

LB Barking and Dagenham Public Health Peer Review

Feedback to the Committees in Common

29 February 2024

Peer review team

Lead Chief Executive Peer: **Paul Najsarek**

Elected Member Peer: **Jonathan McShane**, former Cabinet Member for Health, Social Care and Devolution

Director of Public Health Peer: **Anita Parkin**

NHS Peer: **Marcus Warnes**

Public Health Consultant: **Angela Baker**, Coventry City Council

VCSE Peer: **Colin Maclean**

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

Peer Review Manager (Shadow): **Marnie Ridley**, Adviser (Public Health), 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 at Barking Town Hall during which we:
 - Spoke to more than 70 people including a range of council staff together with councillors and external partners & stakeholders
 - Gathered information from 879 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 Matthew and his team for all the preparation - particularly to Pauline and Hanna for their 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



*"This is the most
dynamic borough"*

*"we want to
innovate with pace
and impact"*

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

*"as partners we are
not afraid to look at
opportunities"*

*"We recognise that
connecting, trust &
belonging is important
to people"*

*"the partnership with
health, and how the
ICB works at a local
level, is pulling in the
right direction and
offering some traction"*

*"There are too many
priorities"*

*"we will miss a trick unless
we co-develop with our
communities and the
voluntary sector"*

Headline Findings

- Council and partners open to learning and innovation demonstrated through the energy and enthusiasm of everyone we met
- Widespread acknowledgement of the leadership provided by the Council and partners in creating the Committees in Common and wider operating framework for place – different to the rest of North East London
- The partnership between the Council and ICB is moving in the right direction to:
 - offer traction for how health works at a local level - looking beyond health services
 - harness the shared vision for population health and passion for reducing inequalities
 - be proactive to the changing population in the Borough
- Many examples of using community energy and creativity with a determination to make the most of mobilising community strengths
- Widespread recognition of the contribution of the Director of Public Health and Public Health Team in approach and expertise - with clear opportunities for further engagement to inform need and impact e.g., regeneration, growth and the response to changing communities

Headline Findings

- There is an opportunity for intelligence and data analysts across the Council and partners to further align to support population modelling and commissioning for changing demographics
- Large number of commitments and priorities making collective focus difficult with action planning, action and accountability for delivery needing development
- The Council recognises the positive contribution Community Solutions has made and is now moving to the next stage around the locality model with a stronger focus on outcomes and prevention
- Opportunity to further develop public health impact across the Council e.g. housing and growth
- Further work to do on joint commissioning, pooled budgets and aligning teams
- The hard part is still ahead
- You have established stronger foundations it is now important to move at pace in achieving outcomes

Strengths

- Strong political and officer leadership commitment
- Experienced public health leadership
- Strategic documents with similar priorities and wide ranging commitments
- Health considered in new major developments
- Childhood obesity a common priority
- Public health approach to domestic violence is highly valued
- We heard of a shared vision and commissioning for mental health and addiction



Strengths

- Strong voluntary sector relationships and examples of involvement e.g., across the Place Operating Framework
- Strong track record in delivering growth in housing and jobs
- Recognition of the challenges and change in the local population
- Recognition that these challenges are intensified by the cost of living crisis
- Positive development of place leadership roles - Chief Executive and NHS Director of Partnerships, Impact & Delivery
- The Council recognises the positive contribution Community Solutions has made and is now moving to the next stage around the locality model with a stronger focus on outcomes and prevention
- Major investment planned in adults and children's services
- Strong commitment and examples of locality working e.g. community and family hubs
- Annual Director of Public Health report and that shift to a more wide ranging and dynamic Joint Strategic Needs Assessment will provide the platform to:
 - inform an evidence-based approach to deliver on population health management
 - have that important focus on the future
 - Include specific communities e.g. people with a learning disability and Autistic people

Areas for further consideration

- Further enhancement of Public Health with Planning, Regeneration and Housing agenda at officer and member level
- Further developing use of data, intelligence for modelling and managing demand across the council and partners
- Narrowing down priorities and cohorts within priorities e.g., childhood obesity as possible early focus
- Strengthen action planning, action orientation and accountability for delivery across prevention, public health and health & care partnership
- Recognise the contribution the whole council will need to make to deepen integration
- Develop ability to measure and acknowledge cross council and partner impacts on public health outcomes – including new investment impact
- Clarify, share and define the future model for integrated localities across the Council and partners to address health inequalities and the wider determinants of health
- Opportunities for further integration and alignment of place based leadership
- Joint commissioning development has potential to further strengthen partnership, action planning and evaluation
- Opportunities for strategic use of Section 75, Section 256, BCF and pooled budgets

Use of resources

Strengths

- The specialist knowledge and skills provided by the Public Health Team is highly regarded and valued e.g. health protection, innovation hub, insights
- The Public Health Team has the potential to drive and support the 'health in all policies' approach in line with the impetus at place level on prevention and integration
- Successes in tackling vaccination hesitancy due to:
 - key stakeholders coming together in the borough
 - Use of specialised behavioural approaches
 - Targeted work based on insights and data
 - Tailored messaging within a wider campaign
 - Use of range of communication and engagement approaches inc social media; letters to parents
 - Proactive work with school heads

Use of resources

Strengths

- Public Health do a lot with their small grants funding, across the whole council, e.g., Girls Supporting Girls Chain Reaction Igniting Change
- Public health resources used effectively e.g. NHS health check from PCNs measuring to ensure value for money
- Good examples of commissioning of public health services aspiring to deliver outcome-based results e.g., drugs & alcohol; health child programme and sexual health
- Evidence based and innovative solutions in place to target resources:
 - Health checks for younger age groups
 - C-card condom distribution scheme (best performing in London)
 - Domestic violence (+ive influence on children in need numbers)
- Examples of good data sharing between the Council, local health and North East London systems resulting in marked increase in uptake of MMR vaccinations
- Strong working relationships with insights, innovation hub
- Insight and Innovation Team supporting data driven innovation and intelligence and support across council e.g. dementia services

Use of resources

Strengths

- NEL ICB structure based on 7 areas, ensuring adequate and resources at place, e.g., developing partnership capacity, and population health in the Borough
- ICB funding for health inequalities providing a good opportunity for joint place based working
- Used data sets to identify people vulnerable because of wider determinants of health;
 - fuel poverty
 - thinking carefully about prevention
 - identified a group of residents who are in debt to the council and have MH needs



Use of resources

Areas for further consideration

- Appetite for evidence-based approaches and commissioning that could be improved by:
 - Data sharing across the council and partners being unified
 - Further sharing of public health data across place and system
 - Making more use of the data available e.g., Care City Data, child and infant morbidity
 - Public health expertise utilised in contract monitoring and review
 - Proactive in co-design/co-production e.g., school nursing services and the views of Head Teachers
 - Share NCMP data with hubs and schools
- Aspiration for outcomes-based commissioning whilst being realistic about how hard this is to achieve so that focus and motivation for doing this isn't lost
- Appetite and enthusiasm from many people to maximise the impact of the Public Health Team
- Ensure the public health team is structured to utilise their expertise within the council and across the system
- The process in place that reviews and monitors Public Health Grant usage should continue to be strengthened to ensure it is transparent
- In the development of the new model of Community Solutions in the localities ensure a focus on need and demand management to achieve outcomes

Partnership working

Strengths

- Committees in Common taking an inclusive approach to key partners and stakeholders e.g., social care providers, VCFSE, Healthwatch - providing a strong platform to develop place leadership and discuss public health issues
- The Public Health Team has good relationships with partners which influence how resources are used e.g. Health Inequalities grant process resulting in proportion for voluntary organisations
- Productive relationships and presence in schools, faith communities and care homes in relation to health protection
- Working with the NHS on local priorities and integrating services at locality level e.g. BHRFT allocating lead paediatrician to PCNs to work on children's services



Partnership working

Strengths

- Partners are developing an understanding and reaching agreement on localities and place-based arrangements
- Ambition for integrated neighbourhood teams, multi-sector working and focus on prevention in targeted areas
- Moving to asset-based community development with commitment to co-production and by devolving to communities
- Clear shift in 'power shift' through language of empowerment
- Appetite for inclusive engagement in development of new approaches to place and commissioning
- Examples of community resources supported/working with PH e.g head teachers, education, health workers, environmental health
- Many co-production examples:
 - MMR and vaccinations community engagement targeted to specific communities
 - Pop-ups a great success
 - 'Best Chances' strategy/partnership
 - Social Prescribing Community Chest – participatory strength


Partnership working

Strengths

- Putting population health and prevention at heart of place using JSNA to target at risk communities
- Ambition to develop joint commissioning
- Commitment by the ICS to ensure a strong link between system and place level population management including developing software for more granular-level data that is co-designed



Areas for further consideration

- Delegation to place with clear governance, targets, budgets, performance management, evidence of impact and shared posts
 - Work to do on developing joint commissioning, shared teams and pooled budgets
 - How do provider collaboratives focus on place when working across multi borough footprints
 - Alignment between localities and PCNs
 - Disconnection and lack of alignment between ICS funded health inequalities programme with other initiatives/priorities at place e.g., health checks
 - Explore further any opportunities to link with London Mayor's Office in relation to public health
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Partnership working

Areas for further consideration

- Considerable potential for VCFSE to work together in partnership via consortia and respond to place agenda
- Untapped potential of community organisations, anchors and networks to play role in early intervention and prevention
- NHS could make better use of ‘captive audiences’ in schools
- Build on recent examples of co-production from ‘Best Chance’ strategy to lived experience input to commissioning

Recommendations

- The strong foundations of governance, relationships and place leadership have been built – they give you a platform to move at pace to action and impact
- Take the opportunity for Public Health to help to support cross-Council work on the wider determinants e.g., growth and housing
- Continue to reflect on executive place leadership arrangements as you develop
- Rationalise strategies, commitments and priorities into one smart Barking & Dagenham prioritised delivery plan
- In response to this - one priority that could help in modelling action planning and joint working is tackling childhood obesity together
- Agree your model of joint commissioning including procurement considering where Public Health can best add value in needs analysis and evaluation
- Continue to pull together a single team for data intelligence and modelling demand across council and partners
- Design and embed a joint vision for integrated locality working

Questions?



Next steps

