

Health and wellbeing system improvement

Health and wellbeing peer challenge

Methodology and guidance

14th June 2013

1. Supporting the new health and wellbeing system

From 1 April 2013, responsibility for public health and other health services was given to local agencies, including councils, clinical commissioning groups and the new health and wellbeing boards. The Local Government Association (LGA) has been convening national partners, including the Department of Health, NHS England, the NHS Confederation, Public Health England, Healthwatch England and the Association of Directors of Public Health, to provide a 'Health and Wellbeing System Improvement Programme' for health and wellbeing boards, local authorities, clinical commissioning groups and local Healthwatch organisations. This £1.8million programme includes support for local leadership on health through a health and wellbeing peer challenge, regional support to address collective issues, bringing together information on public health via the LGA's LG Inform tool, a self-assessment tool, support to council commissioners through the regionally based Healthwatch Implementation Team, online networking via the LGA's current Knowledge Hub tool and national learning events.

The core national elements of the LGA's offer are:

Peer challenge – this tried and tested LGA sector-led improvement tool is being developed collaboratively for health and wellbeing. Councils can commission the challenge to focus on local public health, health and wellbeing board and local Healthwatch priorities.

LG Inform – this LGA on-line data and benchmarking tool, part of the LGA's core offer, is developing a specific package to consolidate key benchmarking information on public health that health and wellbeing boards, councils, local people and voluntary organisations can use to facilitate monitoring trends and for benchmarking. Data and information is also being produced to inform the peer challenges.

Knowledge Hub - supports on-line networking and the LGA continues to support the existing National Learning Network for health and wellbeing boards.

Healthwatch Implementation Team - this small, expert team deployed in each region will continue, in the immediate term, to provide 'trouble shooting' capacity and to provide tailored support to local authority commissioners.

The LGA and Healthwatch England are currently co-producing a joint work programme, which will be framed around joint events, publications for local healthwatch and local authority commissioners, troubleshooting capacity and tailored support in response to Francis Review recommendations.

National Sharing learning events – two national events have been planned for June 2013 in London and Leeds for health and wellbeing boards and partners in public health to share experiences and learning.

Regional approach driven by local choices - this has focussed on identifying as much funding as possible to devolve to the regions throughout the year so the offer is responsive to local need and builds on local networks and capacity. Regional

funding will be made available as part of a grant agreement with clearly defined criteria to demonstrate value, share learning and regularly communicates.

For more information on the offer go to:

http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3932121/ARTICLE-TEMPLATE

2. Purpose and scope of the health and wellbeing peer challenge

A peer challenge is a voluntary and flexible process commissioned by a council to aid their improvement and learning. It involves a team of between 4 - 6 peers from local government, health or the voluntary sector who spend time on-site at a council to reflect back and challenge its practice, in order to help it to reflect on and improve the way it works. The process involves a wide range of people working with the council in both statutory and partnership roles and the findings are delivered immediately.

Peers are working as 'critical friends' or 'trusted advisors', not professional consultants or experts. Peer challenge is not inspection. The process is based on a view that organisations learn better from peers and are open to challenge. Likewise it believes that peers, in their professional capacity, challenge robustly and effectively. While the process is voluntary it is not a 'soft option'.

The purpose of the health and wellbeing peer challenge is to support councils, their health and wellbeing boards and health partners in implementing their new statutory responsibilities in health from 1 April 2013, by way of a systematic challenge through sector peers in order to improve local practice. In this context, the peer challenge focuses on three elements in particular while at the same time exploring their interconnectivity – the:

- establishment of effective **health and wellbeing boards**
- operation **of the public health function** to councils
- establishment of an effective local **Healthwatch organisation**.

We appreciate that the new health and wellbeing system includes many organisations, representatives and stakeholders, who are engaged in the challenge process. However, for the purpose of this peer challenge the **client is the local council**.

3. Headline questions for the peer challenge

The peer challenge focuses on a set of headline questions and more detailed prompts, from which to frame the preliminary review of materials, the interviews, and the workshops that make up a peer challenge. They are discussed and tailored in the context of each council.

A list of headline questions and prompts are at **Appendix 2** but the main four questions are:

1. How well are the health and wellbeing challenges understood and how are they reflected in Joint Health and Wellbeing Strategies (JHWSs) and in commissioning?
2. How strong are governance, leadership, partnerships, voices, and relationships?
3. How well are mandated and discretionary public health functions delivered?
4. How well are the Director of Public Health (DPH) and team being used, and how strong is the mutual engagement between them and other council teams?

4. The peer challenge process

4.1 Preparation

The purpose of pre-site work is to prepare for an effective and high impact peer challenge. We are keen to avoid unnecessary burdens on councils and try to keep information requests to a minimum. However, our experience with peer challenges shows that a degree of pre-site analysis is required for the peer challenge team to be fully operational on day 1. Similarly, feedback from councils shows that encouraging them to reflect on the effectiveness of their practice before the peer challenge helps them to define a clear focus for the on-site work and ultimately provides them with a more tangible outcome of our work.

Preparatory work involves the following:

i. Position statement

We encourage councils to prepare a short position statement outlining how they are performing against the main themes of the peer challenge (see above) and the specific focus. We do not prescribe the format or style of position statements but we can provide examples of what these can look like.

ii. Pre-site reading

We ask the council to provide us with a number of documents, many of which are likely to be in the public domain already. Key documents are likely to be:

- a local stakeholder map of 'who is who and who does what' in the health and wellbeing system
- the council business plan
- a selection of service plans to ascertain how health and wellbeing permeates into services such as housing, licensing, planning
- Joint Strategic Needs Assessments (JSNAs)
- JHWSs
- background information about the health and wellbeing board (HWB), eg agendas, minutes and papers for past meetings, and terms of reference
- information about plans for joint commissioning and service transformation, eg a joint commissioning strategy, data on pooled budgets/resources
- the clinical commissioning group's (CCG's) commissioning plan
- NHS England Local Area Team plan or equivalent, outlining what they are commissioning to meet local need

- memorandum of understanding with CCG regarding public health advice
- latest NHS patient satisfaction surveys for the area
- information on arrangements for the local Healthwatch organisation
- information about arrangements for health scrutiny, including the forward plan
- summary description of arrangements for delivering statutory local PH functions
- Health Protection Plans.

iii. Pre-site analysis

Pre-site analysis is undertaken by the LGA and includes a high level analysis presentation and a number of datasets including:

- NHS outcomes benchmarking support pack
- Public Health England Health Profile
- Public Health England Local Health Profile
- Child Health Profile
- Community Mental Health Profile
- census data
- service data through LG Inform.

iv. Pre-site survey with members of the HWB

We conduct a short on-line survey with members of the HWB to obtain some baseline data on the effectiveness of working arrangements as well as the leadership and relationships of members. We have developed a standard survey which we discuss with you and adapt to include any specific questions of value for your local HWB. The survey is administered by the LGA.

v. Timetable of activities for the peer team

The team is on site at a council for a period of 4 days.

The council needs to arrange a timetable of activity organised in advance of the visit by the peer team. The timetable should enable meetings and discussion sessions (during the remainder of day 1, day 2 and day 3) with a range of officers, members and other stakeholders enabling the peer team to explore the issues relevant to the purpose, scope and suggested terms of reference for the peer challenge.

The peer team works in teams of two with three parallel interview streams each day. This allows for 40 - 50 activities.

Suggestions (neither a prescriptive or exhaustive list) of whom the peer team need to meet with whilst on-site are:

1:1 discussions

- Leader or Elected Mayor
- Portfolio Holder for health and wellbeing and/or Adult or Children's Services

- Chief Executive (CE)
- Director of Public Health
- Council Directors (either individually or as a focus group)
- Chair of the HWB (if different from above)
- Chair and Vice Chair of Health Scrutiny
- Leader(s) of the Opposition
- Accountable Officer and Chair of the local CCG(s)
- Director/senior manager of the local PHE centres
- Director/senior manager of the local NHS England Action/Area Teams
- CE or senior managers of other key health stakeholders, eg acute trusts, community trusts, mental health trusts, primary care and other local providers, including community pharmacy and other providers
- Research/intelligence officer (JSNAs)
- Head of Human Resources/Organisational Development within the council
- Operational lead for the HWB
- Public health professionals, including consultants
- CE of the local Healthwatch organisation
- Chair of the neighbouring HWB where the health economy has a significant sub-regional configuration
- District council representation where appropriate.

Focus Groups:

- external stakeholders (eg housing, economy, police, VCS, education, universities)
- remainder of Cabinet (as one focus group)
- Heads of Service, including planning, housing, leisure, highways
- CE/lead members for health of District Councils (where appropriate)
- front line public health staff who have been transferred to the council
- voluntary and community sector providers

4.2 On-site work

The on-site challenge takes place over four consecutive days when the peer team is at the council and undertakes a range of activities, including focus groups, observations, site visits and discussions with officers, elected members, partners and stakeholders.

The timetable can include workshops on a specific area of focus the council wishes the peer challenge to explore.

The timetable is designed on the focus of the peer challenge and local arrangements. However, there are two sessions which are common to all peer challenges:

- a **‘setting the scene’ meeting** in the morning of the first day of the peer challenge. This provides an opportunity for the peer challenge team to meet with key officers and elected members and to receive an introductory presentation about the council and how it embraces its new responsibilities in health, together

with key opportunities and challenges as well as successes. The team uses this session to re-state the focus for the peer challenge and to establish common ground in what a good outcome of the process will be. It is also an important part in 'starting the process together' and to build relationships and trust between the council and the peer challenge team

- the **feedback session** on the last day of the peer challenge. In addition to informal feedback at the end of each day, the peer challenge team provides two types of feedback on the last day:
 - an informal 'dry run' of the formal feedback to a small group of officers and elected members (normally including the Chief Executive and Leader or elected Mayor or lead Cabinet member). This allows a check on any sensitive issues
 - a formal roundtable feedback discussion on the final day on site at the council involving an audience of the council's choosing. The team shares its views and offers advice on the main focus of the challenge and key strategic and leadership issues.

4.3 Written feedback

The council receives written feedback within 2-3 weeks after the departure of the peer challenge team. Written feedback is normally in form of a letter addressed to the Chief Executive. It elaborates on the points made in the feedback presentation, outlining the main findings and conclusions and provides recommendations for improvement and innovation.

The council has an opportunity to comment on the draft letter before it is finalised by the review manager.

The feedback letter and presentation are the property of the council. They are not published on the LGA website. However, in the interest of openness and accountability we recommend making the feedback publicly available.

4.4 Follow-up work

The peer challenge includes an offer of follow-up support. This can involve all or part of the team engaging in an activity such as:

- holding an action planning workshop with the council
- organising a workshop on a specific theme or area, involving experts or other peers as appropriate
- arranging for a follow-up visit at a later time to challenge progress.

The review manager liaises with the council to scope and manage any follow-up activity.

The peer team provides continuous feedback throughout the peer challenge process. The intelligence gained is fed back into the LGA to inform the planning of

future support. It also contributes to our sector knowledge base, which we need to prove sector led improvement works for local government.

5. The Peer Team

Composition

Peer challenges are managed and delivered by the sector for the sector. Peers are at the heart of the peer challenge process. They provide a 'practitioner perspective' and 'critical friend' challenge. Peers help build capacity, confidence and sustainability by challenging practice and sharing knowledge and experience.

The peer team includes 6 - 7 peers, including the challenge manager, and reflects the focus of the peer challenge. The review manager discusses the composition of the challenge team with the council. All peers are approved by the council.

The core team normally consists of:

- a Council Chief Executive or Strategic Director
- an elected member, normally the Chair of the HWB in their area
- a Director of Public Health
- an NHS peer, for example an officer or member of a CCG or a national peer
- an LGA challenge manager.

In addition, the team includes one or two peers with a particular specialism or expertise such as a:

- specialist health peer
- peer with national perspective, eg Healthwatch England, NHS England, Public Health England
- representative from a local Healthwatch organisation
- representative from the voluntary and community sector
- district council peer (in two tier areas)
- a local authority officer peer.

Within each team, one officer is designated the lead peer, normally the Council Chief Executive or Strategic Director.

Roles and responsibilities

The role of peers is to:

- undertake pre-reading in advance of the peer challenge
- attend and participate in an initial peer team meeting
- facilitate interviews and discussion whilst on-site at the council and to gather information via these, record and share key findings with the peer team
- draw on their relevant skills, knowledge and experience
- analyse key messages throughout the process

- work with others in the peer team to develop and deliver a feedback presentation
- contribute to the draft feedback letter within agreed timescales
- participate in the evaluation of the peer challenge
- undertake additional or specialist roles on the peer team.

The role of the challenge manager is to:

- manage the overall peer challenge process and act as the first point of contact for the client
- work with the client to identify peers and compose the peer challenge team
- work with the client to scope and design the peer challenge process including a set up meeting and advice/guidance on developing the timetable and position statement
- during the on-site process, be a full part of the team and also act as facilitator and adviser to guide the rest of the team through the on-site process
- facilitate and support the preparation of the feedback presentation, including working with the team to determine points of judgement in the process
- write the written feedback and liaise with the team and the client to finalise it
- liaise with the client to agree follow-up support.

6. Peer team requirements during the on-site period

We ask the council to provide for the peer team requirements during the on-site period. These include:

- the provision of a room at the council to use as a base for the time the peer team are on site. This would ideally be located in the main headquarters of the council. The room is for the sole use of the team members, with all interviews and focus groups being held elsewhere
- equipment for the base room, including a whiteboard or PowerPoint projector, one computer with access to the intranet and internet, and a supply of basic stationery
- catering for the team, including a lunch to be held in the base room each day.

The review manager discusses these arrangements in detail with the council.

The LGA manages and covers all expenses related to accommodation and travel for the team.

Appendix 1: Sample timetable

Day 1

Time	Council Name		Day, Date, Month
	Workstream 1	Workstream 2	Workstream 3
08:30 - 09:00	<i>Admin / Passes / set up in Team Room</i>		
09:00 - 09:45	Setting the Scene - Committee Room 1		
09:45 - 10:00			
10:00 - 10:45	Margaret Smith, Chair of Health and Adults Select Committee, Room 127, Civic Hall Bill/Anne	Judith McDuffy Director of Public Health, Borchester Council Room 130, Civic Hall Abdul/Sam	Kieran Williams, Chief Executive, Borchester Council Chief Executive's Office, Civic Hall Tim//Martha
10:45 - 11:00	Break		
11:00 - 11:45	Sue McNally, Director Community Commissioning Borchester Council Room 127, Civic Hall Bill/Martha	Mike Thompson Director of Health and Social Care Commissioning, Borchester Council Room 130, Civic Hall Anne/Abdul	Brenda Tarbuck, Leader of Labour Group, Borchester Council, Room 104a, Civic Hall Tim/Sam
11:45 - 12:00	Break		
12:00 - 1.30	Local Healthwatch Focus Group Felpersham Room Edes Mansion Abdul/Martha	Senior Management Team Focus Group Committee Room 1, Civic Hall Tim/Bill	Heads of Service Focus Group - Youth Services, Road Safety, Learning and Education, and Economic Development) Halnaker Room, The Grange Sam/Anne
13.30 - 14.00	Break		
14:00 - 14.45	Jeannie Chesterman, Clinical Director Woman & Children, Borchester Health Trust, Room 127 Tim/Sam	Claire Gregory, Head of Integrated Adult Care Commissioning, Borchester Council and Member of Health and Wellbeing Board Room 130, Civic Hall Abdul/Martha	Frances Abraham, Non Executive Director Health Watch Borchester (Chair) and Health & Wellbeing Board Member with David O'Donnelly, Regional Manager HealthWatch, Room 104a, Civic Hall Bill/Anne
14:45 - 15:00	Break		
15:00-16:00	Samantha Merton Head of Policy and Communications Borchester Council, Room 127, Civic Hall Abdul/Bill	Public Health Consultants Focus Group, Loxley Room, Edes Mansion Martha/Sam	Borchester All Party Elected Members Focus Group Gables Room, Edes Mansion Anne/Tim
16:00-16:30	Team working and feedback preparation		
16:30-17:30	Daily Feedback		

Day 2

Time	Council Name		Day, Date, Month
	Workstream 1	Workstream 2	Workstream 3
08:30 - 09:00	<i>Team Time</i>		
09:00 - 9.45	Dr Katie Bilbao, Accountable Officer, Brookfield Clinical Commissioning Group Telephone interview Peer to ring 02746 349672	Peter Samston, Cabinet Member for Children, Borchester Council Room 130, Civic Hall	Sean Matthews, Chief Fire Officer, Borchester Council Peer to call Sean on 07129 683641
09.45 - 10.00	<i>Break</i>		
10:00 - 10:45	Matthew Kershaw, Head of Legal Services, Borchester Council, Room 127 Civic Hall	Stuart Dawson, Director of Children's Services, Borchester Council, Room 130, Civic Hall	Christopher Macclesfield, Cabinet Member for Health and Community, Borchester Council, Member of Health and Wellbeing Board, Room 140
10:45 - 11:00	<i>Break</i>		
11:00 - 12:30	Dr James Partridge - Leader of Conservative Party, Borchester Council Room 127, Civic Hall	Christine Barnaby, East Gables Community and Voluntary Services (Voluntary Services Representative on Health and Wellbeing Board) and Martin Shoemith, Room 130, Civic Hall	Service Leads Focus Group Martello Room, Edes Mansion
12:30 - 13:30	<i>Team Lunch</i>		
13:30 - 14:45	Patrick Orson, Head of Business Improvement, Martin Hammerstein, Business Change Programme Manager, Borchester Council, Room 127, Civic Hall	Jennifer Tatley, Head of Health and Social Care Practice, Borchester Council, Room 130, Civic Hall	Alan Jefferies, Head of Emergency Management, Borchester Council, Room 104a, Civic Hall
14:45 - 15:00	<i>Break</i>		
15:00 - 16:00	Hardeep Shah, Leader Borchester Council, Room 127, Civic Hall	Sarah Southill Director of Commissioning Borchester and Loxley Area Team (NHS England) Telephone interview. Peer (Room 130) to ring 07599 338561	Dr Parson Bilton Director of Local PHE Centre Peer to call 07227 485459
16:00 - 17:00	<i>Team working and feedback preparation</i>		
17:00 - 17:30	<i>Daily Feedback</i>		

Day 3

Time	Council Name		Day, Date, Month
	Workstream 1	Workstream 2	
08:30 - 09:00	<i>Team Time</i>		TEAM TRAVELLING
09:00 - 9.45	Catherine Tilton & Tia Mistry, Borchester Council JSNA Lead Room 127, Civic Hall	Jamie Huntley, HR Business Partner & Jo Churchfield, Business Change Manager, Borchester Council, Room 130, Civic Hall	Travelling to Loxley (Abdul and Sam in Abdul's car)
9.45 - 10.00			
10:00 - 10:45	Loxley hub visit		Travelling to Gables
10:45 - 11:00	<i>Break</i>		Travelling to Gables
11:00 - 12.30	Public Health Focus Group Commissioning Bridge Room, Edes Mansion	Voluntary Sector Focus Group, Chief Executive's Board Room, Civic Hall	11.00 - 12.00 Dr Vishal Dhaliwal Clinical Chief Officer NHS Gables Clinical Commissioning Group, Vishal's Office, Gables Hospital then travel to Wellbeing Hub 12.00-12.30 - hub visit 12.30
13.00 - 14.00			Gables Wellbeing hub visit - 12.30-13.30 Travel back to Gables hospital 13.30-14.00
14.00 - 14.45	Justine Mitchell, Director of Nursing and Quality NHS England Borchester and Loxley Area Team), Member of Health and Wellbeing Board, Telephone Interview, Peer to call 07339 037362, Room 127, Civic Hall	Katie Butley, Commissioning Manager, Learning Disabilities, Borchester Council Phone interview, peer to call Katie on 07226 944626	Dr Agnieszka Laskowska, Clinical Chairman Loxley CCG, Vice Chair of Health and Wellbeing Board Agnieszka's office, Gables Hospital
14:45 - 15:00	<i>Break</i>		
15:00 - 16:00	Detective Chief Inspector Pierre Lautrec, Borchester Police, telephone interview, peer to call 07394 339575	Public Health Staff (Other public health activities) Focus Group Leoni Room, Civic Hall	Travel back to Borchester for team working and feedback
16:00 - 17:30	<i>Team working and feedback preparation</i>		
	No feedback session today		

Day 4

Time	Council Name		Day, Date, Month
	Workstream 1	Workstream 2	
09:00 - 12:30	Team prepares feedback		
12.30-13.30	Dry run with Chief Executive, Leader and Director of Public Health, Committee Room 2, Civic Hall		
13.30-14.30	<i>Lunch</i>		
14.30 - 15.30	Feedback Committee Room 2, Civic Hall		
15.30 - 16.00	<i>Team debrief and departure</i>		

Appendix 2: Headline questions for the peer challenge

The peer challenge focuses on a set of headline questions, and more detailed prompts, from which to frame the preliminary review of materials, the interviews, and the workshops that make up a peer challenge. They are discussed and tailored in the context of each council.

1. How well are the health and wellbeing challenges understood and how are they reflected in JHWSs and in commissioning?

- Is there a vision for the health and wellbeing of the local population? Is it shared between key partners in the local system?
- How strong are the analyses on which JSNAs are based? Do they reflect the population needs across health and care?
- Do JSNAs cover the wider-determinants of health?
- How well articulated and presented is the analysis?
- How clear are the priorities and timelines in JHWSs? Is there an appropriate balance between preventative and responsive interventions? Is there clarity over any areas of disinvestment from historic provision?
- How clearly are health inequalities, and their relationships with other inequalities, understood? Do JHWSs contain convincing strategies for closing gaps?
- How clearly are the delivery programmes related to available resources? How well are resources combined and pooled?
- Is there evidence of HWB members together finding the best uses of their collective spend across the system?
- How well are the potential contributions of the third sector and community structures reflected in strategies?
- How have local priorities been related to the national outcomes frameworks and strategies for public health, adult social care, children, and the NHS?
- How clear is the linkage through JSNAs, to JHWSs, and then to commissioning?
- How well combined are the analyses available from locality-based sources with those of the commissioning support unit?
- How clear is the relationship between JHWS and CCG commissioning plans and strategies?
- How well-used are national learning, benchmarking information, summaries of effective practice and value for money approaches, and the experiences of others responding to similar challenges?
- How clearly are health and wellbeing priorities reflected in broader community strategies and in the delivery strategies of individual agencies, including district council strategies in two-tier areas?
- How ambitious are the strategies and are they deliverable? To what extent is the balance of local service delivery being challenged?
- How well are actions, impacts and cost-effectiveness reviewed? To what effect? Is the local health system a learning system?

2. How strong are governance, leadership, partnerships, voices, and relationships?

- How well does the membership of the HWB reflect the need to align power and influence around the JHWS?
- How effective is the grip of the board on its programme and agenda? How well informed are its members? How effective are discussion, challenge, commitment and review? How is conflict managed?
- How strongly do members commit to the board and its actions? How well-shared is the core analysis to challenges and the commitment to priorities and actions?
- How well developed are relationships in the board? How effective has the development of the board been and a mutual understanding of how it can be most effective in achieving key impacts?
- What is the quality of the relationship between the HWB and the CCG(s)?
- What is the quality of the relationship between the local public health team and CCGs? Is it able to meet its statutory function in giving the CCG public health advice?
- How effective are relationships with Health Providers? The local schools system? Local housing agencies? Other public sector providers?
- How well is the council considering the impact of its services, plans and strategies on health and wellbeing (eg considering the impact of planning decisions on health and wellbeing)?
- How well engaged are local politicians, beyond those directly involved in the HWB? How strongly do health and wellbeing challenges influence political ambitions and vice versa? How strong is the commitment to JHWSs across the local political landscape?
- How effectively are local voluntary and community organisations engaged in advocacy, strategic direction, and delivery?
- How effective are the local Healthwatch arrangements?
- How well are the experiences of service users, patients and members of the public heard and reflected on, both through the local Healthwatch organisation and wider?
- How effective is the local Overview and Scrutiny function?
- How effective is collaboration with the Public Health England and NHS England regional and local teams?
- In two tier areas, how well are district authorities engaged in analysis and setting priorities? Do strategies make best use of the functions of both tiers?
- Are there shared arrangements for any element of the public health functions? How well do they work?

3. How well are mandated and discretionary public health functions delivered?

- How well are sexual health services commissioned and delivered?
- How effective are local arrangements for screening and immunisation?

- How well is the population healthcare advice service delivered locally? What is the quality of the relationship between the local public health team and the CCG(s)?
- How well is the local Health Check programme being commissioned and delivered?
- Is there a clear and appropriate Health Protection arrangements? Is there clarity over relative roles, responsibilities, and leadership arrangements in the context of an incident or outbreak?
- How effective are Emergency Preparedness, Resilience and Response relationships? How well are key roles understood? How strong are the connections to wider emergency planning and resilience arrangements?
- What discretionary functions, including drugs and alcohol interventions, are provided in the locality? On what rationale?
- How effectively has the Board encouraged integrated working between commissioners of health and social care services?

4. How well are the DPH and team being used, and how strong is the mutual engagement between them and other council teams?

- How has the organisational design of the council been adapted to make best use of the public health team?
- Do the local arrangements ensure that the DPH is able to fulfil the statutory functions of the role effectively?
- How well is the DPH able to contribute to the wider leadership of the place and council?
- How well are JHWS priorities reflected in service plans and change programmes across the council?
- How well are the strengths of the professional public health team used across the council and its partnerships?
- How is the public health team's use of evidence and analysis being incorporated with the place-based sensitivity of the councillors?
- How aware are key staff across the council of the contributions that the public health team can make?
- How aware is the public health team of the full range of the functions of the council, their spheres of influence, and their particular areas of expertise?
- How strong are the arrangements for the development of the public health profession, including continuous professional development and accreditation?
- How influential is the public health team across the wider local health system?

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