

HEALTH & WELL-BEING BOARD (CROYDON)
REVISED notes of the meeting held on Wednesday 11th September 2013 at 2pm in
The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX

Present: Elected members of the council:

Councillors Adam KELLETT, Maggie MANSELL, Margaret MEAD - chair, Tim POLLARD - vice-chair, Mark WATSON

Officers of the council:

Paul GREENHALGH (Executive Director of Children, Families & Learning)

Hannah MILLER (Executive Director of Adult Services, Health & Housing)

Dr Mike ROBINSON (Director of public health)

NHS commissioners:

Dr Agnelo FERNANDES (NHS Croydon Clinical Commissioning Group)

Colin BRADBURY (NHS England)

Paula SWANN (NHS Croydon Clinical Commissioning Group)

Healthwatch:

Guy PILE-GREY (Croydon Healthwatch)

NHS service providers:

Steve DAVIDSON (South London & Maudsley NHS Foundation Trust)

Representing voluntary sector service providers:

Kim BENNETT (Croydon Voluntary Sector Alliance)

Jo GOUGH (Croydon Voluntary Action)

Nero UGHWUJABO (Croydon BME)

Representing patients, the public and users of health and care services:

Mark JUSTICE (Croydon Charity Services Delivery Group)

Non-voting members:

Ashtaq ARAIN (Faiths together in Croydon)

Andrew McCOIG (Croydon Local Pharmaceutical Committee)

Peter McGarry (Metropolitan Police)

Lissa MOORE (London Probation Trust)

Also in attendance:

Solomon Agutu (Head of Democratic Services & Scrutiny), Fiona Assaly (office manager, health & wellbeing, Croydon Council), Cllr Jane Avis, Christine Double (Sports Sub-Regional Development Director), Andrew Maskell (Strategic Projects Manager, Personal Support), Sylvia McNamara (Director of Learning and Inclusion), Steve Morton (head of health & wellbeing, Croydon Council), Kate Naish (Public Health Strategic Lead - Young People) and Linda Wright (Head of Inclusion, Learning Access and SEN)

Committee Manager: Margot Rohan (senior members' services manager)

A33/13 MINUTES OF THE MEETING HELD ON WEDNESDAY 12TH JUNE 2013

The shadow board **RESOLVED** that the minutes of the meeting of the Shadow Health & Wellbeing Board on 12 June 2013 be agreed as an accurate record, apart from revising the following:

A23/13 – page 4 – Issues and concerns – bullet point 3 – should state:

“Royal College of GPs stated that 40% of carers suffer mental health problems...”

A34/13 APOLOGIES FOR ABSENCE

Apologies were received from Annette Robson (Croydon College), Roger Oliver (Croydon Voluntary Sector Alliance), Aaron Watson (London Fire Brigade), Dr Jane Fryer (NHS England) – substituted by Colin Bradbury – John Goulston (Croydon Health Services NHS Trust) and Supt Rob Atkin (Metropolitan Police) – substituted by CI Peter McGarry.

A35/13 DISCLOSURE OF INTEREST

There were no disclosures of a pecuniary interest at this meeting.

A36/13 URGENT BUSINESS (IF ANY)

There was no urgent business.

A37/13 EXEMPT ITEMS

There were no exempt items.

A38/13 APPOINTMENT OF ADDITIONAL MEMBERS

The Board **RESOLVED** to agree the additional membership of Andrew McCoig, representing the Croydon Local Pharmaceutical Committee, with C J Patel as his deputy.

A39/13 JSNA KEY TOPIC CHAPTERS 2013 TO 2014

Dr Mike Robinson gave a brief summary of the report.

The Board **RESOLVED** that:

- 1.1. Shallow dive on the topic of alcohol be completed as part of the JSNA process for 2013/14.
- 1.2. Shallow dive on the topic of healthy weight be completed as part of the JSNA process for 2013/14.

1.3. Work on heart health be expedited outside of the 2013/14 JSNA process.

The 2013/14 JSNA will now consist of the following five parts:

- Key dataset/summary of key messages (previously agreed)
- Deep dive chapter on Domestic Violence (previously agreed)
- Deep dive chapter on Homelessness (previously agreed)
- Shallow dive chapter on Alcohol
- Shallow dive chapter on healthy weight

A40/13

REABLEMENT AND HOSPITAL DISCHARGE PROGRAMME – FUNDING ALLOCATIONS 2013/14

Andrew Maskell highlighted significant points in the report:

- 24 projects in the borough
- Close work between health and social care
- Mixture of new initiatives
- Challenging issue of data sharing

Issues and concerns raised by participants in the discussion included:

- Is it the intention that most of services will be delivered by directly employed staff or outsourced? If outsourced, services are often delivered by different people with no time to deliver the service in a friendly way – do not form relationship. It matters that people have confidence about people coming into their homes.

Response: Service delivered by number of agencies, as well as health staff. Real mixture. Not specified what future will be. What is working?

- Only one project in voluntary sector. What is thinking around funds? Are you exploring what else voluntary sector can do?

Responses: There are two projects, one of which is end of life led by St Christopher's. There are also a lot of newer projects – how best to provide? No set view about who should be providing them. Will go through procurement process.

There are a number of contracts with voluntary sector services – 3 work streams funded.

The national initiatives about developing volunteers to deliver services to keep people in own homes are proving successful.

The project at Croydon University Hospital, in partnership with Age Concern and the Red Cross, uses volunteers to help people on discharge from hospital. There is also investment into the Staying Put scheme, which enables people's homes to be prepared and made safe, to help their discharge and return to their own homes.

- £5,015,000 is allocated to social care in Croydon for 2013-14 – is there a comparable figure for 2012?

Response: Page 43 (of the agenda papers – page 25 counting from first page of report) shows budgets for 2012/13 and 2013/14. There has been an increase overall.

Comments: It is important to have an overview. For some projects funds are decreasing and others are increasing.

20 places across the country are wanting to replicate what we are doing in Croydon.

It is a really successful way of working, with quick results. We must not lose the part about delivery. Evaluation is needed.

Patients have a number of people who visit so we need to measure how many different people, from how many different agencies. It can be quite disturbing for the patient. We need to collect some metrics from the front end, to find out the impact.

The Board **RESOLVED** to:

- Note the achievements made through the Reablement and Hospital Discharge programme during 2012/12 detailed in Appendix 1 of the report
- Approve the allocation of the Reablement and Hospital Discharge programme funding for 2013/14, as proposed by the Reablement and Discharge Board and detailed in Appendices 2 and 3 of the report
- Agree for the Executive Director for Adult Services, Health and Housing to have delegated responsibility for the allocation of any unallocated 2013/14 programme funding.

A41/13

JSNA DEEP DIVE CHAPTERS - THE EMOTIONAL HEALTH & WELLBEING OF CHILDREN AND YOUNG PEOPLE

Dr Mike Robinson explained that each chapter starts with a statement of what needs are before a JSNA is produced. This is the final part of the 2012-13 JSNA.

Paul Greenhalgh summarised the response of the Children and Families Partnership Executive Group to the JSNA deep dive:

- There is much challenge in matching needs with limited funding available
- Not as much data as might be desired on outcome measures for individual children and young people by local CAMHS services provided
- This marks the start of a process of looking at commissioning and outcomes in more detail
- Series of recommendations considered by Children and Young People's Executive – the response is in the report:
 - Took broad view about who commissioners are - about how we work with a number of partners.
 - Agreed in broad terms with the recommendations in the report.

- Emphasised complexity of working in this area - determined to think about provision as whole system.
- Preventative work and work with children with various levels of need.
- Challenge – universal providers get most anxious around children with emotional and mental health needs. Tend to escalate too much – want to take whole system approach.
- Significant issues in terms of demand – increasing because of rising numbers and increasing levels of deprivation.
- Going from relatively low base, in terms of funding, at a time when in severe financial restraints.
- Will combine some of recommendations.
- Service specifications and monitoring to look at.
- Operational arrangements and finally capacity building and training.

Issues and concerns raised by participants in the discussion included:

- In 2011 there were 21,000 under 18s in Croydon with some mental health need – that is approximately 1,000 per ward. What is the lowest level?

Response: This is an estimate of the level of mental health need amongst children and young people based on national research. This figure covers all ranges of need from Tier 1 to Tier 4 CAMHS services ranging from low level need that could be supported by universal services such as primary care up to more complex and severe needs requiring specialist, multi-disciplinary or in-patient intervention. Croydon has a higher population of children and therefore higher estimated levels of need.

- Understanding that mental health happens over a long period of time and is influenced in the early stages by parents and school, what training is there to identify children at risk – it needs a lot of training? A lot of schools in Croydon are not controlled by the local authority, so how do we engage pre-schools, academies etc. and ensure all staff have awareness of what to look for? Having identified a child, the parents need to be engaged. Often parents have a lack of emotional intelligence, so how do we train them?

Responses: In terms of early identification, the gap is not only in schools but in other services. A lot of work is needed in training to ensure practitioners are competent and confident. Priorities are to be agreed – the strategy will be influenced by funding etc. There are a number of different training programmes which different schools may take up – but they have to be purchased. Some are very hands-on, some have more reflective capacity building groups. We want to develop to ensure we build the Croydon ethos – programmes must fit together.

In building the ethos – new ways of working – the outcomes need to be evaluated. There will be costs from lots of different agencies.

- With financial constraints, there are risks. What contingency plans are there to ensure other services pick up the shortfall?

Responses: Executive group has talked about this. Although CCG and Council have severe financial constraints, other parts of the system are better placed. We need to develop better the capacity of schools – take responsibility for earlier parts of provision. Some schools do this well, others less well. We need the strategy to support this. We are challenging head teachers already but need to be sure the system works as a whole.

Good things are already occurring around joint working. Croydon has a good profile in London – we are ahead of the game in partnership working.

- Recommendation 9 – timescale should be reviewed – why should it take 3 years to respond? Some of recommendations are quite broad. Role of HWB – is there an opportunity to be updated on how we are progressing in responding to recommendations?

Responses: The timescale is in relation to the associated duration of the revised strategy and not how long it will take to respond. There is a lot of discussion in terms of development of the recommendations. There was a longer list but it needed to be pulled together to be more manageable.

Update in future – will bring back to Board next summer.

The Board **RESOLVED** to:

1. Consider the full chapter: emotional health and wellbeing of children and young people; approve the document in principle; and delegate final approval of any further amendments to the responsible directors.
2. Note the summary themes and composite recommendations arising from the emotional health and wellbeing of children chapter.
3. Comment on the response of the Children and Families Partnership Executive to the recommendations (appended)
4. Endorse the recommendations of the emotional health and wellbeing of children JSNA; and endorse the response of the Children and Families Partnership Executive to the next steps as a result of these recommendations.

A42/13

IMPROVING OUTCOMES FOR CHILDREN WITH DISABILITIES

Paul Greenhalgh took this item and summarised the report. Linda Wright (Head of Inclusion, Learning Access and SEN) was in attendance to respond to questions:

- Changes relate to current bureaucratic system which parents find difficult – lots of tribunals

- Gives parents more sense of control
- Statutory process for SEN element currently – unjoined up approach
- New legislation requires birth to 25 integrated plan
- Will need to publish Local Offer for Croydon
- Needs to be ready for September 2014
- Schools to become more inclusive of children with more complex needs
- Multi-agency strategy already in place
- New legislations will have financial implications for CCG and local authority

Issues and concerns raised by participants in the discussion included:

- There is a feeling that the process is designed to ensure we do not get a statement. How will the first statementing process happen? Will parents have to take children round to several different professionals?

Response: It is at the planning stage. The workstream is around developing the process and plan: how to develop relationships with family and professionals. The same discussion took place with professionals. The first principle is agreed: the need to bring professionals to the family. We are yet to agree whether it will occur in a single place or a range of places.

- For transition years, it is a welcome extension to 25 but is there no sign of any extra money?

Response: First approach is to ensure we are using efficiently the resources we have. There are a lot of things we could be doing better or earlier. In adult social care there is investment in this area. In order for that to be successful, the children's team need to work differently. We are not aware of any additional resources at the moment.

- With cuts, how are budgets for children with disabilities affected?

Response: Funds are not ring fenced. Cuts were made to care budgets for children with disabilities. We need to try to work with parents much earlier with all agencies working together. Joint commissioning of therapies: we get synergies from that, to release monies. It is a challenge in a very complex area.

- How have cuts affected the services provided?

Responses: Around care packages, there is less support available for parents.

Health budgets are not ringfenced. Packages put in place are not reduced.

If there is an impact, we need to understand where the impacts lie, in order to build in mitigation for families.

The Board **RESOLVED** to:

- 1.1 note the implications of the Children and Families Bill and the overview of current multi-agency working in Croydon to improve provision for children with disabilities;
- 1.2 agree to supports the specific work necessary to implement the new legal requirements;
- 1.3 receive an update on progress in summer 2014 to check readiness for implementation of new statutory duties.

A43/13

PUBLIC QUESTIONS

The following question was raised by Gerrie Ozah, Parchmore Centre:

- The CCG has made a decision not to be financially involved in the running of the POP service. Surely this is an invaluable resource to promote a preventative agenda – reaching all sections of the population including hard-to-reach communities? I believe that the view that the CCG will have more impact “targeting specific patients” rather than the wider Croydon community is short sighted. I welcome any comments on this.

(Mark Justice declared an interest as organisation manages the POP service.)

Response: CCG has taken this decision. We agree it is a very valuable resource. Considerations – two key aspects: changing responsibilities – transferred to local authority – and the financial deficit challenge. It is important to note that the funding has been redirected towards the CCG strategy for transforming services. We are looking to reach the same people in a more targeted and specific way. ~There are difficult decisions to make. It is felt that the funding is better directed at multi-disciplinary teams for adults with long term conditions.

(Paula Swann will respond directly to Ms Ozah who did not attend the meeting - see attachment).

A44/13

WORK PLAN

Steve Morton gave a brief update:

- Changes to work plan recommended by Executive Group:
 - Commissioning Intentions item to be taken at December Board

The Board **RESOLVED** to agree the changes to the Work Plan, as set out in paragraph 3.2 of the report.

The chair asked if anyone had any other issues:

- Regarding the Pharmaceutical Needs Assessment, what is meant by a decision? What methods are being used?

Dr Mike Robinson: It is not required that an updated PNA is produced. The process involved is yet to be decided. We have received the previous Pharmaceutical Needs Assessment. Kate Woollcombe is leading on this. Consultations are to be made.

- There was a discussion about the use of 0800 and 0845 numbers by GP surgeries. Why are other, less expensive numbers not used?

It was explained that there is a range of tariffs – protocol is that, where a premium number is used it, should still be at the same cost as a local call.

When calling an 0845 number, there should be a message saying that it is being charged at the standard rate, if that is the case.

The advantage of using an 0845 number is that it allows a more sophisticated telephony system to be used which cannot be done with an 020 number.

It was suggested that an explanation be put into GP Practice leaflets so people understand.

The Croydon Neighbourhood Care Association does a lot of signposting. Their advisors make people fully aware of the cost implications. There is always another number to get around the issue, if the tariff is at a premium rate.

A45/13

FOR INFORMATION

The following links and reports were provided for information :

- Integrated Commissioning Unit for Health and Social Care
- Integrated Care Pioneer Status Bid
- Adult Social Care Local Account 2012
- Report from Croydon Congress health themed meeting 16 May 2013

A46/13

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:

23 October 2013

4 December 2013

12 February 2014

26 March 2014

There being no further business the meeting closed at 3.30pm.