SHADOW HEALTH & WELL-BEING BOARD (CROYDON)
Notes of the meeting held on Wednesday 13th February 2013 in the The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX

Present:

Elected members of the council:
Councillors George AYRES, Adam KELLETT, Maggie MANSELL, Margaret MEAD - **joint chair**, Tim POLLARD

Officers of the council
Paul GREENHALGH (Executive Director of Children, Families & Learning)
Brenda Scanlan (Director of Adult Care Commissioning)

Director of public health
Dr Mike Robinson

NHS commissioners
Dr Agnelo FERNANDES (Croydon Clinical Commissioning Group)
Toni LETTS - **joint chair** (Croydon PCT)
Paula SWANN (Croydon Clinical Commissioning Group)

NHS service providers
Steve DAVIDSON (South London & Maudsley NHS Foundation Trust)
John GOULSTON (Croydon Healthcare Services NHS Trust)

Representing voluntary sector service providers
Kim BENNETT (Croydon Voluntary Sector Alliance)
Mark JUSTICE (Croydon Charity Services Delivery Group)

Representing patients, the public and users of health and care services
Geraldine O'SHEA (Croydon Voluntary Sector Alliance: service user)
Roger OLIVER (Croydon Voluntary Sector Alliance: carer position)

Guests (for Items 7 & 8): Dwynwen Stepien (head of early intervention and family support service, Croydon Council), Stephen Warren (director of commissioning designate, Croydon clinical commissioning group)

In attendance: Solomon Agutu, Fiona Assaly (office manager, health & wellbeing, Croydon Council), Cllr Jane Avis, Cllr Pat Clouder, Steve Morton (head of health & wellbeing, Croydon Council), Paul Welch (Croydon Voluntary Sector Alliance)

Notes: Margot Rohan (senior members' services manager)

A1/13 WELCOME AND INTRODUCTIONS

The Joint Chair, Cllr Margaret Mead welcomed everyone to the meeting, including the guests.

A2/13 APOLOGIES FOR ABSENCE

Apologies were received from Hannah Miller (Executive director of Adult services, health & housing) and Guy Pile-Grey.

A3/13 MINUTES OF THE MEETING HELD ON WEDNESDAY 5TH DECEMBER 2012

The shadow board **RESOLVED** that the minutes of the meeting of the Shadow Health & Wellbeing Board on 5 December 2012 be agreed as an accurate record.

(The response to the Public Question is attached).

A4/13 DISCLOSURE OF INTEREST

There were no disclosures of pecuniary interest at this meeting.

A5/13 URGENT BUSINESS (IF ANY)

There was no urgent business.

A6/13 EXEMPT ITEMS

RESOLVED that the allocation of business between Part A and Part B of the Agenda be confirmed.

A7/13 CHILDREN'S PRIMARY PREVENTION PLAN (CONCEPTION TO 5)

Dwynwen Stepien (Director of Commissioning Designate) gave a brief summary of the report.

Issues and concerns raised by participants in the discussion included:

Q: As this is aimed at parents 0-5, it is limited to primary prevention – we need to have support services for secondary prevention and early intervention. Payment by results is crazy in prevention setting. How will the results be measured?

R: Payment by results does not necessarily come into this by way of rewarding. There will be targets such as 100% immunisation. Some will be more about maximising outputs e.g. breastfeeding rates. There are lots of ways in which wellbeing can be measured - anything that will prevent later problems. The Plan is about getting back to 12-16wk scans and looking at bonding of mother and baby. This has gone to clinical leaders' group. We can see why this is one of the health-related areas chosen – deprivation is only an indicator. Proximity to A&E is a major factor. It is an opportunity to do something different and make an impact.

Q: This is not the kind of thing which should come from lottery funding. If successful, we will have one area of the borough with preferential services. What is the timescale for this project? Is it ongoing or just a pilot?
R: It is a lot of money to put in one area. We are looking at localities – looking at the system. We want to do something more intensive in those wards, so we can see results. Then we can look at what benefits it can have for the rest of Croydon. Working in 3 wards – it is a balancing act. We will then look at what services in which we should invest in future.

Q: Close working with Health Visitors is going well but there appears to be some difficulty in getting midwives involved
R: Our perspective is strategy at a high level – prevention from conception to 5 – and there is good engagement with midwifery. However the may be issues around capacity across the whole of Croydon. At a strategic level, there is huge value in bringing together services earlier.
We are down to 3 vacancies for midwives. We are broadly on average now.

The board **RESOLVED** to:

- Endorse the Primary Prevention Plan as a key element of how all partners work together to promote the development of babies, young children and their families so that they can thrive and develop and, in doing so, avoid later reactive more costly interventions.
- Recommend that the Plan underpins Croydon's expression of interest and, if successful, bid to the Big Lottery new funding opportunity Fulfilling Lives: A Better Start

A8/13 DETAILED COMMISSIONING INTENTIONS 2013/14

The following presentations were given:

- Croydon Clinical Commissioning Group (CCG) – Paula Swann (Borough Managing Director, NHS Croydon) and Stephen Warren (Director of Commissioning Designate)
- Children & Families Partnership – Paul Greenhalgh (Executive

Director of Children, Families & Learning)
- Public Health – Dr Mike Robinson (Director of Public Health for Croydon)
- Adult Social Care & Support Strategy – Brenda Scanlan (Director of Adult Care Commissioning)

Issues and concerns raised by participants in the discussion included:

CCG:
Q: We decide whether to go to the doctor, take pills, etc. What is the change? Are you expecting to pilot or do everyone at once.?
R: The programme is ambitious. It requires a cultural shift – patients want someone else to take ownership of their problems – part of the change is giving people control over their own lives, by empowering them with information. This will give them better understanding of long term conditions. Professionals created the situation. It is a mind shift for professionals too. We are starting by understanding the position.

Q: Primary & community care talks of implementing primary and community strategy – is that the 120 page strategy or has it not yet been published? If not, when will it be published? In the strategy, is it linking in with the local authority and voluntary sector care hub?
R: We are not yet published the strategy. It is about looking at how to develop community & primary care services. The voluntary sector needs to be a key part. How can we start to understand voluntary sector resources? We will be doing some more work and hope the voluntary sector will share in it. We are integrating with the local authority.

Q: Home-based residential care has a complexity of health care packages. What will you do to maintain the level of service, without being subject to the same criticism as currently? There is a multiplicity of providers etc.
R: It is important that different teams working with patients need to be much more co-ordinated.
We need to study the report. We are aware there is huge variety in the quality of care provided. CTC Healthcare – it is about quality and the type of monitoring. The vast majority of services do reach regulatory standards and often exceed them. We need to ensure the current contract monitoring procedures are strong and that we continue to have good systems, whereby people who buy their own domiciliary care are ensured of ongoing quality and safety of services.
We need to ensure the patient is at the heart of the service when redesigning e.g. older people, mental patients – we need to be much more co-ordinated.
The key thing is trying to shift emphasis from unplanned to planned care. Look at what happens to ambulances – 35% of patients are seen and are home within 4 hours – they should not be coming by

ambulance. We must work together to change the pattern. What are practical steps? NHS London is publishing standards of patient care and the Francis Report will appear in the next version of the strategy.

Children & Families Partnership:
Q: Emotional health & wellbeing – is there a plan to improve training of teachers in order to improve sex education in schools and ensure it is across the board? All cultural issues coming to children through the media are confusing.
R: Croydon has been very successful at reducing teenage pregnancy. The reason is because of the way partnership, led by public health, worked effectively together. We are working with young people on those sorts of issues and are confident schools are engaged.
I go into schools and talk about relationships – so many of the young people have ambitions – career etc. Ambitions are changing.
There are concerns about health commissioning for children – we acknowledge we have had reduced capacity. We need to work better and closer together.

Q: In the current context – people losing jobs etc – there is an impact on adults and children. Have we got enough in play to support people? It is wider than just healthcare. How do we address some of the other issues? There is an impact on the wellbeing of people, particularly those with multiple issues.
R: As times get hard, deprivation increases and more families are on hard times. The Council is working with partners to give advice to targeted families we consider will be badly hit by benefits changes. We are trying to be proactive and get to families before they fall apart. There is a community programme in the north of borough – mapping community assets and enabling communities to help themselves. We need to see how we can roll out this programme across the borough.

Q: New debt – borrowing and not keeping up payments. How can we make people aware of the pitfalls and other ways to resolve their financial issues?

Q: Voluntary organisations are working with the council over people effected by benefits changes. We are trying to explain to individuals what changes mean to them.

Public Health:
Q: £500m seems a large sum oif money but you referred to it as 'small'.
R: There is a changing population in Croydon – a lot more people and we did not receive more money. Welfare changes and pressures on housing will have a knock on effect on mental health services.

Adult Care & Support:
Q: What is the ‘drop in’ service?
R: Currently it is an employment service – mainly for people with

learning disabilities. We can support more people into employment, training and volunteering opportunites.

Q: How are carers providing bespoke placements for people with mental disabilities?
R: This is a shared life scheme – well established. It seeks to recruit ordinary families to support people in their own homes with mental disabilities.
Turnaround Centre – lots of young people are contacting us. We were thinking of changing our name! Young people are finding it more complicated.
It could be confusing. We will take it back and will find a different way of describing it.

Q: Big issue – getting together – patients' pathway. Commissioning has the same thing – realisation of overlap – we need to ensure there are no 'holes' in it. When services are no longer needed, what are the long term consequences? We must make sure that partners are working together.
R: Agreed.

Q: How can we integrate capturing feedback? Sometimes it is not just a health issue. We need to look at all care services. How can we develop a mechanism to capture it?
R: We will take it forward collectively across organisations.

Q: Care homes – I have previously suggested having feedback forms for carers to complete.
R: That is an excellent idea.

The Board **RESOLVED** to:

- note the contents of the draft adult care commissioning strategy, along with the Division's commissioning intentions for 2013/14
- note and comment upon the overall approach proposed relating to:
  ~ prevention,
  ~ early intervention,
  ~ crisis resolution, reablement & recovery; and
  ~ long-term care and support.

A9/13 PUBLIC QUESTIONS

The following questions were raised by members of the public:

Q: I live in Croydon and am interested in the point about homecare. There are so many different carers. What about the effect of deprivation on debt and the proliferation of payday loans? People are doing intimate tasks – how do we ensure people's needs are met? Lambeth is committed to the living wage. Where is Croydon on that?

R: Cllr Margaret Mead: There have been council questions on this. There is no one employed by the council who is below living wage. **(In answer to a Council Question in 2011, Councillor Dudley Mead stated that the Council will not enter into any agreement with organisations who do not pay the minimum wage. The answer from Councillor Margaret Mead, Cabinet Member for Adult Social Care, to another Council Question in 2012 was "No employee of the Local Authority Trading Company is paid below the London Living Wage, nor is there any intention to do so.")**

Q: CEO local pharmaceutical committee (Andrew McCoig): I am hoping the new framework will empower local authorities to make healthcare professionals work more closely together. The wider group – GPs and practitioners - need to be told. The dependency culture needs to change. We are looking to the council to break down barriers and tell professionals how to work better together.
R: I prefer persuasion rather than instruction. We are looking for better outcomes. The purpose of the Health & Wellbeing Board is to encourage more integrated working.
Our pharmacists have been incredibly helpful. They listen. We do not always appreciate the job they do so well.

Q: Where do we stand as health champions?
R: We need to understand all different parts of the system. The work you do is excellent. We need to involve you more to understand services and pathways. We have not been good at involving you and bringing you into the mainstream.

Cllr Margaret Mead: made a presentation to Cllr Toni Letts who retired from the board at this meeting. She thanked Cllr Letts for her support and tremendous commitment and all the work she has done.

A10/13 WORK PLAN

The shadow board **AGREED** the Work Plan.

A11/13 DATES OF FUTURE MEETINGS - ALL WEDNESDAYS AT 2PM IN THE COUNCIL CHAMBER

All future meetings will be held in public, at 2pm in the council chamber, on Wednesdays:
24 April 2013
12 June 2013
11 September 2013

A12/13 CAMERA RESOLUTION

RESOLVED that the Press and public be excluded from the remainder of the meeting on the grounds that it was likely, in view of

the nature of the business to be transacted or proceedings to be conducted, that there would be disclosure of confidential or exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.

B13/13 ESTABLISHING THE HEALTH AND WELLBEING BOARD AS A COUNCIL COMMITTEE
(REPORT EXEMPT UNDER PARAGRAPHS 3 AND 5 OF SCHEDULE 12A TO THE LOCAL GOVERNMENT ACT 1972 (AS AMENDED))

The board **RESOLVED** to:

- Note that the Council intends to establish a Health & Wellbeing Board (HWBB) as a committee of the Council at the Cabinet meeting on 11 March 2013
- Comment on the content and proposals in the report and appendix

Part A of the meeting ended at 4.00pm.
Part B of the meeting ended at 4.25pm.

RESPONSE TO PUBLIC QUESTION

Shadow Health and Wellbeing board meeting on the 5th December 2012

Response to two questions asked by a member of the public, Su Kamat, about the depression JSNA.

Question 1: How is it going to be different from how it is run?

This is a very important question – the ultimate aim of the JSNA is to make a difference to the health and wellbeing of Croydon's population. Below is the Department of Health definition of a JSNA

"…a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities."
(Guidance on Joint Strategic Needs Assessment, DH. 2007)

In other words, JSNAs should lead to changes in commissioned services with the aim of improving outcomes and reducing inequalities. The depression JSNA has identified areas for improvement, areas where Croydon provides strong support and it recommends that Croydon commissioners develop action plans to implement the recommendations. At the HWBB meeting, it was agreed that the commissioners would publish a response to the depression JSNA. This response will include more information about how services and support will be different.

Question 2: Why there are no CPNS or social workers available for the clients? The mental health specialists/consultants are not giving enough of their time to maintain the regular appointments.

The depression JSNA reports on the experiences of service users and carers in secondary care collected by the Hear-us Linkworker project. The project identifies the perceived lack of availability of care coordinators as an important issue for service users / carers. The JSNA makes a recommendation that the experiences of service users and carers should be collected more systematically and representatives from these groups should be involved in service development and redesign.

South London and Maudsley NHS Foundation Trust provided the following response:

Care coordinators are usually part of a community mental health team. A care coordinator is a named individual who is designated as the main point of contact and support for a person who has a need for ongoing care. Care co-ordination is about

making sure the right services are responding to your needs in ways that have been agreed, usually with you and the people who are important to you.

Due to the size of the caseloads and the demands being placed on the services we are asking care co-ordinators to be focused in what they are trying to achieve with service users. The care co-ordinators are attempting to work in a more recovery way, supporting and empowering people to address their needs and identifying other services and support networks that might be better placed, with expertise in specific areas to support the people thus care co-ordinators are co-ordinating the care. At the introduction meeting with a new patient care co-ordinators are trying to make it clear that they are supporting the service user to work towards an end goal and that the intervention will be time limited.

The teams are working to identify the people within services who are well and no longer require the level of support a community mental health service should be giving. There are some occasions where the need for on-going support is needed however in other instances people have been maintained by secondary mental health services for some time and no longer need this on-going support. As people are discharged they are informed that although they are being discharged to the care of their GP, should the need arise secondary services will always accept referrals considering the needs of the patients.

In terms of the consultants within the service, they are working to offer a large number of outpatient clinics, ideally the service would like to work towards reducing these clinics to enable the Consultant Psychiatrists to work more closely with the care co-ordinators and the most complex patients on the team caseload. The Consultant Psychiatrists offer half hour appointment slots which should be enough time to offer an adequate and thorough review of the patients care plan and needs.