Councillor Marco Cereste, Leader & Chair of Health and Wellbeing Board
Gillian Beasley, Chief Executive
Peterborough City Council.
Town Hall,
Bridge Street,
Peterborough,
PE1 1HF

15th April 2014

Dear Marco: Dear Gillian

Health and Wellbeing Peer Challenge 11th – 14th March 2014

On behalf of the peer team, I would like to say what a pleasure and privilege it was to be invited into Peterborough City Council to deliver the health and wellbeing peer challenge as part of the LGA's health and wellbeing system improvement programme.

This programme is based on the principles of sector led improvement that:

- Councils are responsible for their own performance and improvement and for leading the delivery of improved outcomes for local people in their area
- Councils are primarily accountable to local communities (not government or the inspectorates) and stronger accountability through increased transparency helps local people drive further improvement
- Councils have a collective responsibility for the performance of the sector as a whole (evidenced by sharing best practice, offering member and officer peers, etc).

Challenge from one's peers is a proven tool for sector led improvement. The LGA's peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge at Peterborough City Council were:

- John Garrett, Deputy Chief Executive, Sandwell MBC
- Cllr Steve Charmley, previous member of the HWB/Cabinet Member for Health & Wellbeing, Shropshire Council
- Professor Kate Ardern, Executive Director of Public Health, Wigan Council
- Joe Gannon, Local Government Adviser to Public Health England

- Richard Cienciala, Deputy Director for Health and Wellbeing, Department of Health for England
- Satvinder Rana, Programme Manager, Local Government Association

Scope and focus of the peer challenge

The purpose of the health and wellbeing peer challenge is to support councils in implementing their new statutory responsibilities in health from 1st April 2013, by way of a systematic challenge through sector peers in order to improve local practice. It also supports health and wellbeing boards become more confident in their system wide strategic leadership role, have the capability to deliver transformational change, through the development of effective strategies to drive the successful commissioning and provision of services, and to create improvements in the health and wellbeing of the local community.

Our framework for the challenge was five headline questions:

1. Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?
2. Is the HWB at the heart of an effective governance system? Does leadership work well across the local system?
3. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?
4. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?
5. Are there effective arrangements for ensuring accountability to the public?

You also asked us to focus on childhood obesity and we have used the following five headline questions to form a view on how you are doing in this area of public health:

6. Is there a clear and appropriate approach to reducing childhood obesity within the community? Does this approach include an understanding of childhood obesity as it affects the local population?
7. Does the council provide effective system leadership to support and promote a reduction in childhood obesity?
8. How effectively has the council and its partners put the strategy into action?
9. Are there effective arrangements for evaluating what works? Are these arrangements comprehensive and pull together the various local interventions into one place so the system and public can see the difference that is being made?
10. How effective is community and user engagement?

It is important to stress that this was not an inspection. Peer challenges are improvement focused. The peers used their experience and knowledge to reflect on the information presented to them by people they met, things they saw and material they read.

This letter provides a summary of the peer team's findings. It builds on the feedback presentation delivered by the team at the end of their on-site visit. In presenting this feedback, the peer challenge team acted as fellow local government and health officers and members, not professional consultants or inspectors. We hope this will help provide recognition of the progress Peterborough City Council and its Health and Wellbeing Board (HWB) have made whilst stimulating debate and thinking about future challenges.

1. Headline Messages

Peterborough is a rapidly changing city and it is apparent that this change is embraced by the council and its partners. The people we met spoke very positively about the changing demography of the city, and they understood the challenges this brings to providing good public services.

There is an impressive cadre of talented and committed people with a genuine desire to make a difference to the quality of life of local people. There is also a strong sense of place and pride in Peterborough. Members, staff and partners had passion for the place and genuinely wanted to make improvements and serve their citizens well. This is a key strength for the city.

Whilst there are significant health & wellbeing challenges across the city, these are understood by everyone we spoke to within the health and wellbeing system. There is a strong information and data base and a good understanding of the wider determinants of health, including a good grasp of the inter-relationship between the built environment, economic prospects and improved health. There was also a degree of consensus on what the main issues were.

We feel the council and its partners are ready for take-off. This is evidenced by a strong focus on commissioning within the council and the creation of the Programme Board and the Joint Commissioning Group. Both these initiatives are seen as very positive by all partners within the system. There are also many examples of good practice delivered through efficient and effective services, outreach programmes and projects.

However, there are a number of critical issues that need to be addressed in a bold and decisive way. These include strengthening relationships across the system, particularly with the CCG and your significant NHS providers, having a stronger focus on your shared and agreed priorities, being properly sighted on your statutory public health responsibilities, and clarifying the leadership within the Public Health function.

Relationships across the system are developing, but 'history is weighing heavy'. The past is acting as a block to taking these relationships forward into

trusting and meaningful partnership working within the health and wellbeing system. For example, there is still considerable work to be done to bring the Clinical Commissioning Group (CCG) and your significant NHS providers into the loop. 'Parking the past' and developing a mutual understanding of each other's challenges will help to forge more positive and productive relationships with key individuals within the system.

There are shared financial imperatives across the system and this makes having strong and trusting relationships through partnership working paramount. There is a shared desire to work together and integration is a priority for all partners. They see this as going some way in improving services and dealing with the financial imperatives. However there was yet no consistent narrative about what to do and how to do it together. The shared narrative should recognise three key issues of: the significant number of health challenges faced within the city; the need to manage demand across the system; and the need to reduce expenditure. Priority actions should be selected on the basis that they will have the biggest impact on these three demands across agencies.

There is also a need to widen political engagement within the council with the health and wellbeing agenda. Although there are a number of cabinet members on the HWB, we think you need to strengthen the role of the identified portfolio holders who have full responsibility for public health and health improvement. There needs to be a greater visibility of political leadership for public health and health improvement in the council.

We observed that health scrutiny in the council is not as strong as it needs to be. We were told that health scrutiny lacks a forward work programme based on the JSNA that is focused on providing challenge within the system and to hold the HWB to account. Having a robust challenge mechanism within the system is important in providing accountability to the public and pushing for innovations.

The next stage is to review and strengthen membership and functioning of the HWB through stronger relationships with partners, secure wider political engagement within the health and wellbeing system and develop a mutual understanding of each other's challenges. In reviewing the membership of the HWB we would suggest you to focus on three elements:

i. How you strengthen the involvement of the CCG in the work of the HWB and ensure it is an equal partner

ii. How you bring your significant NHS providers into the loop on the big strategic debates

iii. In the absence of effective scrutiny what kind of robust arrangements should you have in place to ensure there is sufficient challenge in the system, to push you to innovate, to take the risks and to justify what you do?

There is also a need for a greater focus on priorities across the system. This can be achieved by refreshing the health and wellbeing strategy, developing a

shared narrative about what needs to be done and how to do it together, and clearly prioritising actions so that both health improvements and financial demands and sustainability can be addressed.

We believe you need to be more fully aware of the council's statutory public health responsibilities. This means both the council and the HWB need to be properly sighted on their statutory public health assurance responsibilities with regard to health protection including emergency planning and response; and the HWB needs to seek assurance from PHE and NHS England with regard to the performance, commissioning and quality of the screening and immunisation programme.

Currently the Public Health function is a weak link in the system. While the council sees the embedding of the Public Health specialists into teams across the council as integration, this is perceived by the Public Health team and partners as disintegration. And while the council considers the current lull in the recruitment of the Director of Public Health as a period of re-evaluation, other people see this as drift and disinterest. Therefore one of our main recommendations is for the council to establish Public Health leadership and appoint a Director of Public Health in a substantive post.

In terms of childhood obesity, whilst the problem is acknowledged within the system and there are some examples of work being done within some schools, there is no clear ownership for tackling childhood obesity and there does not seem to be a strategy in place or a partnership approach to tackling it. That said, we do not think it is one of your most acute issues to deal with in the immediate future.

So in summary, we think you have got the basic structures in place and you are now ready to push ahead and develop strategic approaches to dealing with some of the major challenges you face as a city and as a health and wellbeing system. Our message is about building strong *relationships*, being clear about *priorities* and being *focused* on delivery of those priorities.

2. Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?

There is strong ambition to improving the health and wellbeing of local residents in Peterborough. All the necessary structures within the health and wellbeing system are in place and there is clear evidence of the ability to make bold decisions. The council's move toward a commissioning organisation and the recent agreement for development are good examples.

The transfer of the Public Health function to the council was smooth and the Health and Wellbeing Board (HWB) brings together the key organisations that can contribute to improving public health and wellbeing. The decision to create a Programme Board and a Joint Commissioning Group is seen, by all parties, as very positive steps toward delivery of shared actions. However, the absence of a substantive Director of Public Health post has given rise to uncertainty about the leadership of the Public health function.

There is a very strong sense of place and pride in Peterborough and the health challenges are clearly understood by councillors, staff and partners – including the Third sector. There is also a degree of consensus on what the main issues are, and these main issues are backed up with some very good information and analysis. These are key strengths in improving the health and wellbeing of local people.

The JSNA provides a systematic and systemic method for reviewing the health and wellbeing needs of the local population. The last JSNA was published in 2011 and following a review it is now structured thematically which enables you to look at differences and challenges within the city to better understand both the issues faced and the segments of the population facing them. This will enable you to deliver better targeted interventions.

The Health and Wellbeing Strategy was published by the HWB in 2012. The strategy was informed by the JSNA of 2011 and identifies five priorities of: securing the foundations of good health; preventing and treating avoidable illness; healthier older people who maintain their independence for longer; supporting good mental health; and better health and wellbeing outcomes for people with life-long disabilities and complex needs. Progress on these priorities is under-pinned by a multi-agency delivery plan which is periodically reviewed by the HWB.

However, at the moment it is difficult to see how and where action is prioritised or whether there is logic to the prioritised work that you've got. You really need to now make some bold decisions at speed about developing a focused strategy and focused yearly action plan based on:

i. what are the most important health challenges

ii. where do you have clear evidence that if you intervene using a particular methodology it will make a difference

iii. how will those interventions impact on the big challenges all the organisations in the system have about money and capacity

Also one of the things the HWB will need to think about is what are its key priorities and what are the implementation processes to support those priorities and how will the HWB know they have been done. This will necessitate the HWB receiving progress and performance reports against its key priorities and periodic reviews of the impact these are having on the health and wellbeing determinants of the local population. You should agree a small number of priorities which address health improvement, financial demands and sustainability. Two or three of these priorities should then be delivered jointly by the partnership on an industrial scale that will enable you to secure commitment, build and strengthen your relationships and share success.

In getting to this stage we feel you first need to strengthen the HWB with a more focused membership that brings partners, especially the CCG, into the mainframe of the HWB. This will require a concerted effort on the part of the

leadership of the council to develop more trusting and productive relationships with the CCG and your significant NHS providers.

3. Is the HWB at the heart of an effective governance system? Does leadership work well across the local system?

The shadow HWB was established in April 2012. The HWB is chaired by the Leader of the council and the vice chair is the cabinet member for adult services and health. The HWB has agreed its main role as promoting the health and wellbeing of the city's population. Its main focus is on reducing health inequalities by coordinating the commissioning and delivery of health and wellbeing services and ensuring the integration of services where it improves efficiency and effectiveness.

At present the HWB is neither a driver of delivery nor a champion of health and wellbeing across the system. It does not work well as a partnership vehicle because it is seen as too council-dominated with a large representation of elected members and council officers skewing debate. Whilst meetings of the HWB are chaired well and in an open and inclusive manner, partners have described them as "akin to council committee meetings held in 'wood-panelled rooms' cramping others' style". They are always held in the Town Hall and partners we spoke to say the HWB felt very much like a scrutiny committee that behaves as if it is there to hold external partners to account.

We further observed that the council and external partners sat at opposite ends of the table and this did not promote a sense of partnership working or alleviate the above perception. We would suggest that some thought should be given to the seating arrangements to ensure that council members and officers and partners do not sit at opposite ends of the table. We would further suggest that agenda items should have a greater focus on reports that call for strategic debate, initiate action and drive decisions with fewer reports 'to note' or to 'seek permission'.

The council should now exercise bold and courageous leadership and move the partnership forward. This will require the Leader of the council and chair of the HWB to publically invite everyone to 'park the past' and reach out to the CCG and your significant NHS providers as equal partners. We would suggest that perhaps the vice chairmanship should be offered to the CCG and a mechanism found to involve NHS providers in the big strategic debates on health improvement and better services. This could either be by offering full membership of the HWB to your providers, thereby building their ownership of the decisions of the board; or by setting up a Strategic Advisory Group, a forum for strategic discussions around innovation and long term systems planning. We would also recommend more informal mechanisms be established for building mutual understanding of each organisations' issues and challenges outside of the formal constraints of the HWB. A couple of potential ideas are for chief executives to informally meet over dinner or other such informal gathering and for the Leader to host a *"Leader's Summit'* for politicians.

There are some shared financial imperative across the system that need to be tackled together and jointly. Each of the organisations we met face major financial challenges and none of them thought they would be able to deal with the demands on their services and make the necessary financial savings alone. But we did come across a shared desire to work together. Health improvements, balancing the books and better services (in part through integration) are priorities across the system. This is an opportunity to invigorate partnership working within the health and wellbeing system.

Following the refresh of the membership and the health and wellbeing strategy the HWB should further develop its role and aim to strike a balance around three pillars of: providing leadership across the system, championing health improvement and pushing for better services (in part through integration). All three pillars are important to improve and protect the health and wellbeing of the local population and clarity of purpose and a good balance between these pillars will enable the HWB to remain on the front foot. For example, a focus on system leadership will allow the HWB to tackle some of the local systemic issues such as roles the different parts of the system play and challenging each other for continuous improvement. Similarly, a focus on health improvement and better services will allow the HWB to initiate new ways of doing things and ensuring that the system focuses on service integration and the reconfiguration of services, where that makes sense.

4. Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?

We came across many examples of good practice where the council and its partners are delivering innovative solutions to the challenges they face. We saw a number of very popular and worthwhile projects and spoke to practitioners about the range of work they are doing around weight management, physical activity, tobacco control, etc. *'The NHS Health Checks Programme'*, emergency planning, '*MoreLife'* project – focusing on reducing childhood obesity, *'Inspire Peterborough'* - which promotes physical activity among disabled people, involving voluntary and private sector as well as the council are all good examples of how the health and wellbeing of the local population is being improved on the ground .

There is some evidence of synergies between public health and other council goals being identified and harnessed since transition. For example, we heard that "housing is now around the table in key areas of public health i.e. *'Family Nurse Project'*, and there are three housing posts funded from Public Health ring-fenced budget". We also heard that "causality is better understood by all" and there is greater public health insight being brought to bear to enable health to be targeted alongside skills development i.e. through a project based at local football ground.

Partners within Peterborough have a clear commitment to work collaboratively across shared priorities. This was relayed to us through our discussions with

key partners. There are good relationships with Healthwatch, and its chair is a member of the HWB and Programme Board.

However, we did observe that PHE and NHS England are not as engaged as they should be given the scale of the health challenges in Peterborough. There is potential for the local system to draw on expertise and support from regional PHE and NHS England resources. You should explore this relationship and source of support further and encourage PHE and NHS England to be more prominent in forming relationships and setting out what they can offer. We would advise that the HWB should invite the local PHE Centre Director to attend and present her annual prospectus and work plan as PHE is there to provide expert support to local authorities in their leadership of health and well-being.

There is good reporting mechanism into the HWB. The Better Care Fund working group, Children and Families Joint Commissioning Board, JSNA Working Group all report into the HWB. The Local Joint Commissioning Forum, led by the Local Clinical Commissioning Groups, but comprising of Local Authority Commissioners acts as a forum for agreement of joint commissioning activities and reports into the HWB on relevant issues.

The Director of Public Health (DPH) and Public Health specialists have been integrated within the new directorate of adult social care, health and wellbeing. The Public Health Team are located within teams in the adult social care, health and wellbeing directorate and the communities directorate and form an integral part of those functions whilst maintaining their specialisms.

Public Health commissioning and delivery functions have been merged with other commissioning and delivery functions within a new communities directorate. This leaves the DPH with the strategic public health leadership role and removes day to day management of commissioning work and direct delivery of health improvement. The post of DPH is currently covered on an interim basis whilst a permanent appointment is being sought.

The Public Health function has been all too often invisible since its move into the council and has not punched its weight. For example, we were told by some partners that they were not sure who the Public Health team were and we sensed that Public Health professionals lacked focus to their work. Whilst it may be right for you to integrate your Public Health function into the councils (and you are not alone in doing this) and to take your time in making a permanent appointment to the post of DPH, it has meant that there has been a void in robust leadership of the Public Health function. This is perceived by the Public Health team and partners as disintegration and disinterest.

To address these perceptions and to provide solid leadership to the Public Health function we would recommend that you quickly appoint a DPH in a full time substantive post, complete your plans for moving commissioning of adult social care responsibility to the communities directorate, and that you identify separate portfolio responsibilities for Public Health and Health Improvement.

This will send out a strong message within the system that the council is serious about public health and its health and wellbeing responsibilities.

There is clear evidence of the council's ability to bring energy and resource promptly to bear on pressing issues. For example, the way you dealt with child protection following the OFSTED report creates confidence that the same energy and resource could be successfully brought to bear on the new health and wellbeing system.

5. Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?

The HWB meets quarterly and receive regular updates from partner agencies which link to the priorities within the strategy. This tracks progress against action and performance metrics as well as citing examples of the difference made. However, because of the long term nature of the priorities the differences made currently tend to reflect outputs rather than outcomes.

As mentioned above, the strategy, the priorities within it and the delivery plan are all due for a refresh. This will be an opportune time to develop a robust performance management arrangement by the HWB. The role of the HWB in relation to the delivery of agreed priorities and how the delivery plan will be held to account needs to be clarified and agreed.

Once it has agreed the strategy and priorities the HWB will need to think about the implementation processes to support those priorities and how it will know they have been done. This will necessitate the HWB receiving progress and performance reports against its key priorities and periodic reviews of the impact these are having on the health and wellbeing determinants of the local population. A move to an integrated strategic planning and performance management framework across the health and wellbeing system may assist in ensuring there are effective arrangements in place for evaluating impacts of the health and wellbeing strategy.

Further, the role of Healthwatch and scrutiny should be critical in evaluating impacts and holding the HWB to account. In our discussions Healthwatch was described to us as trusted and a 'critical friend' to the HWB and that it is punching above its weight, given its limited infrastructure and resources. In relations to health scrutiny we do feel that this needs to be strengthened within the council and that its role and work programme needs developing substantially so that it has a forward plan aligned with the strategic priorities in the JSNA and the big health and wellbeing issues within the local population.

Our other observation is for the council and the HWB to be properly sighted on two very important statutory public health responsibilities.

Firstly, the HWB needs to seek assurance from PHE and NHS England with regard to the performance, commissioning and quality of the screening and immunisation programme.[1]

This assurance should ideally be sought by inviting the consultant in screening and immunisation from the embedded PHE team in the local NHS England area team to attend the health protection committee and present an annual report to the HWB with the option to be called in to report on any incidents that arise.

Secondly, both the council and the HWB need to be properly sighted on their statutory public health assurance responsibilities with regard to health protection including emergency planning and response.[2]

Good emergency planning in the council gives you a structure to build on in relation to your own responsibilities, but the HWB also need to assure itself that NHS England is delivering on its responsibilities. You could utilise the experience and expertise of the council's Emergency Planning Officer by including him in the membership of the newly-formed health protection committee (which should be an integral part of the HWB sub-architecture) to ensure that the council's new health protection responsibilities are visibly embedded within the council's existing arrangements for civil contingencies and response. The HWB should assure itself via the health protection committee that there are robust arrangements in place within the council for planning and responding to public health emergencies and that those arrangements have been tested via an appropriate exercise programme and training.

6. Are there effective arrangements for ensuring accountability to the public?

Our discussions did not identify discrete arrangements for ensuring accountability for health and wellbeing to the public. We have already outlined the need for sufficient challenge in the system, to push you to innovate more, to take the risks and to justify what you do. At present this role seems to have been adopted by the HWB to a certain extent and by scrutiny to a lesser extent. We would observe that neither of these

[1] The legislative framework states that: "Under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 unitary and upper tier local authorities have a new statutory duty to carry out certain aspects of the Secretary of State's duty to take steps to protect the health of the people of England from all hazards, ranging from relatively minor outbreaks and contaminations, to full-scale emergencies, and to prevent as far as possible those threats emerging in the first place. In particular, regulation 8 requires that they promote the preparation of health protection arrangements by "relevant bodies" and "responsible persons", as defined in the regulations. In addition, regulation 7 requires local authorities to provide a public health advice to clinical commissioning groups (CCGs), which includes advice on health protection. Local authorities will continue to use existing legislation to respond to health protection incidents and outbreaks".

[2] Directors of Public Health (DsPH) are employed by local authorities and responsible for the exercise of local authorities' new public health functions. Directors will also have a responsibility for "the exercise by the authority of any of its functions that relate to planning for, and responding to, emergencies involving a risk to public health".

arrangements is right or well developed enough for ensuring proper accountability to the public.

The roles of scrutiny and Healthwatch are critical in ensuring accountability, and in Peterborough we would suggest that both these organisations need developing, particularly scrutiny. A significant proportion of the work of scrutiny needs to be externally focussed so that its purpose is to make healthcare organisations more accountable to local communities. Clearly, as in many local authority areas, there is work to be done on thinking this through and it is clear that partners would welcome this being debated.

7. Childhood Obesity

There is a good understanding of the problem of childhood obesity in Peterborough. There is good NCMP (National Child Measurement Programme) data and good analysis of the issues, both problems and assets which could be brought to bear. People we spoke to knew where the problem areas were and which sections of the local population should be targeted for intervention.

The council recognises the need to promote a reduction in childhood obesity and has supported a number of initiatives in schools. There are good relationships with dietetics services. We also heard about '*MoreLife'* - the weight management and health improvement referral programme aimed at 4-17 year olds and we heard about '*After School Clubs'* for children and families aimed at increasing physical activity and improved diets.

However we could not identify systemic leadership to support and promote a reduction in childhood obesity. Nor could we identify a clear and strategic approach to reducing childhood obesity within the community, or whether it had been discussed and agreed by the HWB and/or owned at a senior level. We could not identify where responsibility for reducing childhood obesity rests within the system.

We formed an impression of dedicated staff finding themselves beleaguered by tight resources and an absence of clear priorities over how these should be focused. Though, we were told that a strategy for tackling childhood obesity is being developed. Our recommendation is that this strategy should be developed in partnership and consultation with schools, school nurses, primary care, health visiting services and dietetics services. Once the strategy has been developed then robust arrangements for evaluating what works should be put in place. In addition, community and user engagement should also form part of the process of development and agreement of the proposed strategy – and continue as implementation plans are subsequently put in place. Our recommendation is that leadership and co-ordinating responsibilities for childhood obesity should be identified in the communities directorate to take this work forward.

This commentary on childhood obesity should, however, be read in light of our recommendation that HWB priorities should be chosen which are able to

impact upon: health need; financial challenges within the system; and demand management challenges across the system. In view of this, it is not clear to us that childhood obesity would be a natural HWB priority.

8. Moving forward

In moving forward our key recommendations are:

a) Build relationships across the system and revitalise the Health & Wellbeing Board. This means publically 'parking the past', reaching out to the CCG and your NHS providers as equal partners through both formal and informal mechanisms, and reviewing membership of the HWB, ensuring it is not council dominated.

b) Refresh your health and wellbeing strategy, the priorities within it, the delivery plan, and a performance management framework. The small number of priorities you agree should address health improvement, demand for services and financial sustainability. You should then, with your partners, jointly deliver two or three of these priorities on an industrial scale that will enable you to secure commitment, build and strengthen your relationships, achieve outcomes and share success.

c) Focus on the integration of health and care through a shared vision. The shared vision should recognise three key issues of: the significant number of health challenges faced within the city; the need to manage demand across the system; and the need to reduce expenditure. Priority actions should be selected on the basis that they will have the biggest impact on these three demands across agencies.

d) Widen political engagement within the council with the health and wellbeing agenda by having more visible separate portfolio responsibilities for public health and health improvement. Furthermore, strengthen challenge and public accountability within the system by developing the public health scrutiny function.

e) Quickly complete the plan for moving commissioning of adult social care responsibility to the communities directorate and establish public health leadership by appointing a Director of Public Health to a substantive post.

f) Ensure you are properly sighted on the council's statutory public health responsibilities with regard to health protection including emergency planning and response; and the HWB seeking assurance from PHE and NHS England with regard to the performance, commissioning and quality of the screening and immunisation programme.

9. Next steps

The council's political leadership, senior management and members of the HWB will undoubtedly wish to reflect on these findings and suggestions

before determining how the council wishes to take things forward. As part of the peer challenge process, there is an offer of continued activity to support this. We made some suggestions about how this might be utilised. I look forward to finalising the detail of that activity as soon as possible.

In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. Rachel Litherland, Principal Adviser for the East of England is the main contact between your authority and the Local Government Association. Rachel can be contacted at rachel.litherland@local.gov.uk (or tel. 07795 076 834) and can provide access to our resources and any further support.

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In the meantime, all of us connected with the peer challenge would like to wish the council every success going forward. Once again, many thanks for inviting the peer challenge and to everyone involved for their participation.

Yours sincerely,

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On behalf of the peer challenge team