



Partners in Care  
and Health

# LB Croydon Public Health Peer Review

Feedback

14 March 2024

## Peer review team

Chief Executive Peer: **Paul Najsarek**

Elected Member Peer: **Cllr Colin Noble**, Suffolk County Council

Director of Public Health Peer: **Terri Roche**

NHS Peer: **Cathy Winfield**

Senior Public Health Consultant: **Helen Buttivant, LB Lewisham**

Public Health Specialist: **Sarah Aston, Torbay Council**

VCSE Peer: **Aimie Cole**, Associate at NAVCA and Director of Raisin Consulting

Peer Review Manager: **Kay Burkett**, Local Government Association



## Peer review process

The Peer Review Team reviewed a range of information to ensure we were familiar with the Council and the Borough, the challenges it is facing and its plans/opportunities for the future

- We have spent 3 days onsite during which we:
  - Spoke to more than 50 people including a range of council staff together with councillors and external partners & stakeholders
  - Gathered information from 50 documents
- Feedback session at end of onsite visit, with potential for follow up support



## Peer Review explanation

- Sector Led Improvement
- Invited in as 'critical friends' with 'no surprises'
- Non-attributable information collection
- Our feedback based on the triangulation of what we've read, heard and seen
- Impressive that everyone turned up!
- People have been open and honest
- Looked after extremely well and made to feel very welcome by everyone
- Thanks to Rachel and her team for all the preparation and practical support, particularly Aiden and Anita – and a big thanks to Izzy for her help and patience this week



## Peer Review Scope

1. Vision and Strategy
2. Use of Resources
3. Partnership Working



## How we will feedback

1. Headline messages
2. Strengths and areas for consideration for each of the 3 themes:
  - Vision & Strategy
  - Use of Resources
  - Partnership Working
3. Recommendations
4. Q&A



*“we have so many ideas!”*

*“we need to innovate with pace and impact”*

*“We want public health to be even more central to priorities, solutions and partnerships”*

*“we recognise - and want to change - how we deliver everything and how we work with our communities and our partners”*

*“there is something about Croydon that really ‘gets’ people – they want to stay..”*

*“Golden thread opportunities regarding health inequalities”*

*” The public health function could be the “sweet spot” to help the Council’s deep commitment to tackle health inequalities”*

*“the Council is intelligence rich but this is not used to drive strategy, monitor performance and plan action on the wider determinants of health”*

## Headline Findings

- There is a clear and strong commitment to public health by the Mayor and his Cabinet Members
- There is potential for alignment between the Health & Wellbeing Board and Health and Care Board so they fulfil complementary roles – each with a distinct focus, avoiding duplication and able to measure impact
- We have heard about the tough and impressive journey of recent years
- Looking forward the Borough faces significant challenges and opportunities relating to demography, deprivation and inequality
- The Council is ambitious to adopt and embrace a public health approach to tackling challenges with the Director of Public Health report on Health Inequality in 2022 a powerful platform for action
- The Borough challenges require an outstanding public health contribution - and the Public Health Team can be central to the Council transformation with its many strengths and talent
- The next phase of Council transformation is crucial to create 'Future Croydon'





## Headline Findings

- We have seen a number of positive examples of operational working by the Public Health Team – with partners, inside and outside of the Council to build upon:
  - Best Start & Family Hubs
  - COVID
  - Health protection including immunisation
  - Knife crime and violence against women and girls
- But there is more to do on the public health foundations – public health contribution to system leadership, service improvement e.g. health visiting; strategic relationships in the Council; action planning, governance of commissioning & procurement and use of public health resources
- It is a time of great potential but there is a gap for the Council and Public Health Team to bridge – you are still working hard to build public health foundations but the Council and Croydon need more than this
- In moving forward there needs to be a concentrated focus within the Council to break down silo working, maximise impact of resources and to make it a true partnership approach to tackling priorities
- The Council and partners aren't making sufficient impact on public health outcomes
- Before your Corporate Peer Challenge it would be helpful for you to reflect on how you will take forward the combined feedback across the peer reviews



# Vision & Strategy

## Strengths

- The Mayor's Business Plan sets out 5 clear outcomes and priority work streams, underpinned by wholesale transformation of the Council's way of working
- There is a clear role for the Public Health Team in the achievement of these outcomes and a review of the public health vision, strategy and priorities as outlined in the transformation programme would support this
- The Director of Public Health Annual Report on Health Inequalities (2022) provided a good analysis of the issues that need to be tackled to support delivery of the Mayor's Business Plan
- Review of the Health and Wellbeing Board provides an opportunity to set the strategic partnership direction in tackling health inequalities and the wider determinants of health
- Many strategies which support the 5 broad outcomes of the Mayor's Business Plan e.g. Mental Health Strategy, Dementia Strategy, Carers Strategy providing an opportunity to align priorities and focus for action



# Vision & Strategy

## Strengths

- The implementation of the Council wide programme management approach and service planning is a positive step towards strengthening governance, oversight and delivery of priorities
- Some good examples of joint strategic planning included the redesign of the 0-19 public health nursing programme and the associated innovative workforce strategy which has reduced the vacancy rate
- The approach to public communication and engagement on the refresh of the Joint Health and Wellbeing Strategy
- The work on Croydon 2034 is under way with the opportunity to ensure that the Croydon observatory provides a shared data set and common intelligence to underpin strategy development



# Vision & Strategy

## Areas for further consideration

- Although the Council have published the Mayor's Business Plan we found that these outcomes and priorities were not widely understood and embedded and were not driving wider strategy development
- There was a sense that some strategies and reports fall short on action plans and evaluation to answer the "so what" question e.g. the Director of Public Health's 2022 Annual Report
- There is an opportunity to map all the strategies to identify alignment and overlap to focus priorities to feed into business planning processes and work with partners
- Strengthen public health relationships within the Council for example missed opportunities for connectivity across the Council in the production of key plans and strategies e.g. the new Housing Strategy and input from Public Health
- Consider the alignment between the Health & Wellbeing Board and Health & Care Board so they fulfil complementary roles



# Vision & Strategy

## Areas for further consideration

- To help with transformation public health can be a more active voice in the One Croydon Alliance
- Some examples of where more public health resources would result in the development of actions, including youth violence, youth crime, and preventative work with young people and housing
- There is an opportunity to develop the sub place structure to consider how the six localities and nine Integrated Neighbourhood Teams can work together, building on some positive examples of integrated teams including Trust staff, social care, housing, DWP and third sector
- To maximise the Public Health Team resources to support a whole Council approach and new way of working - the following features will be needed:
  - High ambition for tackling health inequalities and system challenges strategically
  - Use of insight and intelligence
  - Taking responsibility for delivery and impact
  - Being agile in responding to developing priorities
  - Balancing independence and contribution to improvement
  - Finding simpler processes in using the Public Health Grant
  - Creativity and bringing energy to transformation
  - Looking out and looking up

## Strengths

- The Public Health Team has the expertise and professionalism to drive and support a 'health in all policies' approach to maximise all opportunities across the Council
- Public Health Intelligence function is valued for background information and producing timely public health data and insights
- An example of effective use of insights is the questions specific to Croydon in the survey of children and young people's perception of gangs
- The roving London Health Bus has helped to improve access to health care
- Involvement of public health insights has added value to discussions regarding care home contracts and associated risk management
- Joint boards for Mental Health, Learning Disabilities and Carers – positive opportunity for joint commissioning
- There is an aspiration to develop digital prevention e.g. testing and treatment in public health services
- An opportunity to use the needs assessments e.g. older people that public health have co-produced to help prioritise resources
- The Public Health Team is well resourced with further potential to maximise their impact within the Council and across wider communities
- The Childrens and Young People Health and Wellbeing Survey (CYHW) has an aligned budget to work with schools to develop action plans in response to the findings

## Use of resources

### Areas for further consideration

- Intelligence functions across the council are disjointed and it is sometimes unclear who has the skills, capacity and access to data to undertake the required analysis
- The Public Health Intelligence function could be more proactive in promoting the insights and analysis they produce both to the rest of the public health team and wider Council
- Missed opportunities to use Public Health data to generate intelligence to identify priorities and opportunities for the wider council to take action on prevention or tackling health inequalities or drive evidence-based commissioning across the system (Council and wider partners)
- More could be done to translate the data in the JSNA into analysis and insight to drive evidence based decision making
- More granular analysis needed to understand localities and communities and unpick the inequalities within them to allow targeting of resources to those most in need
- Develop the skills and capacity for modelling and forecasting to inform future commissioning and service planning



## Use of resources

### Areas for further consideration

- A recurrent annual underspend since COVID-19 has led to reserves of £11m
- There a forecasted further underspend for 2023/24 of £3.4m
- Restrictions on spending of Public Health Grant has and is limiting opportunities for cross-council work on prevention and the wider determinants e.g. older people and Family Hubs
- The Council has begun to address these issues however there is more work to do
- There are opportunities for more effective collaboration and shared use of resources across the Council to improve value for money and improve outcomes
- Public Health commissioning sits across different Directorates which could create a risk for joint working, better joint assessment of the issues driving poor performance and a shared view of solutions would be an indication of effective partnership working to ensure improved contract outcomes
- Appetite for evidence-based approaches and commissioning that could be improved by creating an effective public health joint commissioning board
- Aspiration for developing outcomes-based commissioning of services should be tested and evaluated
- Appetite and enthusiasm from many people to maximise the impact of the Public Health Team
- Lack of consistent internal governance processes or formal mechanism for performance monitoring





# Partnership working

## Strengths

- Core 20+5 is an example where good relationships with partners influenced delegation of ICB health inequalities funding to Croydon
- Good examples of Public Health working with the NHS on local priorities e.g. ICS immunisation agenda and campaigns
  - Good PH support to train wider council workforce on immunisation uptake e.g. housing officers trained to discuss immunisation for children young people and families - a good example of Making Every Contact Count (MECC)
  - Connecting the immunisation team with the Health Visiting Service for outreach
- Health protection forum has strong attendance, responsive and multi-agency



# Partnership working

## Strengths

- Effective operational working between Public Health and Community Safety:
  - Prioritisation informed by PH approach: data and evidence informed and support with evaluation.
  - Partnership on domestic violence and violence against women and girls is evidence led with short and long term evaluation of impact build in.
  - Knife crime including youth offer supporting the development of a needs analysis to support work
- Some providers report a collaborative relationship with commissioners that listen and understand pressures and limitations.
- The public health children's health and wellbeing longitudinal survey is an example of a positive partnership working between education and health
- Ambition for integrated neighbourhood teams, multi-sector working and focus on prevention in targeted areas



# Partnership working

## Strengths

- Enthusiasm for VCS to work together in partnership in relation to work with communities and in neighbourhoods – and this sector is impressively ready for the opportunities
- Good working relationships between Public Health and VCS that is enabling engagement and building understanding of need in communities:
  - Long running positive relationship with VCS infrastructure, Voluntary Action Croydon and during the pandemic developed new relationships with community infrastructure organisations e.g. Asian Resource Centre and BME Forum
  - Community hubs for prevention, early intervention and long-term condition support are commissioned by Public Health and mainly run by VCS
  - Public health prevention strategy, pre-Covid, was a good example of partnership with the VCS
- Public Health supporting the redesign of the Health and Wellbeing Board and its ways of working
- Good outcome from partnership on people accessing substance mis-use services facilitated through Health Bus e.g. improving the numbers of people accessing treatment



# Partnership working

## Strengths

- Public Health pivotal in the development of the Family Hubs bid and Public Health continues to support this through the Family Hub Delivery Group
- Good joint working between Public Health, education on issues on:
  - school readiness:
  - the behaviour of children in Key Stage One due to lack of preschool during the pandemic
  - prevention of pupil exclusion
- Accommodation for Residents with Additional Needs Board (formally Asylum Seekers Board) is an example of positive joint working between adults, children, housing and Public Health
- Joint mental health strategy is focused on reaching out and supporting communities in different ways, shifting resources downstream to prevention – example of a good relationship built by Public Health – helping to create read across between the HWB strategy and joint MH strategy
- Co-location of housing tenancy and PH team for housing entry assessment is a good example of partnership



## Areas for further consideration

- Further build partnership with the VCS by:
  - Bringing in full breadth and depth of the VCS on specialist issues as needed, including how to deliver on priorities identified in annual report
  - Enabling the Public Health team to be more visible, better connected and out-and-about in the community
  - Working with and through the Healthier Communities Together (HCT) community hubs in the longer term
  - Encouraging whole team to develop relationships with VCS partners, where there is clearly benefit for stronger working relationships due to the shared objectives around prevention, inequality and wider determinants
  - Building on the learning from the coproduction of the HCT locality commissioning model
  - Joining up with other directorates in the council, like communities, about how the council can work collectively to strengthen resilience of VCS so it can play its role as an equal partner in improving population health and reducing inequalities through focus on prevention and wellbeing



# Partnership working

## Areas for consideration

- Public Health is not embedded in system leadership sufficiently to achieve impact
- There is an opportunity to put population health and prevention at heart of place using a more dynamic JSNA to target 'at risk communities'
- Continue to make the case for further delegation to place in support of public health priorities
- Re-establish relationships with the ICB following the recent restructure
- Partners have yet to reach an understanding on localities and neighbourhood level arrangements
- Work to do on developing joint commissioning, shared teams and pooled budgets
- Build on existing effective operational partnerships to develop more strategic partnerships that have time and space to work together and plan ahead, using downtime between campaigns to strategically plan for future e.g. with the ICB on immunisations
- Bring in more public health data and intelligence into One Croydon Alliance and use this as a forum for Public Health to capture insight and intelligence from communities into needs assessment and priority setting



# Partnership working

## Areas for consideration

- Look at how Public Health intelligence and ICS analysts could make more time to work together to share data on demand and need in communities
- Structurally 'design-in' joint working across directorates in the council – by creating capacity and mechanisms for overcoming silos - rather than relying on personal relationships and personal contacts
- Development Public Health Team capacity for partnership working through:
  - Better external comms about PH to overcome issue that roles, responsibilities, activities and impact of PH team are currently not clear to other council directorates and external partners
  - Assessing need for business support and admin staff, which can help build capacity for some of the legwork required in partnership working (as no one to help set up meetings, maintain contact details etc)



## Recommendations

The Council should consider:

- The chance to further embed the Mayor's priorities by using the Public Health Outcomes Framework (PHOF) to set ambition with accountability
- Embedding public health objectives and outcomes in the performance and appraisal system to drive change using individual and shared contributions across directorates
- Embedding cross Council working in member and officer governance – possibly via an internal People Board
- Get a shared understanding of what is ready to accelerate and what may be holding you back – so you are ready to go forward together e.g. using public health intelligence to inform decision making
- Provide direction for Public Health Team priorities which are reflected in service planning, e.g. youth violence and knife crime, homelessness prevention, children on the edge of care and partnership working in localities
- How best to strengthen public health relationships at strategic level across the Council and how public health can exert more influence in system leadership
- Completing the building of the foundations of the public health service as you are not finished



## Recommendations

- Good relationships between the VCS and Public Health can be further developed in breadth and depth
- Encourage the use across the Council of shared data and intelligence to develop a “single version of the truth” and inform joined up decision making and resource allocation

