our approach. The peer team made a number of practical suggestions about the issues we need to pay urgent attention to in 2014. These include:

- developing a shared view of the future shape of services
- understanding what the pressures are and undertaking an assessment of future capacity requirements across the system
- agreeing what is affordable and realistic in future financial circumstances
- identifying ways in which resources can be shifted from acute into preventative services
- working with providers to help manage the transition to new patterns of provision.

The peer challenge was very helpful. It provided us with confirmation of the positive progress we've made already, but also made a number of practical suggestions to ensure our work progresses at pace and makes a stronger impact on improving health outcomes for local people.

Good practice

Design of an innovative solution to promote participation in sport and active recreation in Doncaster: The Council's Public Health and Regeneration and Environment teams worked

with Doncaster Rovers Football Club to look at the development of the asset of the Lakeside green space. The purpose is to ensure that the design of this outdoor, accessible and tranquil setting will encourage physical activity.

The project will deliver a series of trails around Lakeside using mobile device QR codes and embedded posts encouraging visitors to exercise, learn, relax and enjoy the space. Residents with a smartphone like an iPhone, Android or Blackberry will be able to scan the QR codes on the posts around Lakeside to upload free data such as exercise videos, heritage information and facts on the surrounding natural environment. There will be a supporting website to host the trail information, a calendar of events, a diary of regular activities, and general information. This will also enable a wider proportion of the population to access the wide range of material available.

Contact: **Jacqui Wiltschinsky**
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The Doncaster Community Funding Prospectus: This is an innovative partnership between the council and the CCG to deliver a programme of co-production to support independence for adults. The funding offers joint investment opportunities in the provision of services that strengthen communities and support the most vulnerable residents of Doncaster to improve their health and wellbeing. Through progressive routes eg, 'Seed Funding', 'Making it Real Funding', and the' Innovation Fund' organisations and enterprises from a range of more diverse providers are encouraged to develop new creative ideas for service activity in the borough.

Working with the third sector: The New Horizons organisation contracted by the council to provide infrastructure support to the third sector is a good initiative working with predominately small to medium size community-based organisations in supporting their sustainability, capacity and ability to address local need. It also provides a directory of community groups that partners find useful.

For more information on these issues contact:
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Jo Miller
Chief Executive

Councillor Pat Knight
Chair, Health and Wellbeing Board

East Riding of Yorkshire

May 2013

Early on we recognised the opportunities that public health could create for local people. We managed the transition of public health into the council well and staff have spent time exploring the opportunities this presents.

We place a strong emphasis on how we use data. Our JSNA is part of the East Riding Data Observatory which brings together all needs assessments, including crime and disorder, housing, employment and the Child Poverty Strategy. This data and intelligence is complemented by a systematic data analysis of ward profiles.

Our data tells us that we have major health inequalities between the electoral parts of the area, with wards in Bridlington, Goole and Holderness experiencing lower life expectancy and a range of other health and wellbeing issues.

How has the peer challenge helped?
The peer challenge acknowledged that we have achieved much in a relatively short time. We established the HWB early on, founded much of our decision making on good use of data and looked to embed public health issues within mainstream council delivery.

We believe we have a good balance between the need for general provision as well an ability to target areas of greatest need. We use health trainers targeted in Bridlington and Goole. Similarly, the council is targeting its capital investment to deliver higher health equality, for example by investing in building a new leisure centre in Bridlington.

There are good examples of how we review the effectiveness of some of our existing work. The LSP commissioned a review of Alcohol Misuse Services to consider the establishment of a clear alcohol strategy and examine how effective we have been in tackling alcohol misuse.

The peer challenge has made us consider how we can more strongly link the area's aspirations for public health into the wider financial context for the council and the clinical commissioning group. One consequence of better integration will be better value for money. This should make integration more a part of our core business rather than an add-on.

The peer challenge gave us reassurance that the HWB has a good direction of travel. We have a strong Chair. We also invested time in developing the Board using a series of workshops and planning events. It made us reflect on how we can protect some of the Board time for discussion and not become overloaded. We are keen to ensure we work closely with the CCG Chair to ensure the Board takes a truly joined up approach.

The peer challenge resulted in an action plan which is being monitored by the HWB. We have developed a detailed work programme for the HWB which is linked to our joint health and wellbeing strategy and we have introduced a performance reporting framework. We have reviewed and streamlined our partnerships and developed a Partnership Portal to enable collaborative working and the sharing of information. We have further integrated our public health functions into the Council. For example, public health is planning the establishment of a health and wellbeing service which will actively engage with both council services and other commissioned services. The peer challenge was really useful by not only providing us with reassurance on

the good progress we've made to date, but also giving some very valuable food for thought to ensure our integration work progresses at pace and is effective.

Good practice

Data and strategy development: The East Riding Data Observatory is a current, comprehensive and punchy compendium of interactive data, maps, statistics, facts and figures about the East Riding and its population.

Conditions for system integration: The Health and Social Care Executive is well established, involving the corporate management teams from the council and the CCG. The group meets regularly and provides a good mechanism for officers to understand the challenges of each other's organisation and to ensure that the Board's priorities are aligned in their respective commissioning plans.

Leadership: The direct and deliberate efforts of the council to encourage all elected members to make contact and build relationships with GPs and CCGs have resulted in more effective leadership of public health.

Mainstreaming health and wellbeing: Three pilot models of delivering Health Checks are being used (Council Leisure Services, the Smoking Cessation team and through the NHS Health Trainer service).

For more information on all these issues contact: **Lisa Wilson**, Principal Partnerships Performance Officer at: lisa.wilson@eastriding.gov.uk

Nigel Pearson
Chief Executive

Councillor Jonathan Owen
Deputy Leader and Chair of the HWB

Merton

November 2013

Merton is a place of change. As part of Greater London, it has seen significant changes in population over the past decade. The birth rate has increased by 40 per cent since 2002 and is projected to increase significantly. This is coupled with an anticipated increase in the number of over 65-year-olds which has significant implications for local health and care services.

Our communities have become more diverse with a black and minority ethnic population of 35 per cent. Across the whole of the borough, health outcomes are among the best in London. However, stark differences exist between different areas. For example, in the most deprived wards in east Merton, life expectancy is nearly nine years lower for men and 13 years lower for women, than in the least deprived wards in the west.

In some parts of Merton obesity among adults is 28 per cent, and more than a third of 10 to 11-year-olds are overweight or obese. In some parts of the borough nearly a quarter of adults are smokers and across Merton, 28 per cent of adults drink above recommended levels.

How has the peer challenge helped?

We wanted the peer challenge to focus on the HWB, to understand how well engaged our communities are in the challenges and how we might strengthen our partnership approach. We found the peer challenge really useful in getting under the skin of the issues.

It was good to get confirmation that the transfer of public health function had gone well. Public health is already having a palpable impact. This includes influencing commissioning plans through their role on the CCG board, as well as affecting change within the council on key projects such as cycling bids, the Mitcham housing and regeneration project, and asset mapping for older people in social care.

More importantly, though, the peer challenge flagged a number of issues we need to give further thought to, including:

- the potential for more jointly mapping and analysis of health data sets provided through existing organisations that can be used to inform the JSNA
- ongoing discussions to ensure the Board has a stronger influence to affect commissioning priorities in key areas of work, such as Better Services, Better Value and the proposed hospital reconfiguration
- taking the opportunity to redesign services with a greater focus on outcome-based commissioning with partners, which includes ongoing work with the voluntary sector, and building on the experience of implementing integrated care teams in bringing care closer to home
- making clearer the links between the Board, our Healthier Communities and Older People Overview and Scrutiny Committee and the role of the 'One Merton Group' to improve the clarity of the health 'system' across the public sector.

Using the LGA peer team to flag these issues brought external expertise and ideas from outside Merton which were relevant and practical. We'd recommend a peer challenge as a good way to bring in this outside view and ideas.

Good practice

Close working with the Children's Trust: This is a good example of partnership working in which the HWB works closely with the Children's Trust in the delivery of its priority of giving every child a healthy start in life, receiving progress reports, and reviewing targets in relation to issues such as breastfeeding and immunisation rates.

Contact: **Kay Eilbert**, Director for Public Health at kay.eilbert@merton.gov.uk.

Training all firefighters in level stop smoking advice: Public Health provided a one-hour, level one, stop smoking training programme to all fire fighters who work in Merton so that they can encourage residents to stop smoking as part of their home fire safety visits. Following the success of the training, we have also trained all fire fighters to have a better understanding of the issues around alcohol and substance misuse resulting in a resource of front line staff that can help get messages to communities about the public health agenda. This pilot programme was recently recognised as an example of excellent partnership working and was shortlisted for the National Compact Awards in the Impact Category.

Contact: **Barry Causer**, Public Health Commissioning Manager at barry.causer@merton.gov.uk.

Health Impact Assessment: As an early initiative following transition to the council, the Merton Public Health Team took a proposal for a Health Impact Assessment (HIA) for the council's new policies and projects to their Corporate Management Team. The decision was taken to accept a Health Impact Assessment pilot across the council. Examples of HIAs proposed include welfare reform, workforce strategy, a regeneration scheme for Mitcham, Merton Adult Education, and the use of the Social Value Act to embed health as a consideration in procurement.

Contact: **Sangeeta Rana**, Merton Public Health Team at sangeeta.rana@merton.gov.uk.

Ged Curran
Chief Executive

Councillor Linda Kirby
Chair, Health and Wellbeing Board

Sefton

July 2013

We have specific geographic inequalities, particularly in relation to a growing ageing population in the north of Sefton, and an overall shrinking population across the borough, increasing youth unemployment, and areas of the borough where people and families are living in poverty leading to poorer health and wellbeing outcomes. We have also highlighted issues, such as respiratory disease, as a local health and priority.

The scale of the challenge is significant, particularly in the context of the significant reductions we have had to make to overall council budgets over the last three years.

How has the peer challenge helped?

Our peer challenge focused on the development of the HWB, the operation of the public health function and the establishment of a local Healthwatch.

The peer challenge identified that many of the building blocks for rapid progress are in place. Not only have priorities been aligned between the CCGs and the council, but the HWB is well placed to drive forwards with the implementation of its programme. One of the single biggest messages which emerged from the challenge was the urgent need to ensure that the partnership structures are focused on delivering agreed outcomes.

We were pleased to see acknowledgement of how our consultation and engagement activity on developing a strategic needs assessment and health and wellbeing strategy, has informed investment and disinvestment decisions.

The challenge also identified a number of issues for us to reflect and on which the team were able to offer practical advice on, including:

- a need for a deeper alignment of priorities with a greater emphasis on tangible outcomes
- services developing differential outcome indicators for areas with the greatest health inequalities at the ward and neighbourhood level
- progressing work on community and individual resilience, and involving others from the community, voluntary and faith sector to help shape proposals and plans for implementation.

It was really useful to have this external perspective. It gave us chance to take stock of our own progress, think about our own challenges in a new way and gave us lots of thought-provoking discussion on how we can make further progress. It also validated for us what we knew through our own self-assessment process: That we are self-aware and we know what we need to do. What the external perspective gave us was confirmation that we have strong foundations on which to build, we have good relationships and that partners, stakeholders and the community are committed to working together to address the many challenges we jointly face.

Good practice

Virtual Ward and Care Closer to Home projects: These projects are excellent examples of operational integration reaping success in terms of patient and clinician experience. They have explicit ambitions around reducing hospital admissions and improving the quality of community care.

Caradoc Kids Club: This inspirational project is run by parents out of the Seaforth Children's Centre. The vision of a better start for the next generation is palpable with children who "queue round the block" for a chance to play and interact. Initiatives such as the junior chef event, an open event for the local community, and a gardening scheme have established play straight into the health and wellbeing agenda.

Cross council working: Sefton has a range of examples of cross-council working on the wider determinants that demonstrate the breadth and depth of the work and the team's contribution. These include the implementation of smoke-free areas in council-run children's areas, the commissioning of 37 outside gym areas in Sefton's parks, the adoption of a policy of 20 mph in all residential areas and a health impact assessment of the Local Plan.

For more information on all these issues contact: **Jayne Vincent** at jayne.vincent@sefton.gov.uk

Margaret Carney
Chief Executive

Councillor Ian Moncur
Chair, Health and Wellbeing Board

West Sussex

June 2013

Having our health and wellbeing peer challenge in June 2013 was critical timing for us. We were aware that over the preceding months, like most local authorities, we had been putting in place plans to embrace the national policy changes and that the pace of change was important. These are challenging issues requiring large scale transformational change and delivering the change at appropriate pace was something we really wanted an external view on.

In West Sussex we pride ourselves on the strengths of the relationships between partner agencies that make up the health and wellbeing system. We are sure, just like many other parts of the country, agencies also recognise the need for more difficult conversations on tough health issues. We think all our health partner agencies are up for these challenges and the peer challenge gave us a platform for thinking about how we might do this.

How has the peer challenge helped?

We used the peer challenge to comment on the effectiveness of the leadership role of the county council to engage with all aspects of the health and wellbeing system and how the HWB can add real value to the system.

We enthusiastically embraced our new health responsibilities and the peer challenge confirmed this. We have developed good foundations to integrate the local health, wellbeing and care system, drive improvements to raise local health outcomes and ensure that local voices and patients' experiences are heard.

The peer challenge identified that plans are in place but we need to be clearer on how we are going to deliver. For example, the joint health and wellbeing strategy articulates three priorities for the Board but it is not clear how they will be implemented and how they may link to local delivery plans of the CCG or district councils.

The transfer of public health into county council was well managed. Services have transferred smoothly and the incoming health staff are positive and enthusiastic about the opportunities of influencing the delivery of services and commissioning decisions.

The partnership landscape in West Sussex is rich and diverse. This brings many opportunities for formal and informal relationships and working arrangements which are required in a large and complex system. However, without a broad understanding of who makes up the system and their accountabilities to others, it will be difficult to steer the system and we have been reflecting more on this since the peer challenge.

We are keen to keep local people at the heart of the process, so we were interested in the peer challenge's findings that there is a danger that service users' and patients' voices might get lost during this time of change. We have been thinking about how we can balance the need to implement the change with the opportunities to review commissioning plans to deliver against the needs of users and patients.

Overall, we needed to step up the pace and the peer challenge was part of the process for giving us added impetus for accelerate the changes we have underway. The peer challenge was useful in providing real and useful advice on how to up the pace appropriately.

Good practice

Data sharing with partners: West Sussex has good collaboration with the NHS, its districts and other local organisations to identify the health and wellbeing needs of the local population. Information and data is brought together as part of the JSNA. The JSNA includes a variety of data sets, area-based needs assessments from countywide to CCG or local neighbourhoods and needs assessments for population groups or service users. The council is 'data rich' and this provides a good platform for evidence-based commissioning particularly. This has also fed a county-wide health inequality strategy which provides a sophisticated analysis of inequalities. It provides a good mix of county-wide coordination while allowing for local diversity.

Local Wellbeing Hubs: As part of its Prevention and Wellbeing Programme, West Sussex CC has invested in the creation of wellbeing hubs in each of its district councils. Located in community buildings such as leisure centres, these hubs provide and coordinate services that improve the health and wellbeing of local residents by:

- providing an accessible hub of information and single point of onward referral for people wishing to improve their health;
- helping to remove barriers that stop people improving their health by assisting people with access to local health and wellbeing services; and
- providing or commissioning additional services to support lifestyle changes that will reduce unhealthy eating, alcohol misuse, smoking and low levels of physical activity, and help people to manage long-term conditions.

For more information on this issue contact: **Catherine Scott**, Head of Public Health, at catherine.scott@westsussex.gov.uk

Judith Wright
Chief Executive

Councillor Louise Goldsmith
Leader of the Council

Further information

Peer challenges are managed and delivered by the local government sector for the sector. They are improvement focused. The scope will be agreed with the council and their health and wellbeing partners and will be tailored to reflect their local needs and specific requirements.

The peer team will involve peers from across the health and wellbeing system. Their ambition is to help you to respond to your local priorities and issues in its own way to greatest effect. Over 95 per cent of council chief executives who have already had a peer challenge have told us that the challenge from the peer team was either good or very good.

The following health and wellbeing systems have already had a health and wellbeing peer challenge:

Bath & North East Somerset
Bristol
Cornwall
Coventry
Doncaster
East Riding of Yorkshire
Isles of Scilly
Leicester
Camden
Merton
Peterborough
Sefton
Solihull
Southend-on-Sea
Sunderland
West Sussex

For more information about the health peer challenge, or to discuss the focus and timing of your systems' challenge, please contact:

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Or visit our webpage:
www.local.gov.uk/health-and-wellbeing-boards

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