HEALTH & WELL-BEING BOARD (CROYDON)

To: **Elected members of the council:**
Councillors Margaret BIRD, Patricia HAY-JUSTICE, Yvette HOPLEY (Vice-Chair), Maggie MANSELL (Chair), Callton YOUNG

Officers of the council:
Barbara PEACOCK (Executive Director of People)
Rachel FLOWERS (Director of Public Health)

NHS commissioners:
Dr Agnelo FERNANDES (NHS Croydon Clinical Commissioning Group) (Vice-Chair)
Dr Jane FRYER (NHS England)
Paula SWANN (NHS Croydon Clinical Commissioning Group)

Healthwatch Croydon
Jai JAYARAMAN (Healthwatch Croydon)

NHS service providers:
Zoe REED (South London & Maudsley NHS Foundation Trust)
John GOULSTON (Croydon Health Services NHS Trust)

Representing voluntary sector service providers:
Helen THOMPSON (Croydon Voluntary Sector Alliance)
Sara MILOCCO (Croydon Voluntary Action)
Nero UGHWUJABO (Croydon BME)

Representing patients, the public and users of health and care services:
Stuart ROUTLEDGE (Croydon Charity Services Delivery Group)
Karen STOTT (Croydon Voluntary Sector Alliance)

Non-voting members:
Ashtaq ARAIN (Faiths together in Croydon)
Adam KERR (National Probation Service (London))
David LINDRIDGE (London Fire Brigade)
Andrew McCOIG (Croydon Local Pharmaceutical Committee)
Cassie NEWMAN (London Community Rehabilitation Company)
Claire ROBBINS (Metropolitan Police)

A meeting of the **HEALTH & WELL-BEING BOARD (CROYDON)** will be held on **Wednesday 14th December 2016** at **2:00pm**, in **The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX**.

JACQUELINE HARRIS-BAKER
Acting Council Solicitor and Acting Monitoring Officer
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

MARGOT ROHAN
Senior Members Services Manager
(Democratic Outreach)
(020) 8726 6000 Extn.62564
margot.rohan@croydon.gov.uk
www.croydon.gov.uk/meetings
6 December 2016

Members of the public have the opportunity to ask questions relating to items on this agenda of the Health & Wellbeing Board, either in advance or at the meeting, at the discretion of the chair.
Written questions should be addressed to Margot Rohan, Democratic Services & Scrutiny, Bernard Weatherill House, 4th Floor Zone G, 8 Mint Walk, Croydon CR0 1EA or email: margot.rohan@croydon.gov.uk
Questions should be of general interest, not personal issues. Written questions for raising at the meeting should be clearly marked.
Other written questions will receive a written response to the contact details provided (email or postal address) and will not be included in the minutes.
There will be a time limit for questions which will be stated at the meeting.
Responses to any outstanding questions at the meeting will be included in the minutes.
PLEASE NOTE: This meeting will be paperless. The agenda can be accessed online via the mobile app: http://secure.croydon.gov.uk/akscroydon/mobile - Select 'Meetings'on the opening page

AGENDA - PART A

1. Apologies for absence

2. Minutes of the meeting held on Wednesday 19th October 2016 (Page 1)

To approve the minutes as a true and correct record.

3. Disclosure of Interest

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality in excess of £50. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Business Manager at the start of the meeting. The Chairman will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

4. Urgent Business (if any)

To receive notice from the Chair of any business not on the Agenda which should, in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

5. Exempt Items

To confirm the allocation of business between Part A and Part B of the Agenda.

6. Strategic items:
Annual report of the director of public health 2016 (Page 11)

The report of Croydon's Director of Public Health is attached.

7. For Information only:
Social isolation action plan (Page 47)

The report of Croydon's Director of Public Health is attached.

(Items 6 and 7 will be taken in round table discussions.)

8. Business items:
Live Well Croydon (Page 61)

The report of Croydon's Director of Public Health is attached.

9. Health protection update (Page 85)

The report of Croydon's Director of Public Health is attached.

10. Pharmaceutical needs assessment (PNA) update (Page 89)

The report of Croydon's Director of Public Health is attached.

11. Outcomes based commissioning for over 65s (Page 95)

The report of the Chief Officer of Croydon Clinical Commissioning Group and Croydon Council's Executive Director of People is attached.

12. Healthwatch Croydon report (Page 107)

The report of the Interim Chief Executive Officer of Healthwatch Croydon is attached.

13. Report of the chair of the executive group (Page 133)

The report of the Chair of the Executive Group is attached, covering the Risk Summary and Work Programme.

14. Public Questions

For members of the public to ask questions relating to items on this agenda of the Health & Wellbeing Board meeting.

Questions should be of general interest, not personal issues.

There will be a time limit of 15 minutes for all questions. Anyone with outstanding questions may submit them in writing and hand them to the committee manager or email them to: Margot.Rohan@croydon.gov.uk, for a written response which will be included in the minutes.

15. For information only:
Proposed changes to prescribing in Croydon
Foxley Lane Women's Service

NHS Croydon Clinical Commissioning Group (CCG) is asking local people to have their say on the following proposals:
Proposed changes to prescribing in Croydon to reduce the prescribing of gluten-free foods, vitamin D for maintenance, baby milk and self-care medications. Visit the website: www.croydonccg.nhs.uk/news-publications/news/Pages/NHS-in-Croydon-seeks-views-on-prescribing-changes.aspx

Foxley Lane Women's Service to change the services currently provided at this women's mental health service in Purley. Visit the website: www.croydonccg.nhs.uk/news-publications/news/Pages/Seeking-views-on-Foxley-Lane-Women%E2%80%99s-Service-in-Purley-.aspx

The engagement process for both of these ends on Friday 6 January 2016.

16. [The following motion is to be moved and seconded as the "camera resolution" where it is proposed to move into part B of a meeting]

That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.

AGENDA - PART B

None

Health & Well-Being Board (Croydon)
Minutes of the meeting held on Wednesday 19th October 2016 in The Council Chamber, The Town Hall, Katharine Street, Croydon CR0 1NX

Present:

Elected members of the council:
Councillors Margaret BIRD, Patricia HAY-JUSTICE, Yvette HOPLEY (Vice-Chair), Maggie MANSELL (Chair), Callton YOUNG

Officers of the council:
Barbara PEACOCK (Executive Director of People)
Rachel FLOWERS (Director of Public Health)

NHS commissioners:
Dr Agnelo FERNANDES (NHS Croydon Clinical Commissioning Group) (Vice-Chair)
Paula SWANN (NHS Croydon Clinical Commissioning Group)

Healthwatch Croydon
Charlotte LADYMAN (Healthwatch Croydon)

NHS service providers:
Zoe REED (South London & Maudsley NHS Foundation Trust)
John GOULSTON (Croydon Health Services NHS Trust)

Representing voluntary sector service providers:
Helen THOMPSON (Croydon Voluntary Sector Alliance)
Sarah BURNS (Croydon Voluntary Action)

Representing patients, the public and users of health and care services:
(Not represented)

Non-voting members:
Ashtaq ARAIN (Faiths together in Croydon)
Andrew McCOIG (Croydon Local Pharmaceutical Committee)

Also present: Kim BENNETT (Director, Croydon Drop In), Lorraine BURTON (Safeguarding Adults Board Manager, Croydon Council), Maureen FLOYD (CSCB Board Manager, Croydon Council), Sarah IRELAND (Director of Strategy, Community & Commissioning, Croydon Council), Steve MORTON (Head of Health & Wellbeing, Croydon Council), Sean OLIVIER (Safeguarding Adults Co-ordinator, Croydon Council), Stephen WARREN (Director of Commissioning, Croydon CCG), Gavin SWANN (Head of Safeguarding and Looked After Children QA, Croydon Council).

Absent: Dr Jane FRYER (NHS England), David LINDRIDGE (London Fire Brigade), Adam KERR (National Probation Service (London)), Cassie NEWMAN (London Community Rehabilitation Company), Claire ROBBINS (Metropolitan Police), Sara MILOCCO (Croydon Voluntary Action), Stuart ROUTLEDGE (Croydon Charity Services Delivery Group, Karen STOTT (Croydon Voluntary Sector Alliance), Nero UGHWUJABO (Croydon BME)

Apologies: Dr Jane FRYER (NHS England), David LINDRIDGE (London Fire Brigade), Cassie NEWMAN (London Community Rehabilitation Company), Claire ROBBINS (Metropolitan Police), Sara MILOCCO (Croydon Voluntary Action), Stuart ROUTLEDGE (Croydon Charity Services Delivery Group), Karen STOTT (Croydon Voluntary Sector Alliance), Nero UGHWUJABO (Croydon BME).Apologies were also received from Jeff PAGE (CEO Croydon Vision) and Councillor Andrew RENDLE and, for having to leave early, from Dr Agnelo FERNANDES (NHS Croydon Clinical Commissioning Group) (Vice-Chair).

A48/16 **Minutes of the meeting held on Wednesday 14th September 2016**

The minutes of the meeting held on 14 September were agreed as an accurate record.

A49/16 **Disclosure of Interest**

There were none.

A50/16 **Urgent Business (if any)**

The Chair, Councillor Maggie Mansell, reported that:
The South West London Collaboration is the arrangement where commissioners, providers and Local Authorities and HWBs work together to plan and develop services across the sub-region. The Strategic Transformation plan is in draft. It consists of the direction of travel which we have discussed: self help advice, prevention, early intervention and treatment close to home, including primary care; and the development of sustainable acute care. The STP has to be delivered to NHS England this week. SWL collaboration are all supportive of the out of hospital care. The analysis of needs and resources for acute services is at an early, top level stage. There is considerable work to be done on patient pathways and service configuration. H&WB chairs felt that we were unable to endorse that part of the document because there has been no public engagement on the direction of travel for hospital services. We are discussing the issue with Council Leaders.

The following item was taken as Urgent Business, after Item 6:

Report on asylum children:

Barbara Peacock reported about children from Calais who have to be removed before the camp is closed down. Two groups of children are coming to Lunar House, this week and next week. The first group comes under the Dublin Treaty because they have family in the UK

The second group of Dubs amendment children are vulnerable. The Home Office is screening and making verifications. The arrangement is to offer refuge and asylum to vulnerable children. There is a process of assessment to verify which ones can be brought to the UK. Once assessed, they will be distributed to other authorities. Croydon has been accepting unaccompanied minors for a number of years and now, with government funding, NHS England is providing support.

A51/16 Exempt Items

There were none.

A52/16 Strategic Items:
Commissioning intentions 2016/17

The Chair, Councillor Maggie Mansell, explained the CCG and Council are working together to provide an integrated plan. Another strand, regarding in-hospital estate services, is at the early stage of development. Public engagement will take place in November, when the plan will be agreed in principle.

Paula Swann introduced the CCG report. NHS England has emphasised the need for tight alignment between the NHS Operational Planning process and the SWL STP and there is a target date for all 2017-19 contracts to be signed by 23 December 2016.

The Croydon CCG Commissioning Intentions cover the following broad headings:

- Planned Care and Long Term Conditions
- Urgent and Emergency Care
- Children and Young People
- Mental Health and Learning Disabilities
- Out of Hospital services
- Primary Care

The CCG has worked with colleagues across south London to set out all the changes expected and how services will be offered differently to meet local needs. This is all within a context of special measures.

Stephen Warren elaborated on the main points:

- Financial challenge
- Asset based commissioning
- Prevention and self care - embedding into Primary Care
- Commissioning appropriate services
- Programme of work to reduce hospital admissions
- Service reviews
- Primary care is increasingly important

Issues raised included:

- How far do Croydon's plans reach into the CCGs in other boroughs?
- Croydon appears to be on its own - where does it sit?

Paula Swann: SW London has a collaboration of CCGs working together, along with providers. There is a long history o partnership working. Originally the authority came from the CCGs but it is now recognised that all providers should be involved. There are significant benefits in working together in orded to deliver more effectively. We are looking at how to use commissioning support more effectively. Currently it is not appropriate for Croydon to look at shared offices for the CCGs but there is no suggestion that Croydon is not included with other CCGs. The future could look very different.
Cllr Maggie Mansell: Croydon has 30 years of history with CCGs working together with the local authority. Historically Croydon has been under-funded and it has the largest number of ethnic minorities and highest deprivation in the London area.

- How will you ascertain what services are provided for children's mental health services (CAMHS)

Stephen Warren: We will look at what are the most important outcomes for them in terms of their care.

- The NHS in Croydon is under significant financial pressures - the ways in which solutions are transmitted to users need to be joined up. The correct message needs to get out to the public
- Social workers are strained - more young individuals are dealing with some horrendous illnesses - how can we deal with it?

Paula Swann: 40% of placements in the mental health trust are able to be discharged. The review illustrates that a full system response is needed - social care, commissioning, provision - in order to get them back into the community in their own homes.
Stephen Warren: There is investment in mental health services, with liaison services in the Council. It is important for schools to play their part. We are developing a single point of access, working with schools and primary care.

- We need discussions about the review of mental health services with communities and parents - what is their understanding? How can they access services?
- Access criteria has been tightenened so there is even more pressure on parents and teachers, so we need to raise teachers' skill levels to deal with children having mental health issues

Cllr Callton Young asked if an overview could be provided as the report was 'a bit of a web of strategies, policies and plans'.
Paula Swann: The operating plan will be more structured. It will come out later in the year. It will condense the information so it can be communicated better.

The Board **NOTED** the report.

Sarah Ireland introduced the Council report.

Croydon Council's key commissioning priorities for 2016/17 build on the previous Joint Commissioning Intentions, signed off by the Health and Wellbeing Board in December 2015. Inevitably many of the commissioning plans and objectives represent joint areas of work with Croydon CCG. The report illustrates the range of commissioning plans and priorities for 2016/17, which are either commissioned by the Council or commissioned jointly between the Council and the CCG.

Cllr Hopley asked about how commissioning takes the latest legislation into account.
Barbara Peacock: The commissioning intentions bring statutory legislation into play - the Children & Families Act. There is an overlap, so we are trying to move together to have a more integrated focus. From the Council perspective, a service planning process is to be launched. This will embed the operational detail into high level strategic intentions.

The Board **NOTED** the report.

A53/16 Health as a social movement / Asset based approaches to improving health

Sarah Burns (CVA) showed a video and gave a presentation

- Croydon shortlisted by NESTA for Asset Based Community Development (ABCD) activity as a social movement for health and well being
- Working with CCG, through Together for Health, putting NHS strategies into action
- Agency project with residents in New Addington & Selsdon, Fieldway, Thornton Heath, Broad Green and Selhust
- Case studies showed how people who are often considered as 'service dependents' have been encouraged to lead on their own solutions through community led health and well being initiatives
- Focusing on assets and opportunities rather than over reliance on creating services
- 13 ABCD CVA projects so far
- Attracted funding from outside Croydon, such as: The Big Lottery, Mayor's Office- MOPAC, Sport England, ESF
- At start of 2016 CVA had nurtured 216 sustainable, community-led initiatives
- Independent cost benefit analysis gave very positive results

The following questions were raised:

- Could this process be adopted in other areas?
- What are concrete outcomes?
- What are the KPIs? How do you judge the success of Asset Based Community Development?

Sarah Burns: Where the funding came from dictated in which areas we worked. Community Builders need funding for the post. Outcomes include improved mental health, reduced GP appointments and A&E admissions (film showed a young boy who states he wasn't able to speak until he took part in the project, outcome achieved friends and confidence not through a service). To judge success of preventative activity, we look at the statistics & stories - the number of people now involved in their community, Asset Maps recording the number of community led initiatives initiated, Relational/Network Maps, stories of individual & group journeys and achievements in film or tracked with Out Come Star and 'I' statements.

Zoe Reed: It is about taking care of our own health. It is difficult building these things. This is a great starting point.

The link to the video is: www.cvalive.org.uk/empowering-the-community/local-strategic-partnerships/health-and-wellbeing-partnersh/prezi

A54/16 Business Items:
Joint commissioning executive report

Barbara Peacock and Rachel Flowers had been called away from the meeting, so this item was introduced by Paula Swann.
The report highlights the progress of the Joint Commissioning Executive in delivering its joint commissioning arrangements for the period 2016/17. It builds on the previous Joint Commissioning Intentions, signed off by the Health and Wellbeing Board in December 2015, and indicates progress made during the last 6 months, with priorities for the remainder of the year.

It is important to ensure the services work together to deliver the best possible services.

The issue of monitoring dementia was raised by the Board, in relation to the increases with earlier diagnosis.

Paula Swann and Stephen Warren elaborated:
The dementia diagnosis rates are increasing and we are currently 0.3% or 8 patients away from the national target, which we hope to pass in the near future. In terms of earlier diagnosis, our specialist memory assessment service operates a triage system which prioritise

cases based on need. As Croydon has a large number of care / nursing homes in the borough, and diagnosis rates tend to be low in these placements, the CCG have developed a project to improve dementia diagnosis rates in care homes through GPs. The outcomes of this project will be better coordinated care for people through accurate diagnosis and, subsequently, a reduction of patients in residential homes being assessed by the memory service, which will reduce waiting times and increase the capacity available for specialist assessment which supports earlier identification. In addition, the commissioned Dementia Advisors service (Oct 2015) now provides post diagnosis support in Croydon, all GPs are notified of the service and it is integrated within the memory service. Evidence suggests the availability of these services support earlier referral and identification of dementia.

Cllr Maggie Mansell mentioned she had attended a meeting where the development of a dementia action alliance was discussed, in order to achieve greater understanding within communities about the problems of managing people with dementia.

The Board **NOTED** the report.

A55/16 Safeguarding adults annual report

The report was introduced by Lorraine Burton with Sean Olivier. It details the activity and effectiveness of the Croydon Safeguarding Adult Board (CSAB) between April 2015 and March 2016. The Annual report is submitted by the independent chair of the Safeguarding Boards, which ensures that the Council and other agencies are given objective feedback on the effectiveness of local arrangements for safeguarding adults. The report also includes the Strategic Plan objectives for 2016/17 and sets out the key priorities for the Board for the current year.

The following issues were raised:

- What is being done to reach hard-to-reach communities?

Sean Olivier: We have a very successful relationship with the BME Forum. We will ensure that the momentum lost in the last few months will be regained to plug any gaps.

- Can the details of those aged over 75 in their own homes or care homes be broken down?

Sean Olivier: A quarter of safeguarding issues come from the care home market. The cases are higher for females than males, particularly relating to domestic violence. We are looking at what work we can do around prevention of sexual exploitation. For the over 75s, we rely on intelligence sharing, bringing together communities, health workers, CQC and other relevant teams, to formulate the concerns and what to do. We are providing a co-ordinated approach to the managed market.

Paula Swann: Some referrals relate to pressure ulcers and are not safeguarding issues.
Sean Olivier: Under Section 42 there are a lot of neglect cases in the care home setting. There is also financial abuse. We are working on a protocol between Board partners.

- To what number do the percentages relate?

Sean Oliver: Approximately 2,500 referrals a year.

The Board **NOTED** the report.

A56/16 Safeguarding children annual report

Maureen Floyd and Gavin Swann summarised the report. It details the activity and effectiveness of the Croydon Safeguarding Children Board (CSCB) between April 2015 and March 2016. The report is submitted by the independent chair of the Safeguarding Board, which ensures that the Council and other agencies are given objective feedback on the effectiveness of local arrangements for safeguarding children. The report includes the Strategic Plan objectives for 2016/17 and sets out the key priorities for the Board over the current year.

Some specific points were highlighted and were further discussed by the Board:

The report gives an understanding of what the Board covers:

- Missing children
- Child Sexual Exploitation (CSE)
    - Bringing information to the community - 100 taxi drivers logged onto the CSCB website for safeguarding training on Child Sexual Exploitation
- Trafficking
- Gangs

The following issues were raised:

- What percentage of young people are sexually exploited?

Gavin Swann: Since covering radicalisation, it is apparent that CSE is often linked - victims are diverted from CSE. But the numbers are quite low. (See p38 of the Annual Report)

- FGM - families find it difficult to talk about and children don't want to take their parents through the prosecution system. We are working with communities to dissuade people from continuing this cultural tradition.

Sarah Burns: One of the project groups in ABCD worked with FGM.
Maureen Floyd: Community work is most important. Most of referrals come from maternity units.

- How well do we think we are doing - what is the evidence?
- Is it only secondary schools which raise the issue?

Gavin Swann: We can always do better. There is quite a sophisticated array of evidence.
Maureen Floyd: All schools are involved.

The Board **NOTED** the report.

A57/16 Better Care Fund

Stephen Warren presented the report.

The Better Care Fund (BCF) is a national initiative which aims to promote better integration between health and social care to provide a whole system approach to improving patient outcomes through investing in community based services and by doing so reduce demand on acute services.

The following points were made:

- We are under-resourced for reablement. If we have the right service outside hospital, the incidence of re-admission is reduced.
- If patients are ready to go home, they need to be discharged quickly or they end up staying in a lot longer.

The Board **NOTED** the report and the status of the BCF delivery.

A58/16 Healthwatch Croydon report

Charlie Ladyman summarised the report. Healthwatch spoke to 1,800 residents on their views about GPs. The research has found that patients are broadly satisfied with the quality of treatment received, with many accounts of ‘professional and knowledgeable’ doctors and nurses. Patients are also positive about receptionists and practice management, on the whole. However, there are some noticeable negative trends.

The following comments were made:

- The electronic prescription service (EPS) is slow and has some distance to travel. NHS spine goes down quite frequently. It brings pharmacies' EPS system to a complete halt. It was down for 3 days recently.
- "EPS just let me down. I went to the doctor 4 wks ago and the

pills he prescribed worked. The receptionist asked for the next prescription to be sent to the pharmacy but it did not arrive."
- The results of the national GP review were published July. Results for Croydon are in line with national results, within 1%.
- Surprised at how much receptionistsmake clinical decisions and decide whether a patient should see the doctor.
- "Receptionists in some areas of the borough are appalling - they need training."
- Asking for emotional responses works better than tick box responses.

The Board **NOTED** the report.

Cllr Maggie Mansell offered best wishes to Charlie Ladyman in her career, as this was her last meeting before moving on from Healthwatch Croydon.

A59/16 Report of the chair of the executive group

There were no questions.

The Board **RESOLVED** to:

- Note the planned review of the local strategic partnership including the health and wellbeing board.
- Note risks identified at appendix 1.
- Agree revisions to the board work plan for 2016/17 in section 3.4.1.

A60/16 Public Questions

There were no public questions.

The meeting ended at 4:28pm.

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **14 December 2016**
AGENDA ITEM:	**6**
SUBJECT:	**The annual report of the director of public health 2016**
BOARD SPONSOR:	**Rachel Flowers, director of public health, Croydon Council**

BOARD PRIORITY/POLICY CONTEXT:

Production of an annual report is a statutory requirement of the Director of Public Health, hence this report is a priority for the Council.

This year's report focuses on Loneliness and Social Isolation. Addressing these issues are relevant to two of the three key themes in the council's Corporate Plan; Independence and Liveability.

Social isolation was highlighted as a key theme by the Croydon Opportunity and Fairness Commission. It was also the theme of the Croydon Congress that was held in June 2016.

The report is relevant to the Ambitious for Croydon outcomes below:

- To help families be healthy and resilient and able to maximise their life chances and independence
- To help people from all communities live longer, healthier lives through positive lifestyle choices

FINANCIAL IMPACT:

There are no financial implications of this report.

1. RECOMMENDATIONS

1.1 This report recommends that the health and wellbeing board note the information and recommendations outlined in the Annual Director of Public Health Report (Appendix 1).

2. EXECUTIVE SUMMARY

2.1 The 2016 Director of Public Health Report focuses on social isolation and loneliness and identifies risk factors for these issues across the life course (pregnancy and early years, children and young people, working age, and retirement and later life).

2.2 The final section of the report presents recommendations for how individuals and communities can play their part in addressing loneliness and social isolation across the various stages of the life course and uses a number of case studies to illustrate examples of initiatives in the borough.

2.3 The 2016 Director of Public Health Report is an appendix to this report.

3. DETAIL

3.1 Background

There is well-established evidence for treating social isolation and loneliness as key priorities due to their adverse effects on wellbeing and links to health inequalities and social exclusion. This has been highlighted by the Opportunity and Fairness Commission:

Too many local residents live isolated and empty lives […] This takes a huge toll on their mental and physical health but it also increases costs on local services […]. Increased [hospital] admissions and patients in beds unable to return home because they have no one to support them are the inevitable consequence of social isolation (page 7).

There are strong economic as well as social arguments for taking action to reduce and prevent social isolation and loneliness. A wide range of preventable health problems and wider social problems are known to arise out of loneliness:

- Reduced social capital and cohesion, resulting in fragmentation of communities and reduced resilience
- Increased likelihood of youth offending, especially through membership of gangs and unemployment
- More likely to develop mental ill health problems and depression
- Greater incidence of falls and need for long-term residential or nursing case
- Higher incidence of obesity, smoking, substance and alcohol abuse
- Increased visits to GPs and use of medication
- Greater use of accident and emergency service

Relationships and human interaction have a significant impact on an individual's health and wellbeing. Research shows that protective aspects of neighbourhood relationships otherwise called social capital, are important for preventing self-harm and suicide. Social capital can be defined as "the sum of positive relationships including families and neighbours that serve as buffers to the negative influences within one's immediate environment" and can build resilience and reduce the effects of other negative factors like deprivation on individuals in a community.

3.2 Report Focus

The Croydon Congress and Croydon Opportunity and Fairness Commission final report highlighted services provided by the council and its health, social care and voluntary sector partners to address loneliness and social isolation.

The Croydon Opportunity and Fairness Commission report also found that the natural inclination for most of us is to ask what more the government can do to address many social issues however, there is so much individuals and communities can do for themselves to address loneliness and social isolation:

Local services can provide the supporting framework and help nurture the best ideas but Croydon residents must play their part (page 39).

The Director of Public Health Report identifies risk factors for loneliness and social isolation across the life course at four stages:

- pregnancy and early years;
- children and young people;
- working age; and
- retirement and later life

It also recognizes and discusses that certain individuals and groups are more vulnerable than others and are therefore likely to be particularly at risk.

The final section of the report presents recommendations for how individuals and communities can play their part in addressing loneliness and social isolation across the various stages of the life course and uses a number of case studies to illustrate examples of initiatives in the borough.

3.3 Risk Factors

Risk factors for loneliness and social isolation can be categorised into four distinct areas highlighted below.

Table 1: Risk Factors for Loneliness and Social Isolation

Categories	Examples of Risk Factors
Personal factors	• Sexuality • Ethnicity • Age
Life changes	• New, young or lone parenthood • Becoming a carer (both young and old) • Retirement • Separation from a partner/bereavement • Unemployment
Health, wellbeing and disability	• Cognitive or sensory impairment • Physical or mental impairment or disability • Substance misuse problems

Wider or social determinants of health	• Domestic abuse and violence • Long term unemployed • Recent migration • Poverty and deprivation • Homelessness • Stigma and discrimination

Specific examples of issues relevant to each of the life course stages were identified:

Pregnancy and early years

- Being a new parent, young parent or parent carer
- Having a physical or learning disability
- Lack of or inadequate social networks for support during pregnancy
- Maternal depression and a lack of awareness of and how to access mental health support
- Ethnicity and deprivation or low income

Children and young people

- Adverse childhood experiences like abuse, neglect, witnessing drug or alcohol abuse or experiencing domestic violence
- Being bullied
- Being a young carer
- Being a looked after child or recently leaving care
- Being not in employment, education or training (NEET)
- Teenage pregnancy
- Sexual identity (LGBT -Lesbian, Gay, Bisexual, Transgendered)
- Having a physical or learning disability
- Ethnic identity especially those from an economically disadvantaged background

Working age people

- Unemployment
- Bereavement or relationship breakdown
- Having a physical or learning disability
- Mental ill health
- Being an unpaid carer
- Substance misuse and addiction

Retirement and later life

- Retirement/unemployment
- Becoming a carer
- Bereavement/ loss of a spouse or partner

3.4 Recommendations (Together Taking Responsibility - Quick Tips)

A number of recommendations for how individuals and communities can address loneliness and social isolation across the various stages of the life course are highlighted in the report. Examples of some of the recommendations included in the report are below:

General Tips

- Maintain frequent contact. If someone you know has hit a milestone birthday, lost a spouse or other important person, or is ill or immobile, they need more contact so make a note to call or visit often.
- Socially isolated older people may be vulnerable to a variety of unexpected problems and may have underlying issues such as dementia. Loved ones should consider informing trusted neighbours that there is a vulnerable adult in the neighbourhood so they keep a friendly eye out and check in on them regularly.
- If you know a carer or a loved one in your family shoulders the burden of caring for an elderly family member, take whatever steps you can to make that person's life easier and to allow them to have a social life of their own.

Tips For Carers

- If you are a carer, remember to take care of yourself. It is not just the person you are caring for who is at risk of social isolation, it is you.
- Peer support from people who understand can help you feel less alone, for example through a carer support group or social activities organised by a local carers organisation.

Tips For New Mums

- Join antenatal classes – meet other women in a similar situation to you especially if you are the only one of your friends who is approaching parenthood and are therefore feeling disconnected from them.
- Practise positive thinking - Create positive scenarios in your head and picture your future life with your baby in a happy, fulfilling setting. You could also record positive events of the day or week - even tiny details such as laughing at a joke, enjoying lunch with friends or seeing an uplifting movie can help to combat negative feelings.
- It can be hard to break away from new day-to-day responsibilities as a parent, but you need to take time for yourself and will feel so much better for getting out of the house for a walk or a coffee with a friend/ family or an exercise class.

Tips For Children and Young People

- Find something you like doing and do more of it. Sometimes it is hard to find the motivation, especially if you don't feel confident or you worry about what other people think. Making small goals can help you to feel more positive about yourself. You don't have to be perfect at it to enjoy yourself.
- Be careful when comparing yourself to others and remember that things are not always what they seem from the outside. Social media, and the fact that we very

often only see what other people want to share about their lives, can make you feel like you are the only one feeling lonely.

Tips For Parents

- Research shows that children who achieve a healthy weight tend to be fitter, healthier, better able to learn, and are more self-confident. They are also less likely to have low self-esteem and be bullied. Listen to your child's concern about their weight, they need to feel supported and loved. Five key ways to help your child achieve a healthy weight are:
    - Be a good role model
    - Encourage 60 minutes of physical activity a day
    - Keep to child-size portions
    - Eat healthy meals, drinks and snacks
    - Give Less screen time and more sleep

- Children need to understand that all of us have unique differences that make us individuals. We are all far more alike than we are different, and these differences should not be feared or ridiculed.

Tips For Working Age Adults

- Nurture your support network – do not underestimate the importance of what you have to offer.
- Expand your social network – online social sites are ideal places to meet people who share similar interests and hobbies.
- Volunteering is also a great way of maintaining and expressing a sense of purpose and staying connected with your community.
- Maintain contact with family and friends over the phone; social media or video conferencing applications can be the next best thing to being with them.

Tips For Older Adults

- Share a meal with others whenever possible.
- Undiagnosed or untreated hearing problems may lead to avoidance of social situations because of difficulty communicating or embarrassment. Have your hearing checked and hearing problems treated as needed.
- Be open to learning how to use technology to maintain connections. A computer with a camera is a bridge to anyone in the family.

3.5 Case studies (Out in the Community…)

The case studies to be included in the report demonstrate how residents of various backgrounds at risk of social isolation are being supported by members of their communities are summarized below.

Table 2: Summary of case studies to be included in 2016 Director of Public Health Report

Life Course Group	Case Studies
Mothers	Bump Dance Fitness An initiative started by a group of New Addington residents who are passionate about safety and healthy living aimed to engage local mums from the community to make new friends, combat isolation and keep healthy and safe.
Young People	Lingua House An initiative started by members of the Afghan community who identified a need to develop English language classes to help younger members of the community develop their language skills and therefore take greater part in the wider community. Sports in the Rec An initiative started by local Broad Green residents with sporting skills and expertise who identified the need to create a safe and interactive space for vulnerable young people in the area to take part in activities. Many of young people targeted are typically unable to affordable opportunities to take part in sport.

4. CONSULTATION

4.1 Not applicable

5. SERVICE INTEGRATION

5.1 Not applicable

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 Not applicable

7. LEGAL CONSIDERATIONS

7.1 Not applicable

8. EQUALITIES IMPACT

8.1 Not applicable

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BACKGROUND PAPERS

Appendix 1: Annual Director of Public Health Report 2016

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Social Isolation and Loneliness

Annual report of the director of public health 2016

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Croydon Heart Town

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CONTENTS

Political Foreword	1
Foreword from the Director of Public Health	2
Introduction	3
Extent and Impacts of Loneliness and Social Isolation	5
Loneliness and Social Isolation across the Life Course Stages	7
• Pregnancy and early years	8
• Children and young people	9
• Working age	11
• Retirement and later life	13
Together taking Responsibility – Quick Tips	15
Final Thoughts	23
Acknowledgements	24
Appendices	25
References	26
Other Sources	26

POLITICAL FOREWORD

Forward from the Leader of the Council

I am delighted to be writing the introduction for Rachel Flowers' first annual Director of Public Health report. Rachel has a wide range of experience at local, regional and national level and a track record of making a positive difference in the health and wellbeing of local people.

Earlier this year Croydon Council commissioned an Opportunity and Fairness Commission, a subject that I am passionate about, where Social Isolation was identified as a significant issue for some people in Croydon. In the summer, the Croydon Congress also had over 200 people attend to discuss the challenges around this issue.

Rachel has chosen Loneliness and Social Isolation as the theme of her first report as it impacts on the health and wellbeing of so many people in our communities and has identified ways in which we can all together take responsibility to reduce social isolation in Croydon. These are simple things that we can all do in our day to day lives and I would encourage you to read through and see what you can do for your family, friends and community to reduce social isolation and help us reduce the health harm that it can cause.

Councillor Tony Newman
Leader,
Croydon Council

FOREWORD FROM THE DIRECTOR OF PUBLIC HEALTH

Welcome to my first annual report as Director of Public Health for Croydon.

I heard recently that the three most important things for people's health are "jobs, homes and friends" and I think that this is a good start to think about the multitude of things that impact on people's health and a signpost about how we can improve it.

When I arrived in Croydon, it was at the time that work was undertaken for the Croydon Opportunity and Fairness Commission and I was impressed with this approach. It sadly, didn't surprise me that a major theme of social isolation was identified, as it impacts on the health and wellbeing of so many people across all ages, communities, faiths, genders, sexualities and disabilities. I felt humbled to be invited to speak at the Croydon Congress where I met and talked to so many people wanting to make a difference for the people of Croydon.

This got me thinking – what are things that all of us can do that can reduce the social isolation of people – those we know, those we live by and those we work with? This report tries to capture the risk factors and health impacts of social isolation but also provides a few ideas about what we can all do.

One thing I didn't include but feel I should is that we should try and smile a little more often at people we don't know. A smile can be contagious and for people who are socially isolated – and you can't always tell who they are – it can make such a difference.

Give us your feedback

Do let me know your comments on the report, either by emailing me at rachel.flowers@croydon.gov.uk

or by post to:

Croydon Council,
Public Health Division,
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2nd floor Zone E,
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Rachel Flowers
Director of Public Health,
Croydon Council

INTRODUCTION

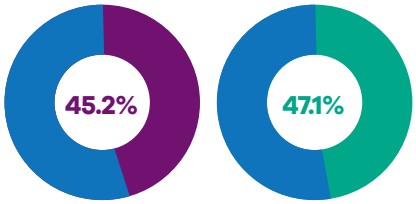
The impact of loneliness and isolation can be devastating to most people. Studies have shown *that relationships have more of an impact on individual's health than many other risk factors, such as obesity or physical inactivity.*[1] In other words, human interactions are seen as crucial to living a happy, fulfilled life.

Although the terms social isolation and loneliness are linked and are often used interchangeably, there are some important distinctions between the two terms.

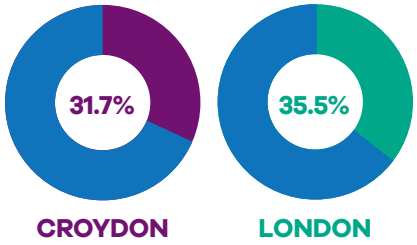
Social isolation can be defined as an objective state determined by lack of or insufficient quality and quantity of social relationships and contacts on the different levels that human interaction takes place (individual, groups, community and the larger social environment).

Loneliness is often defined as a subjective state based on a person's emotional perception of the inadequate quality of their social connections, irrespective of the breadth of their social networks. It can manifest as an anxious feeling of unmet need to connect or communicate with others.

Loneliness and social isolation can occur at the same time, and in some instances one can be a direct consequence of the other, for example where feelings of loneliness cause a person to withdraw from their social interactions and therefore become isolated. It is however also possible for the two to occur independently, where a person is isolated but not lonely and vice versa.



45.2% of people who use adult social care services reported that they have as much social contact as they would like.



31.7% of carers reported that they have as much social contact as they would like.

Suicide rate of **8.2 per 100,000**. This is the **15th highest in London**.

10,261

Croydon residents live in one of the 10% most deprived areas in the country

33,683

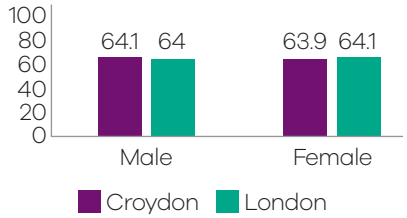
residents provide unpaid care.

6,870

of these provide over 50 hours pw.

11th highest rate in London.

Healthy Life Expectancy 2012-14



WHY IS THIS IMPORTANT?

The 2016 Croydon Opportunity and Fairness Commission[2] report highlights the growing issues of loneliness and isolation facing communities today and the need to put these issues at the heart of our local and national agenda. Of equal importance is the need to ask more of ourselves when it comes to addressing the challenges of loneliness and social isolation.

As the Opportunity and Fairness Commission report found, the natural inclination for most of us is to ask what more the government can do to address many social issues we face however, there is so much we can do as individuals and as a community to address loneliness and social isolation. In other words, **"local services can provide the supporting framework and help nurture the best ideas but Croydon residents must play their part"**.

Relationships and human interaction have a significant impact on an individual's health and wellbeing. Research shows that protective aspects of neighbourhood relationships otherwise called social capital, are important for preventing self-harm and suicide.[3] Social capital can be defined as "the sum of positive relationships including families and neighbours that serve as buffers to the negative influences within one's immediate environment."

Social capital can build resilience and can reduce the effects of other negative factors like deprivation on individuals in a community. Social capital and community cohesion are essential factors in supporting people through trying times.

HOW DO WE DO THIS?

Reduced social capital and cohesion can result in further fragmentation of communities and isolation of individuals while positive social relationships and networks can promote health for people at any age through, for example:

- providing social support to cope with life's challenges and changes such as becoming a new parent, redundancy, or retirement.
- providing people with a sense of belonging.
- sharing knowledge on how to access health and other support services when needed.

WHAT WILL THIS REPORT COVER?

It will discuss the risk factors that can lead to loneliness and social isolation at the various stages of one's life (pregnancy and early years, children and young people, working age, and retirement and later life) and present quick tips for what we can do as individuals to combat loneliness and social isolation and as a community with the support of voluntary sector organizations, and health and social care services where applicable.

EXTENT AND IMPACTS OF LONELINESS AND SOCIAL ISOLATION

Extent of Loneliness and Social Isolation

In 2013, Public Health England estimated that 20% of the older population (aged 65+) are mildly lonely and 11% are intensely lonely; with a further 7% of the 18-64 population being socially isolated.

In Croydon, there are an estimated 9,860 older people who are lonely and 5,423 older people who experience intense loneliness. There are also 17,227 people aged 18-64 who are socially isolated.

Loneliness can have serious consequences for the mental and physical health of people. It is linked to **obesity**, **smoking**, **substance abuse**, **depression**, and **poor immunity**.[4]

The effect of loneliness and isolation on death is greater than the impact of well-known risk factors such as obesity, and has a similar effect as cigarette smoking.[5]

Who is at risk?

Risk factors for loneliness and social isolation can be categorised into four distinct areas:

Personal factors

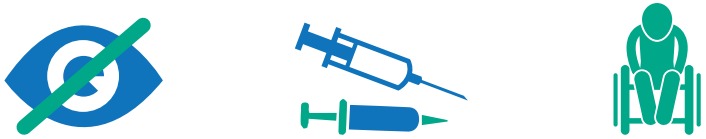
Sexuality | Ethnicity | Age

Life changes

New, young or lone parenthood | Becoming a carer (both young and old)

Retirement | Unemployment | Separation/ Bereavement

Health, wellbeing and disability



Cognitive or sensory Impairment | Substance misuse problems | Physical or mental impairment or disability

Wider or social determinants of health

Domestic abuse and violence | Long term unemployed | Recent migration

Poverty and deprivation | Homelessness | Stigma and discrimination

LONELINESS AND SOCIAL ISOLATION ACROSS THE LIFE COURSE STAGES

Throughout the various stages of one's life (pregnancy and early years, childhood and teenage years, working age, and retirement and later life), certain individuals and groups will be more vulnerable to social isolation and loneliness than others depending on factors such as physical and mental health, gender, race/ethnicity and the determinants of health inequalities such as deprivation, income, education, occupation etc.

In general, improving access to services and improvements to the wider social determinants of health like access to education, employment, and to the built and natural environment are likely to have a positive impact across all stages of the life course.

The following sections highlight the general risk factors for loneliness and social isolation across the various life course stages followed by quick tips on how to mitigate them.

PREGNANCY AND EARLY YEARS

PREGNANCY AND EARLY YEARS – FACTS AND FIGURES

In 2015 there were

5833

live births in Croydon.

There are **805** looked after children in Croydon. This is 87 per 10,000 children under 18 (Statistical neighbours 58.4%, London 52%).

64.7%

of children have a good level of development at the end of reception (School Readiness). This is the 9th lowest in London.

85.9%

of eligible 2 year olds had their MMR vaccination. This is the 14th highest in London.

175

babies born in 2014 had low birth weight. This is 9th highest in London.

68 babies died in their infancy between 2012 and 2014. Croydon Infant Mortality rate is 4.0 per 1000 live births. This is the 10th highest in London.

RISK FACTORS

- Being a new parent, young parent or parent carer
- Having a physical or learning disability
- Lack of/or inadequate social networks for support during pregnancy
- Maternal depression and a lack of awareness of how to access mental health support
- Ethnicity and deprivation or low income – Economic deprivation and ethnicity may impact on maternal depression and seeking help or support for depression[6]

Social isolation of mothers can lead to disadvantage across generations and can cause health inequalities over the life course. Maternal depression can severely impact early childhood development and development in early childhood has a significant impact on factors such as educational attainment and employment which in turn impact health. *Simply put, social isolation in new mothers could lead to disadvantage and therefore social, economic and health inequalities in the children and families.*

CHILDREN AND YOUNG PEOPLE

CHILDREN AND YOUNG PEOPLE – FACTS AND FIGURES

64.7%
of all pupils age 5 are achieving a good level of development. (Statistical neighbours 67.8%, London 68.1%).

54%
of all pupils age 5 who are eligible for free school meals are achieving a good level of development (Statistical neighbours 59.6%, London 59%).

There are 805 looked after children in Croydon. This is 87 per 10,000 children under 18 (Statistical neighbours 58.4%, London 52%).

96.4 PER 100,000 YOUNG PERSON
(under 18) hospital admissions for mental health conditions. This is the 13th highest in London.

313.3 PER 100,000 10-24 YEAR OLD
hospital admissions due to self-harm. This is the 2nd highest in London.

3,207 YOUNG CARERS
provide between 1-50 hours care. This is the 5th highest in London.

Under 18 conception rate is 28.4 per 1,000 girls aged 15-17. This is the 4th highest in London.

19,075 (21.1%) dependent children under 20 in Low income households. This is the 17th highest rate in London.

20.3% OF 4-5 YEAR OLDS
are either overweight or obese. This is the 9th lowest in London.

39% OF 10-11 YEAR OLDS
are either overweight or obese. This is the 11th highest in London.

3.3% OF 16-18 YEAR OLDS
are not in education, employment or training (NEET).

1,792
children have statements of Special Educational Needs (SEN) or Education, Health and Care (EHC) plans.

RISK FACTORS

- Adverse childhood experiences like abuse, neglect, witnessing drug or alcohol abuse or experiencing domestic violence
- Being bullied
- Being a young carer
- Being a Looked after child or recently leaving care
- Being Not in Employment, Education or Training (NEET)
- Teenage pregnancy
- Sexual identity (LGBT – Lesbian, Gay, Bisexual and Transgendered)
- Having a physical or learning disability
- Ethnic identity especially those from an economically disadvantaged background

CHILDREN AND YOUNG PEOPLE

CHILDREN AND YOUNG PEOPLE – FACTS AND FIGURES

Adverse childhood experiences severely impact early years development which as mentioned earlier, has a significant impact on factors such as educational attainment and employment which in turn impact health.

Teenage pregnancy may increase the risk of social isolation for parents and children because it can cause material deprivation and stigma. There is a detrimental impact on the lives of children of teenage mothers who have inadequate social networks and live in deprived areas. This poor start in life could lead to continued disadvantage through life and can cause health inequalities over the life course.

Bullying of young people who are LGBT can have a negative impact on self-image, confidence and educational attainment and lead to psychological stress and social isolation.

A young person with a physical or learning disability is at risk of becoming lonely and socially isolated because they may not have the support to connect or engage with others in their community. Similar to a young person with a disability, a young carer is also at risk of social isolation because they will not have time to see family and friends in addition to their caring responsibilities without support from others.

WORKING AGE

WORKING AGE – FACTS AND FIGURES

155 people aged 18-64 have a serious visual impairment (PANSI* estimate).

8,587 people aged 18-64 have a moderate or severe hearing impairment (PANSI* estimate).

60.6% of adults over 16 are doing at least 150 minutes of physical activity per week. This is the 9th highest in London.

25.7% of adults are inactive. This is the 11th lowest in London.

38,629 people aged 18-64 are predicted to have a common mental health problem (PANSI* estimate).

17,185 people aged 18-64 are predicted to have two or more psychiatric disorders (PANSI* estimate).

17,932 people aged 18-64 are predicted to have a moderate physical disability (PANSI* estimate).

5,156 people aged 18-64 are predicted to have a serious physical disability (PANSI* estimate).

63% of 16+ population are either overweight or obese.

2,840 people claim Job Seekers Allowance in Croydon. This is 1.2% of the working age population. This is the 11th lowest in London.

970 people in Croydon have been claiming Job Seekers Allowance for over a year. This is 0.4% of the working age population and is the 16th lowest rate in London.

* Projecting Adult Needs and Service Information

RISK FACTORS

- Unemployment
- Bereavement or relationship breakdown
- Having a physical or learning disability
- Mental ill health
- Being an unpaid carer
- Substance misuse and addiction

WORKING AGE

WORKING AGE – FACTS AND FIGURES

For some ethnic minorities, increased risk of social isolation is associated with social and economic disadvantage, housing problems and language barriers. Working age adults who are unemployed are at risk of becoming isolated because of the loss of contact with colleagues and withdrawal from social engagements due to the need to cut back on expenses and because of the embarrassment of being unemployed.

Experiencing bereavement or a breakdown in a relationship can lead to loneliness and social isolation without a support network to enable the person to re-engage with people.

Research has found that many carers experience social isolation and loneliness as a result of caring.[7] This may be due to having less time to socialise due to their caring role and being unable to afford social activities. This effect can be greater the longer someone has a caring role, due to the increasing amount of care they may have to provide.

Findings from the Life Opportunities Survey Report released in 2015 show that having a physical or mental impairment appears to be associated with lower levels of social contact.[8]

Physical and mental disability can leave many unable to leave their homes due to mobility and lack of confidence issues and therefore without support many can become isolated from their family, friends and communities.

RETIREMENT AND LATER LIFE

RETIREMENT AND LATER LIFE – FACTS AND FIGURES

13% of Croydon population is aged 65+. This is the 12th highest proportion in London. This equates to 49,300 people which is the 3rd highest number in London.

6.1% of Croydon population is aged 75+. This is the 12th highest proportion in London. This equates to 23,000 people which is the 3rd highest number in London.

4,264 people aged 65+ have depression (POPPI* estimate).

1,356 people aged 65+ have severe depression (POPPI* estimate).

18,057 people aged 65+ live alone (POPPI estimate). This is 37.6% of the 65+ population.

4,324 people aged 65+ have a visual impairment (POPPI estimate). This is 8.8% of the 65+ population.

16,402 people aged 65+ are unable to manage at least one self-care activity. This is 33.3% of the 65+ population (POPPI* estimate).

20,764 people aged 65+ have a hearing impairment (POPPI estimate). This is 42.1% of the 65+ population.

20,019 people aged 65+ are unable to manage at least one domestic task on their own. This is 40.6% of the 65+ population (POPPI* estimate).

12,166 people aged 65+ with a limiting long term illness are limited a little in their day-to-day activities while 10,903 are limited a lot (POPPI* estimate).

12,877 people aged 65+ have a BMI of 30 or more. This is 26.1% of the 65+ population (POPPI* estimate).

* POPPI – Projecting Older People Population Information

RETIREMENT AND LATER LIFE

GREATER LONDON AUTHORITY (GLA) REPORT ON "PROPENSITY FOR SOCIAL EXCLUSION OF OLDER PEOPLE IN LONDON"

The report looks into the various drivers of social exclusion amongst older people (although many of these indicators are equally relevant amongst all age groups) and attempts to identify areas in London where susceptibility is particularly high. *See Appendix A for additional information used in the report*. The areas in Croydon identified to have the highest propensity of social exclusion for over 65s are indicated in the map.

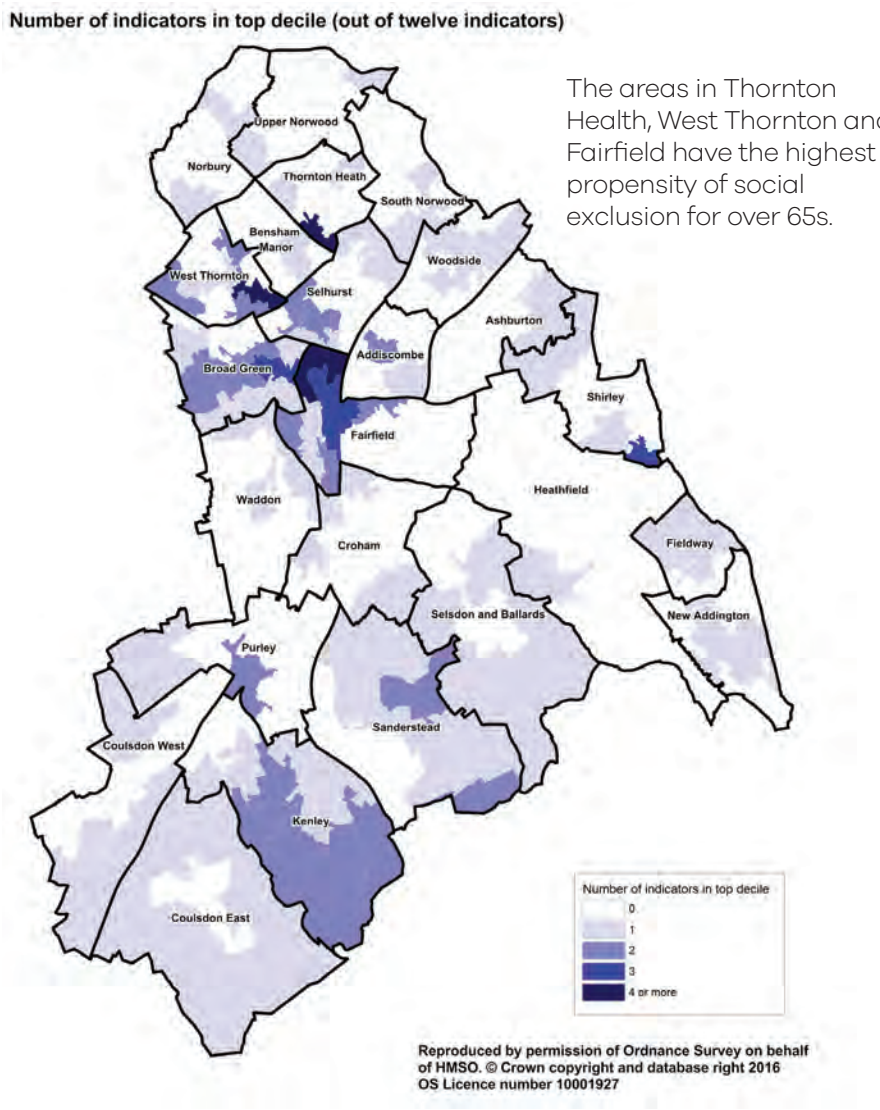
OTHER RISK FACTORS INCLUDE:

- Retirement/unemployment
- Becoming a carer
- Bereavement/ loss of a spouse or partner

For older adults, retirement and/or unemployment as highlighted for working age residents can result in losing connections with colleagues and friends, which can lead to social isolation. Retirement may also mean that there is a dependence on a smaller income and therefore a reduced likelihood of participating in social events.

Older adults can also become socially isolated as a result of reduced mobility due to a number of long term conditions like dementia and musculosketal conditions. In this age group, men are more likely to become socially isolated than women and ethnic minorities who experience language barriers and higher levels of poverty are more likely to become socially isolated than the rest of the population.

Older carers are also likely to have a lower resistance to stressors which could result in fatigue and physical inactivity which in turn increase the risk of social isolation.



The areas in Thornton Health, West Thornton and Fairfield have the highest propensity of social exclusion for over 65s.

TOGETHER TAKING RESPONSIBILITY – QUICK TIPS

The following are some quick tips on what we can do as individuals and members of our communities to combat loneliness and social isolation. They include a small snapshot of initiatives that members of communities in Croydon are taking to support each other and hopefully allows you to appreciate the value and impact this support can make to the lives of many Croydon residents.

GENERAL TIPS:

- **Maintain frequent contact**. If someone you know has hit a milestone birthday, lost a spouse or other important person, or is ill or immobile, they need more contact so make a note to call or visit often.
- **Do what you can to make your pregnant friend feel like she is still a part of the group**. Invite her to do things she will enjoy, like to tea, to a park for a picnic, or on a nice walk. Be creative and think about things that she will enjoy, not things that will require her to be a passive observer.
- Socially isolated older people may be vulnerable to a variety of unexpected problems and may have underlying issues such as dementia. **Loved ones should consider informing trusted neighbours that there is a vulnerable adult in the neighbourhood so they can keep a friendly eye out and check in on them regularly**.
- If you know **a carer, or a loved one in your family shoulders the burden of caring for an elderly family member, take whatever steps you can to make that person's life easier** and to enable them to have a social life of their own.
- **Everyone has a role to play in making an effort to recognise and understand caring, ageing and disability better** so they can recognise and support people in their communities who might need it.
- Caring is part and parcel of everyday life – **more people openly talking about caring responsibilities** would reflect this and allow everyone to understand caring better.

TOGETHER TAKING RESPONSIBILITY – QUICK TIPS

TIPS FOR CARERS:

- If you are a carer, **remember to take care of yourself**. It is not just the person you are caring for who is at risk of social isolation, it is you.
- You may not always feel you have time to focus on looking after yourself but **it is important that you make time to look after your physical health**, and there are many things you can do to improve it. Eat healthily, get enough rest, do regular physical activity – even a short walk can be good exercise and can help you clear your head. Take time to notice when you are becoming unwell and try to take a break and ask for help.
- **Peer support from people who understand can help you feel less alone**, for example through a carer support group or social activities organised by a local carers organisation.
- **Try asking for a small amount of help from family or friends** – help with shopping or sitting with the person you look after for a short time to allow you to pop out. Telling them what a difference it has made might result in them offering to help out again.
- **Focusing on the positives in your situation can help you feel that you have a deeper relationship and understanding of the person you care for**, and appreciate that they may feel this way about you too.
- **It is important to be realistic about what you can do**. Having a clear idea about what you can do, and accepting the things that you cannot change or do alone, helps to reduce stress and can make you feel more able to cope.

TIPS FOR NEW MUMS:

- **Join antenatal classes** – meet other women in a similar situation to you especially if you are the only one of your friends who is approaching parenthood and are therefore feeling disconnected from them.
- **Practise positive thinking** – create positive scenarios in your head and picture your future life with your baby in a happy, fulfilling setting. You could also record positive events of the day or week – even tiny details such as laughing at a joke, enjoying lunch with friends or seeing an uplifting movie can help to combat negative feelings.
- **Be honest about how you are feeling** – especially with your spouse or partner and your family.
- Take care of yourself – **find time to eat well, take regular exercise and get enough rest**.
- **Speak to a midwife about how you are feeling** and how to access antenatal classes and other support services.
- Use social media to your advantage. **Seek out websites that specialise in Mums coming together**.
- **When you meet new Mums be brave and make the first move** – ask if they would like to meet up for a coffee or go to the park with the babies. You may be making their day!
- Going to a baby group and meeting new Mums can seem daunting at first. **Just smile and fake your confidence until you become more at ease**. Babies can often make it easy to strike up a conversation.
- It can be hard to break away from new day-to-day responsibilities as a parent, but **you need to take time for yourself** and will feel so much better for getting out of the house for a walk or a coffee with a friend/ family or an exercise class.

OUT IN THE COMMUNITY

LOCAL MOTHERS – BUMP DANCE FITNESS

Led by Daisy Lennon, a group of New Addington residents who are passionate about safety and healthy living aimed to engage local mums from the community to make new friends, combat isolation and keep healthy and safe.

They developed Bump Dance Fitness at Timebridge Youth Club and to date have involved over 30 women and their children. Through increasing their networks, those attending feel less isolated and more able to gain support from others in relation to their safety. Many of those attending have experienced crime including domestic violence and report that the initiative has helped them seek support and 'take more control of their lives'.

Amina* has attended the sessions for two months and talks enthusiastically about the benefits of being a part of the initiative; "As well as helping me to lose weight, taking part in this project has given me the opportunity to get support from other parents helping me to overcome anxiety by gaining advice and being able to talk about issues. In fact I feel able to use my experience to help others. I haven't found anything like this before and the fact that it is local and run by local people has helped me feel able to take part".

**name changed*

TIPS FOR CHILDREN AND YOUNG PEOPLE:

- **Find something you like doing and do more of it** – sometimes it's hard to find the motivation, especially if you don't feel confident or you worry about what other people think. Making small goals can help you to feel more positive about yourself. You don't have to be perfect at it to enjoy yourself.
- **Be careful when comparing yourself to others and remember that things are not always what they seem from the outside** – social media, and the fact that we very often only see what other people want to share about their lives, can make you feel like you are the only one feeling lonely.
- **Focus on your positives** – you may think that you are not good at something and this may stop you from doing things you enjoy or trying new things.
- **Try to celebrate your successes** – no matter how small they may seem to you.
- **Accept compliments** – keep a note of them and look at them when you feel low.
- **Write a list of what you like about yourself** – aspects of your personality, appearance, what you like to do and remind yourself of them often.

OUT IN THE COMMUNITY

YOUNG MIGRANTS – LINGUA HOUSE

Members of the Afghan community identified a need to develop English language classes to help younger members of the community develop their language skills and therefore take greater part in the wider community. This has also allowed for conversations to take place related to a range of issues for young people who are new arrivals in the borough through language support and peer to peer guidance.

The founder of Lingua House explains that many of these young people are lonely and isolated and therefore vulnerable, so being supported by those who care and understand them is vitally important; "Being around people they trust and who understand them is so important for these young people many of whom have had traumatic times in the recent past and yet just want to play a part in the local community. How we develop what we do is based on sharing our skills and encouraging all of us to support each other".

Participants are helped to identify the future support they need particularly in relation to employment and activities they wish to undertake and the work also looks at ways in which they can offer their gifts to each other in terms of knowledge, skills, experience and contacts.

OUT IN THE COMMUNITY

YOUNG PEOPLE – SPORTS IN THE REC

Local Broad Green residents with sporting skills and expertise identified the need to create a safe and interactive space for young people in the area to take part in activities. Many young people had talked about their vulnerability and the lack of affordable opportunities to take part in sport.

They came together and developed sports activities for young people utilising the skills of parents and other young people. They use equipment to hold impromptu coaching sessions in football, basketball, cricket, boxing and martial arts in Canterbury Road Rec. The aim is to develop localised bespoke sessions that are accessible to all. This initiative is currently working with over 40 young people.

TIPS FOR PARENTS:

- Research shows that children who achieve a healthy weight tend to be fitter, healthier, better able to learn, and are more self-confident. They are also less likely to have low self-esteem and be bullied. **Listen to your child's concern about their weight, they need to feel supported and loved**. Five key ways to help your child achieve a healthy weight are:
  - Be a good role model
  - Encourage 60 minutes of physical activity a day
  - Keep to child-size portions
  - Eat healthy meals, drinks and snacks
  - Less screen time and more sleep
- **Younger children may have a harder time identifying and challenging negative thoughts**. They can however benefit from coming up with some coping statements they can say to themselves to help them cope in social situations. For example, "I can try calm breathing to feel better" or "I just need to try my best".
- **Children need to understand that all of us have unique differences that make us individuals**. We are all far more alike than we are different, and these differences should not be feared or ridiculed.

TIPS FOR WORKING AGE ADULTS:

- **Nurture your support network** – do not underestimate the importance of what you have to offer.
- **Expand your social network** – online social sites are ideal places to meet people who share similar interests and hobbies.
- **Recognize the importance of being alone and enjoying solitude** – being alone is not the same as being lonely. Enjoy peace, quiet, freedom, space and the opportunity to connect with your deeper self.
- **Just show up** – you will be surprised at how much you enjoy something you initially dreaded doing.
- **Have a sense of purpose or take up a hobby** – many hobbies and interests are inherently social in nature. Anything that involves a group, for example, playing backgammon or card games, could be said to be socially healthy.
- **Open yourself up, take risks, and allow yourself to be vulnerable** – sharing aspects of yourself, including experiences, feelings, memories, dreams, desires, etc. will help you feel more known and understood.
- **Adopt a pet** – the playfulness of pets, plus the troubles (and fun) you will experience while training them will make you forget about your troubles.
- **Encourage a positive body image** – individuals with a poor body image may decrease or cease interactions with their social networks to the point where they could be at risk for social isolation. Compliments and positive comments can go a long way to boosting the self-esteem of others.
- **Volunteering** is also a great way of maintaining and expressing a sense of purpose and staying connected with your community.
- **Get out and about** – don't wait for people to come and see you – travel to visit them.
- **Grab every chance to smile at others or begin a conversation** – for instance, with the cashier at the shop or the person next to you in the GP waiting room. If you are shy or not sure what to say, try asking people about themselves.
- **Plan the week ahead and put things in your diary to look forward to each day**, such as a walk in the park, going to a local coffee shop, library, sports centre, cinema or museum.
- **Maintain contact with family and friends over the phone, social media or video conferencing applications**. They can be the next best thing to physically being with them.

TIPS FOR OLDER ADULTS:

- **Share a meal with others whenever possible**.
- Undiagnosed or untreated hearing problems may lead to avoidance of social situations because of difficulty communicating or embarrassment. **Have your hearing checked and hearing problems treated as needed**.
- **Have regular eye checks** so that you can read generally and captions more easily.
- **Try and get out as much as possible** – go shopping/window shopping, on bus rides, swimming, for walks in the park and to museums whenever you can.
- **Be open to learning how to use technology to maintain connections**. A computer with a camera is a bridge to anyone in the family.
- **Consider taking up a hobby** like tending a garden or caring for an older animal.

FINAL THOUGHTS

There is so much we can do as individuals and as a community to address loneliness and social isolation. It's not always grand gestures that are required; a smile, a meal shared or asking or offering help can make a real difference.

Croydon has made a commitment to address social isolation; it is currently an objective within the Health and Wellbeing Board strategy and the Council will continue to form strategic partnerships with health, social care and voluntary sector organizations to ensure that actions and activities positively impact the external conditions of residents to reduce the burden of social isolation and loneliness across Croydon and in all people who live and work here.

So it's over to us...

ACKNOWLEDGEMENTS

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APPENDICES

APPENDIX A – GREATER LONDON AUTHORITY (GLA) REPORT ON "PROPENSITY FOR SOCIAL EXCLUSION OF OLDER PEOPLE IN LONDON"

The report looks into the various drivers of social exclusion amongst older people (although many of these indicators are equally relevant amongst all age groups) and attempts to identify areas in London where susceptibility is particularly high.

Six key drivers have been included with twelve indicators used in an attempt to measure these.

The majority of these indicators are at Lower Super Output Area (LSOA) level in an effort to identify areas at as small a geography as possible.

Key Driver	Indicator	Description
Economic Situation	Income deprivation	Income Deprivation Affecting Older People Score from the 2015 Indices of Deprivation
Transport Accessibility	• Public Transport	• Average Public Transport Accessibility Score
	• Car access	• Percentage aged 65 and over with no cars or vans in household
Household Ties	• One person households	• Percentage aged 65+ living alone
	• Providing unpaid care	• Percentage aged 65+ providing 50 or more hours of unpaid care a week
Neighbourhood Ties	• Proficiency in English	• Percent aged 65+ who cannot speak English well
	• Churn Rate	• Churn Rate: (inflow+outflow) per 100 population
Health	• Mental health	• Estimated prevalence of dementia amongst population aged 65 and over (%)
	• General health	• Percentage aged 65+ with a limiting long-term health problem or disability
Safety	• Fear of crime	• Percentage in borough worried about anti-social behaviour in area
		• Percentage in borough who feel unsafe walking alone after dark
	• Crime rates	• Total offences per 100 population

REFERENCES

[1] Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: a meta-analytic review. PLoS Med, 7(7), e1000316.

[2] A better Croydon for everyone, report by Croydon Opportunity and Fairness Commission, January 2016 http://www.opportunitycroydon.org/

[3] Congdon, P. (2012). Latent variable model for suicide risk in relation to social capital and socio-economic status. Social psychiatry and psychiatric epidemiology, 47(8), 1205-1219.

[4] Mushtaq, R., Shoib, S., Shah, T., & Mushtaq, S. (2014). Relationship Between Loneliness, Psychiatric Disorders and Physical Health? A Review on the Psychological Aspects of Loneliness. Journal of Clinical and Diagnostic Research : JCDR, 8(9), WE01–WE04. http://doi.org/10.7860/JCDR/2014/10077.4828

[5] Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: a meta-analytic review. PLoS Med, 7(7), e1000316.

[6] Public Health England (2015) Local action on health inequalities reducing social isolation across the lifecourse

[7] Carers UK. State of Caring 2015. Accessed 2nd September 2016 https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2015

[8] Office of National Statistics (2015) Life Opportunities Survey, Wave Three, Final Report, October 2012 to September 2014 http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/compendium/lifeopportunitiessurvey/2015-09-10

OTHER SOURCES

Anderson, Jeff. "14 Ways to Help Seniors Avoid Isolation", 2014. Accessed 25th August 2016 http://www.aplaceformom.com/blog/help-seniors-avoid-social-isolation-8-14-2014

Anxiety BC. "Home Management Strategies for Social Anxiety Disorder", n.d. Accessed 25th August 2016 https://www.anxietybc.com/parenting/home-management-strategies-social-anxiety-disorder

Carers UK. (2015) Alone and caring: Isolation, loneliness and the impact of caring on relationships. Accessed 7th September 2016 http://www.carersuk.org/for-professionals/policy/policy-library/alone-caring

Just for Seniors. "Loneliness and Isolation", n.d. Accessed 7th September 2016 http://blog.justforseniors.co.uk/news/loneliness-and-isolation

Lavoie, Rick. "Helping the Socially Isolated Child Make Friends", 2007. Accessed 22nd August 2016 http://www.ldonline.org/article/19272

NHS Choices. "What can I do if my child is very overweight?" 2015. Accessed 22nd August 2016 http://www.nhs.uk/Livewell/childhealth6-15/Pages/child-health-measurement-programme-very-overweight-advice.aspx

Rosenberg, Ross. "Is Your Life Plagued by Loneliness? Tips to Overcome It", 2014. Accessed 25th August 2016 http://www.huffingtonpost.com/ross-a-rosenberg/loneliness_b_4648417.html

Rosenblatt, Carolyn. "7 Tips to Help Beat Your Aging Parent's Loneliness", 2013. Accessed 25th August 2016 http://www.forbes.com/sites/carolynrosenblatt/2013/05/23/7-tips-to-help-beat-your-aging-parents-loneliness/#7aa939da2fc3

Sizer, Jamie. "How to Help a Pregnant Friend Feel Less Lonely", 2014. Accessed 22nd August 2016 http://inspiringmama.com/how-to-help-a-pregnant-friend-feel-less-lonely

For Information only

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)**
AGENDA ITEM:	**7**
SUBJECT:	**Report on the 10th meeting of Croydon Congress held on 21 June 2016 on 'Social Isolation and loneliness'**
BOARD SPONSOR	**Rachel Flowers, Director of Public Health**

CORPORATE PRIORITY/POLICY CONTEXT:

Social isolation has been highlighted as a key theme by the Croydon Opportunity and Fairness Commission and its final report identifies a number of areas for action. The Health and Wellbeing Board is responsible for preparing the Joint Strategic Needs Assessment (JSNA) and for developing the Joint Health and Wellbeing Strategy (JHWS) to address its priorities. The 2016 Director of Public Health's report, focuses on social isolation and loneliness.

FINANCIAL IMPACT

There is no financial impact arising directly from this report.

1. RECOMMENDATIONS

The Health and Wellbeing Board is recommended to:

1.1 Note the theme and draft recommendations arising from the 10th meeting of Croydon Congress.

1.2 Consider how the recommendations arising from the 10th meeting of the Croydon Congress can be addressed by a social isolation action plan which the Board has been asked to develop.

2. EXECUTIVE SUMMARY

2.1 This report provides feedback on the 10th meeting of Croydon Congress, held on 21 June 2016. The theme of the Congress was Social Isolation and Loneliness. The aim was to raise awareness and change attitudes and behaviours of people and organisations in the borough, and to better equip the community to take an active role to address the issue. A crucial element now to be developed, is understanding the extent to which local agencies in the public and voluntary sector are able to facilitate and enable these aims. This outcome is aligned with key priorities identified by the Health and Well-being Board and the Opportunity and Fairness Commission, and supports the Independence and Liveability themes within the Corporate Plan.

2.2 The purpose of each Congress is to bring together the key stakeholders to discuss particular issues of paramount significance. Importantly, the event offers an opportunity for attendees to influence the future development of policy related to the topic and to implement the recommendations made at Congress.

2.3 Although the Health and Wellbeing Board has been asked to lead the development of a social isolation action plan, the recommendations from Congress will be also considered by the Local Strategic Partnership Chief Executives' Group, the Council Cabinet and the Council Leadership Team. Other LSP Boards will also be asked to consider the report in relation to their own roles and responsibilities, e.g. the Stronger Communities Board, through its support for activity that helps increase involvement, participation and resilience, and the Children and Families Partnership, through its promotion of health, enjoyment and activity and making a positive contribution.

3. DETAIL

Background

3.1 Croydon Congress is the over-arching consultative stakeholder group for Croydon's LSP and has a key role in informing the future direction of its work, particularly on cross-cutting issues. Croydon Congress brings together key local leaders, representatives from local businesses and the public, voluntary and faith sectors.

3.2 The 10th Croydon Congress was held on 21 June 2016, and was attended by nearly 200 delegates (unfortunately a rail strike that day prevented more people from attending). There was good representation from across the public, private and voluntary and community sectors, including health services, faith groups, probation and the police, organisations representing children and young people, families, carers, people with mental health problems and older people. The theme was 'Social Isolation and Loneliness'.

3.3 An introduction to the issue was provided within the Background Information Booklet produced for the Congress, and which set out the rationale, objectives, initial analysis and examples of good practice. There is well-established evidence for treating social isolation and loneliness as key priorities due to their adverse effects on wellbeing and links to health inequalities and social exclusion. This has been highlighted by the Opportunity and Fairness Commission:

Too many local residents live isolated and empty lives […] This takes a huge toll on their mental and physical health but it also increases costs on local services […]. Increased [hospital] admissions and patients in beds unable to return home because they have no one to support them are the inevitable consequence of social isolation (page 7).

3.4 There are strong economic as well as social arguments for taking action to reduce and prevent social isolation and loneliness. A wide range of preventable health problems and wider social problems are known to arise out of loneliness:

- Increased visits to GPs and use of medication.
- Greater incidence of falls and need for long-term residential or nursing case.

- Use of accident and emergency services.
- Increased likelihood of youth offending, especially through membership of gangs and unemployment.
- Higher incidence of obesity, smoking, substance and alcohol abuse.
- More likely to develop mental health problems and depression and require hospital admissions; and
- Reduced social capital and cohesion, resulting in fragmentation of communities and reduced resilience.

3.5 Early intervention to tackle loneliness and social isolation can considerably reduce the cost to the public purse of tackling these more complex health and social problems. One study estimated that chronic loneliness among older people cost commissioners £12,000 per person over 15 years (Report by Social Finance, *Investing to tackle loneliness, a discussion paper*, 2015). Projects such as the Hub, run by MIND in Croydon, which provide a friendly and supportive meeting place, shared activities and help with problems, can have a positive impact on mental health and social isolation and reduce the use of costly statutory services. MIND in Croydon estimated the average cost saving to statutory services per person attending the Hub per year is £3,971.

3.6 The event was chaired by the Cabinet Member for Communities, Safety and Justice. The Congress programme and background information booklet are available as background papers to this report. The keynote speaker was Elaine Rashbrook, National Lead Older People, Health and Wellbeing, Public Health England. The meeting was addressed by the Leader of Croydon Council, the Croydon Director of Public Health, and an expert panel including representatives from:

- Campaign to End Loneliness
- Association of Chief Executives of Voluntary Organisations
- Home-Start Croydon
- Mind in Croydon
- Age UK Croydon
- Croydon Voluntary Action; and
- Croydon Safeguarding Boards (Adults and Children).

3.7 In the keynote speaker's presentation, delegates received a summary of key statistics relating to social isolation in the borough and about the impact of socio-economic inequality on social isolation. Social isolation is an important public health issue due to its potential impact in areas such as sexual health, educational attainment and debt. The difference between social isolation and loneliness was also explained.

- **Social isolation** is the lack of a support system and relates to the size of a person's social network.
- **Loneliness** is a qualitative and subjective state marked by the experience of negative feelings due to a lack of existing relationships.

3.8 In addition to the presentations and question and answer sessions, two short films were shown that presented the perceptions of individuals based on their experience of social isolation. This was followed by two workshops sessions, across 20 tables, which discussed the range of issues, protective factors and interventions that can impact on social isolation at different stages of the life course, and for particular at-risk groups. This recognised that certain individuals and groups are more vulnerable than others, depending on factors such as physical and mental health. Four life-cycle stages were considered:

- pregnancy and early years
- children and young people
- working age people; and
- retirement and later life.

3.9 The purpose of this Congress was to provide an opportunity for a wide range of stakeholders to share their views and experiences on this issue and to influence the way in which future policy on social isolation and loneliness is developed. This feedback has been captured and analysed and the emerging issues and findings are set out below. Overall, the evidence provided by presenters and participants confirmed that social isolation and loneliness should be treated as a key strategic priority due to its adverse effects on wellbeing and its links to health inequalities and social exclusion.

3.10 The Health and Wellbeing Board has been invited to take the lead role, working with the LSP, other partners and local stakeholders, on taking forward the feedback from Congress and developing a strategic response based on the initial recommendations that have emerged, including through incorporation into the JHWS where appropriate. In particular, the Congress has highlighted that there is a borough wide need to raise awareness of the issue and its impact on people, to develop a multi-agency strategic approach, to build local networks of support, outreach and befriending, to support community action and initiatives that can engage people and to equip professionals and the community to take an active role to protect people from social isolation.

Emerging issues

3.11 A number of overarching issues were highlighted at Congress by delegates, these are summarised below.

- There are wide ranging causes of social isolation and loneliness, suggesting a need for diverse approaches to addressing these issues locally.
- Prevention and early intervention are crucial.
- Raising awareness is an important step in mitigating its impact.
- Gathering and sharing information on local activities, organisations and services, including signposting, is a priority.

- Multi-agency responses are essential to coordinate efforts and pull resources together, though every individual, group and organisation should be encouraged to look at how to embed good practice within its service delivery.
- Multi-generational activities, improving access to services, neighbourhood based one to one approaches, volunteering and close working with the voluntary and community sector, as the main delivery partner, are important elements in tackling isolation at an individual and community level.
- The role and impact of other service areas such as employment, health, and housing can have an indirect positive impact on tackling isolation.

3.12 Some specific examples of issues were identified in relation to each of the four life-cycle groups:

Pregnancy and early years

- Parents and family carers with small children or children with special needs or disabilities may need greater support.
- People leaving work to become full time parents, single dads, refugees and asylum seekers (who may experience language barriers), were considered to be at risk.

Children and young people

- Socially isolated parents may contribute to their children's isolation, e.g. parents with mental health issues.
- School pressures and bullying, including cyber bullying, can alienate and isolate young people from social activities and impact on educational attainment and opportunities.
- Young people who are lonely are more susceptible to gang cultures, youth offending and long-term alienation and unemployment, which are a social cost.

Working age people

- Working age adults appear to be the most difficult group to engage and there are limited activities for this group.
- Unemployment, poverty, homelessness and disability are key factors that can result in lack of engagement and the loss of friends or partner.
- Isolated and lonely working age people are less able to take up employment and other opportunities, and are more likely to develop complex health and social problems in the long-term.

Retirement and later life

- Transitioning between work and retirement, including maintaining relationships following retirement, especially for older men.

- Health issues and caring for disabled family members in old age can reduce independence and engagement
- Lonely older people are more likely to visit their GP, have higher use of medication, require hospital admission and long-term care, much of which could be prevented through earlier intervention

Emerging recommendations

3.13 The Council has already started to position the reduction of social isolation as a key area in its support for community capacity building. In its approach to the community fund, small grants and community budgets, two of the themes for funding applications support this – 'Vibrant, responsible, connected communities' and 'A connected borough where no one is isolated'. Asset-based community development work, underway in Broad Green, Selhurst and Thornton Heath, also provides a strong platform to identify the skills, knowledge and potential of local people to build active and inclusive communities. Community days of action and events such as big lunches provide opportunities for people to engage with others.

3.14 In terms of taking the recommendations forward, the Health and Well-being Board should be considered to lead the development of a strategic response for Croydon. This includes producing and monitoring a Croydon social inclusion strategy and plan.

3.15 Based on the issues discussed, some initial recommendations to emerge from discussions at Congress are set out below:

- **Development of a co-ordinated strategic approach**. It is proposed that a strategy to tackle social isolation and loneliness is informed by the 2016 Director of Public Health Report. The Health and Well Being Board in particular has an important role to play in ensuring that a multi-agency approach is developed, organisations are joining resources and sharing knowledge, and diversified solutions are being embedded across the borough. It is also important this includes the development of measures that will enable a regular evaluation of outcomes.

- **Raise public awareness of the issue**. More work needs to be done to raise the profile of social isolation and its associated health risks among the population and front-line professions, and to reduce the stigma that prevents people from seeking help. The Council, along with other statutory and voluntary agencies, should consider how it can use existing communication channels and publications to promote the issue. Consideration should be given to the possibility of launching a media campaign and events.

As part of this recommendation, delegates identified a particular need to address preconceptions and stigma faced by teenage parents, older people and people with disabilities or long-term health needs, and to raise awareness around groups that are often 'invisible' such as carers.

- **Improve information on support and activities available through the council, voluntary sector and community organisations.** There are many services already operating in the borough which provide supportive services. This includes befriending services, lunch clubs, sports and leisure activities, support groups and arts group. However, there is a low level of awareness of them. This information could be co-ordinated into a single online directory available to individuals and front-line professionals, with all partner organisations sharing responsibility for updating and promoting it. The potential to incorporate this within existing support, advice and information directories should be considered.

  It was noted that some older people, and people with no access to the internet, may miss out on online information. Other ways of promoting services should also be used, e.g. community notice boards, booklets, posters and leaflets in supermarkets, pharmacies, surgeries, and the tramlink.

- **Development of outreach and befriending services to identify and support individuals.** Many of those affected by social isolation are not in contact with or known to any organisations. Faith groups, local community and neighbourhood organisations, and support services can play a key role in identifying lonely individuals, and helping them find the right support. It is important to map the current availability of resources and options for befriending and supporting people across the borough. Work should focus on identifying where there are gaps, both in terms of geographical areas and in relation to particular groups and needs within the population, and where there is potential to build on existing successful schemes. The provision of small community grants and community capacity building through asset based community development work, can help realise these opportunities. The proposal for community champions in each neighbourhood, to act as community way-finders and provide an interface between community and public services, could facilitate more appropriate interventions for socially isolated individuals.

  Within this recommendation, it was recognised that some specific groups would benefit from targeted services such as mentoring, buddying and access to community transport, e.g. those with

dementia, children with autism, and those who do not 'mix' easily, and older or disabled people who may have less opportunities to meet and engage in social activities.

- **Development of a local community approach** building on services and activities provided by a range of local/neighbourhood community organisations. As cited above, information on relevant clubs and activities needs to be collated and made more widely available. The development of area regeneration plans and asset-based community development models both provide opportunities to support community approaches to tackle social isolation by encouraging the development of local clubs, new ways of engaging people. For example, street parties and big lunches, volunteering activity, and group-based activities such as gardening projects. The development of local community activities could be supported by enabling greater access to public and community facilities such as parks, leisure centres, schools, community halls, and libraries.

  In addition, some specific proposals were made to address the needs of particular groups, including support for multi-generational activities and opportunities that bring younger and older people together to share experiences; ideas and skills; men in sheds groups for older single men; and local support groups for young mums and carers.

  Develop and embed an early intervention approach to social isolation within a wide range of frontline services. Many organisations not directly involved in providing social care or emotional support services nevertheless recognised the role they could play in identifying and assisting social isolated individuals to seek help. Recognising and embedding approaches to social isolation within the work of many organisations providing employment and training, health services, digital inclusion, education, including adult education is an important part of the solution. The Council, for example, can promote this through current initiatives such as Go On Croydon, Visbuzz, Value Croydon, and community transport. There is also scope to build social isolation into the commissioning process, e.g. as an explicit requirement within outcomes based commissioning of services for older people and the recommissioning of the sports and leisure management contract to target inactive groups. Other statutory providers, including GP surgeries and clinical commissioning groups, midwives, community safety and probation services, could be encouraged to develop a 'whole person' or 'whole family' approach that builds social isolation into the development of integrated care, support and health pathways. There is also scope to develop an 'eyes

and ears' role for services such as 'meals on wheels' and Council heating and repairs services, linked to new referral processes.

Further examples of how this could benefit certain groups are: schools providing opportunities for students to engage in community activities; businesses holding office based big lunches; employers sharing awareness and highlighting initiatives during team meetings; expanding targeted inclusion programmes within the sports and community development programme for less active people and referrals from GPs.

3.15 A full summary of the issues raised by delegates at Congress, including proposals for action, can be found in Appendix 1.

4. CONSULTATION

4.1 Croydon Congress is a consultative meeting, comprising leaders and stakeholders from the business, public, voluntary, faith and community sectors.

5 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 There are no financial considerations arising directly from this report.

6. COMMENTS OF THE BOROUGH SOLICITOR AND MONITORING OFFICER

6.1 There are no legal considerations arising directly as a result of recommendations in this report.

7. HUMAN RESOURCES IMPACT

7.1 There are no immediate HR considerations that arise from the recommendations of this report for HR staff.

8. EQUALITIES IMPACT

8.1 Croydon Congress is part of a multi-agency approach to understand the scale and nature of social isolation and loneliness in the borough, to raise awareness of the issue and promote early identification and intervention by a range of agencies.

8.2 Social isolation affects and cuts across a wide range of groups of the population and different life-cycle stages. There are strong associations between social isolation and social inequality, vulnerability, disability and age. Older people, disabled people, single parent households, teenage parents, and BME households newly settled in the country, especially those who may experience difficulty communicating in English, are all at greater risk of social isolation.

8.3 The workshop discussions were designed specifically to identify the causes and impact of social isolation on these groups through its focus on life-cycle stages. These issues have been captured in the summary documents at Appendix 1. The development of an overall strategic and multi-agency approach, as proposed in this report, will recognise the importance of mapping provision, identifying gaps and issues and developing specific actions, forms of support and in relation to each of these groups.

9. ENVIRONMENTAL IMPACT

9.1 There is no environmental impact arising directly from this report.

10. CRIME AND DISORDER REDUCTION IMPACT

10.1 There is no crime and disorder reduction impact arising directly from this report.

11. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

11.1 To raise awareness of social isolation and loneliness. To develop a strategic and joined up approach, in order to change attitudes, behaviours. To better equip professionals and the community to take an active role in addressing the issue and its impact on the promotion of health and well-being.

12. OPTIONS CONSIDERED AND REJECTED

12.1 Not applicable.

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Appendix 1 – top 3 answers summary

	Points that apply across ages / groups	pregnancy & new parents	young people	working age people	older people
ISSUES, BARRIERS AND CHALLENGES	• Lack of localised services / limited access / lack of information • Language barrier • Change in circumstances e.g. moving area, becoming a parent, loss of employment, retirement • Stigma e.g. being a teenage or single parent, unemployed, elderly • Isolation of carers of any age • Financial pressures, poverty, debt • Difficulty with recognising loneliness/isolation early on or identifying people that want social interaction • Personal confidence • Physical disability, limited mobility • Depression	• Lack of whole family approach • Families resits when offered help • Lack of support to male parents • Housing pressures • Family alienation • Loss of status when leaving work or stigma attached to being a full time mum	• Isolation of unaccompanied minors • Inattentive or overprotective parents, unrealistic parental expectations • Parental mental health issues • Overuse of social media, (cyber) bullying • Gang culture	• People's commitments: being parents, poor work life balance – lack of time / money to socialise • Work pressure and stress • Comparisons to others with perceived better careers, family, house	• Not meeting people of different ages • Stigma of going to day centres • Preconceptions of old age

	Points that apply across ages / groups	pregnancy & new parents	young people	working age people	older people
PROTECTIVE FACTORS MITIGATE ISOLATION	• Accessibility of information and services ; approaches that take under consideration varied needs e.g. different cultures, languages, digital skills • Community cohesion, connections to local people, networks, groups, forums; layers of support: wide circle of friends, interest groups, colleagues • Active voluntary sectors helping to find opportunities • Good physical and mental health • Financial stability and status	• Parenting classes and support networks for young parents • Secure housing • Workplace crèches	• Supportive adults, positive role models and safe spaces • Tolerance, understanding and ability to express yourself • Resources enabling children and young people to achieve their goals • Projects that involve parents and kids	• Being employed or having a purposeful routine • Having disposable income and access to social activities • Businesses/employers linking with communities	• Keeping active / working after retirement • Places to meet with purposeful outcomes • Feeling valued / needed by others • Having network of family and friends and good amenities in the area • Preparation and planning for retirement

	Points that apply across ages / groups	pregnancy & new parents	young people	working age people	older people
MAIN ACTIONS REQUIRED	• Develop greater awareness of the issue & projects available, map gaps and connect local networks; collaborate & plan • Create a single place to get information; encourage greater signposting; promote activities using wide range of media • Use ABCD and communities of interest, grow 'street party' 'events in parks' culture, big lunches • Encourage intergenerational opportunities • Explore alternative ways of commissioning • Enable easy access for people with disabilities • Invest in initiatives to prevent loneliness and connect with people who do not use services	• Improve perception of statutory services e.g. social work • Deliver services using whole family approach • Multi-agency training focused on mothers' health • Tackle stigma of teenage pregnancy through PSHE • DV support	• Young carer groups • Use publically owned school buildings to offer free / low cost activities for families • Create safe spaces to play e.g. play streets • Mentoring and befriending opportunities for kids as well as parents • Engage and ask children and young people what best solutions are • Create small, interest based groups	• Initiatives targeting employability skills and access to employment • Flexible working opportunities	• Provide advice and guidance on retirement planning

	Points that apply across ages / groups	pregnancy & new parents	young people	working age people	older people
WHO IS BEST PLACED TO TACKLE THE ISSUE AND HOW CAN THEY HELP	• LSP to drive strategic dialog, multi-agency approach: localised groups and knowledge, GP surgeries, NHS, employers, schools, youth clubs, developing community networks, • Combine resources of partners with a coordinated strategy • Information and advice strategy created by the Council • Advertise in places and services that people already use e.g. GP, pharmacy, schools, workplace • Grow volunteering / mentoring through voluntary and community sectors	• Midwives to give information , signpost new parents • Identify community champions through alliances, to support new parents	• Train adults to help children • Schools to champion meet ups	• Employers to buy into 5 ways to wellbeing • Voluntary sector to work with Businesses e.g. through corporate social responsibility	• Not only ask older people, but also people around them who may have noticed isolation e.g. family, friends, social workers • Organisations working with young people, linking young people to older people who can become role models

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **14 December 2016**
AGENDA ITEM:	**8**
SUBJECT:	**Live Well Croydon**
BOARD SPONSOR:	**Rachel Flowers, director of public health, Croydon Council**

BOARD PRIORITY/POLICY CONTEXT:

The proposed model for Live Well Croydon seeks to provide a universal behavior change platform, available to the whole population, making use of digital technology. The digital service 'Just Be' will provide information, interventions and advice on a range of healthy lifestyle issues. 'Just Live Well' will complement 'Just Be' by providing a targeted face to face service for populations at higher risk.

The proposed model will also contribute to the health and wellbeing board's vision of increased resilience and independence by providing the information people need to live physically and mentally healthy lifestyles and to make healthy choices. It will provide support to people in communities who need it most to reduce differences in life expectancy between communities.

Croydon's Opportunity and Fairness Commission identifies the need to build on existing assets in communities, to address inequalities, while ensuring everyone has equal opportunities. The implications of this for healthy lifestyle services are the need to design a universal offer that is able to reach more people, maximising the assets already available in the borough, while targeting service solutions and budget to support those who experience poorer health and need additional support to make lifestyle changes.

The proposed model also includes the development of the 'Live Well Alliance', which aims to bring together partners and organizations across the Borough to better understand opportunities to support lifestyle change within our communities so our residents can have happier and healthier lives. This will involve developing a 'Making Every Contact Count' style programme to upskill and empower our communities to make adopting healthier lifestyles everybody's business.

FINANCIAL IMPACT:

The service is commissioned by Croydon Council and will funded through the public health grant.

1. RECOMMENDATIONS

1.1 This paper intends to inform the HWB on the direction of travel for the Live Well Croydon programme following the discussion at the September Board around Tobacco Control and the steps undertaken through the October - November pause and listening exercise conducted with numerous stakeholders.

2. EXECUTIVE SUMMARY

2.1 Croydon Council's Live Well Croydon programme (for adults aged 16+) aims to make it easier for residents to look after their health and wellbeing. Croydon's existing lifestyle services (MI Change, Adult Weight Management, Alcohol Screening, and Smoking Cessation) are currently commissioned and delivered as separate services, which misses the critical opportunity to address multiple risk behaviours at the same time. The Live Well Croydon programme is redesigning and integrating these services into a new innovative, holistic lifestyle model that delivers better outcomes for those at risk of ill health.

2.2 There are three parts to the Live Well Croydon Programme; a digital behaviour change platform, known as 'Just Be' that will provide information, interventions and advice on all lifestyle services. This service launched on 8th November 2016.

2.3 Secondly, an evidence based, face to face, holistic lifestyle service that utilises motivational interviewing, known as 'Just Live Well'. This will launch in April 2017.

2.4 Finally, we are developing a 'Live Well Alliance', bringing together partners and organizations across the borough to better understand opportunities to support lifestyle changes within our communities so our residents can have a happier and healthier life. This will also involve developing a 'Making Every Contact Count' style programme to upskill and empower our communities to make adopting healthier lifestyles everybody's business.

2.5 Through integration of current lifestyle services, the Live Well Croydon programme is expected to realise efficiency savings by reducing the number of external contracts, shifting demand management in house and starting to commission services around behaviour change rather than targeted services. The efficiency savings will be used to address the expected reduction in the public health grant of 3.9% per year till 2020.

3. DETAIL

3.1 Healthier behaviours such as being more active, eating a healthier diet, not smoking and maintaining a healthy weight are important ways to maximise health and wellbeing, however they are only part of a whole system approach that needs to recognise the importance of what creates good health and wellbeing for the people of Croydon including good quality housing, educational attainment, well paid employment and safe and inclusive neighbourhoods.

3.2 In 2015-16, public health funded a range of healthy lifestyles services to support an increase in healthy behaviours among eligible people in Croydon at a cost of £1.5m. Public Health propose to decommission all current lifestyle service contracts (smoking cessation, adult weight management, physical activity and alcohol harm screening) to develop a more integrated service that is people focused around behaviour change. To ensure business continuity, all current services will be accessible for residents until 'Just Live Well' launches on 1 April 2017.

3.3 The Live Well Croydon programme will be fully funded through the public health grant and will improve people's access to information on improving health and wellbeing. 'Just Be' will be supported by integrating our existing lifestyle services to develop a person-centred, holistic lifestyle service targeted at residents in areas of deprivation with the greatest needs, and will provide savings of £300,000 compared to the cost of the current service provision. The savings will be used to address the expected reduction in the public health grant of 3.9% per year till 2020.

3.4 Croydon Council conducted an options appraisal of the following delivery models (internal, external, and mixed (internal and external) through a number of activities:

- Public Health carried out a market engagement exercise to establish the framework for re-commissioning services as an integrated Live Well service. The engagement took two parts:
    - A Questionnaire: The purpose of the questionnaire was to ascertain the experience of providers delivering lifestyle services, reducing health inequalities, and implementing behaviour change programmes whilst utilising digital platforms.
    - A Market Engagement Event: The event, held on 4 November 2015 was conducted to further explore the commissioning strategy and to understand the appetite and suitability of the market.
- An option to go out to tender for a holistic lifestyle service was considered and rejected as there is not enough time to complete this process and deliver the desired outcomes with a single provider. Opportunities for future joint working with other council departments may also be lost if the service is externally provided.

3.5 The Live Well Croydon programme will be delivered through a mixed (internal and external) model. The programme will be managed and delivered by District Centres and Regeneration in Croydon Council, thus maximising the opportunity to align lifestyle services with improved access to green spaces, regeneration and sports and physical activity services delivered by the Council. The Council will also go out to tender for service providers in the health and voluntary sectors to support the internal team's face to face provision.

'Just Be' Croydon – Our digital behaviour change platform

3.6 'Just Be' is a web-based, interactive resource, which will provide our residents with a central hub for public health services and products. The website will act as a go to resource, providing help and support to residents on issues such as weight management, alcohol harm reduction, physical activity, mental health and well-being and smoking. It will feature digital tools such as videos, apps and podcasts that can be viewed and downloaded.

3.7 The aims of a web based, digital and online platform are:

- To develop an interactive website that encourages local people to take responsibility for their health and wellbeing
- To engage with local residents and signpost them to tools and services that will help them to make a positive change

- To enable people considering change to make it happen by providing interactive tools and experiences that move and motivate people to act
- To build and maintain a relationship with local residents and communicate with them regularly

3.8 The Council intends to integrate in-house services to improve and influence the wider determinants of health such as improving connectivity through Live Well Croydon and the 'People's Gateway' or 'My Croydon' as well as in partnership with 'Go On Croydon' to ensure capacity is built within the community to access online behaviour change services. Croydon Council will collaborate with NHS Croydon to develop a cohesive online approach to improving health and wellbeing for our residents.

Just Live Well

3.9 Public Health and District Centres and Regeneration are co-creating delivery of a blended face to face lifestyle service across the Council, health services and the voluntary and community sector. Just Live Well, will be:

- Outcomes focussed
- Offer integrated and holistic support
- Have a single point of access through 'Just Be Croydon '
- Targeted at deprived communities who need the most support

3.10 Through programmes such as the People's Gateway, the Council is maximising its reduced resources by targeting them at high risk groups, maximising opportunities to better improve health and wellbeing and reduce inequalities; we propose to take a similar approach with the Live Well Croydon programme. The service will be open to residents who are located in the 20% most deprived areas nationally that reside in Croydon, who either smoke or are obese and have one other lifestyle risk factor e.g. are physically inactive or drinking at high risk levels. The service also proposes to work with our Acute Trust to support residents who are pregnant or have long term conditions. Finally, the service intends to work closely with voluntary sector to improve resident's emotional wellbeing and to increase active lifestyles.

3.11 'Just Be' acts as a single access point to our lifestyle services within the community following an online health checker. The health checker triages directly into the lifestyle service, and following an initial screening, residents will be directly referred to a provider that best meets their needs. Residents who have long term conditions or are pregnant and are already engaged with our Acute Trust's services will be able to access our lifestyle services directly through providers in the Trust.

3.12 'Just Be' enables the Council for the first time to manage demand and access into the service. If demand permits, eligibility can be widened to enable residents who live in less deprived areas (e.g. 25% / 30% deprived areas nationally that reside in Croydon) and if the service is at capacity, eligibility criteria can be restricted (e.g. 5% / 10% deprived areas that reside in Croydon).

3.13 To embed Just Live Well, our vision is that it will work in collaboration with a wider range of programmes and council run services such as the People's Gateway which can support targeting individuals and families. We also intend to strengthen partnership working across the CCGs 'Together for Health' programme and 'Outcomes Based Commissioning' a joint programme across Council and Health services.

3.14 The Live Well Croydon programme is fully funded through the public health grant and will be delivered by District Centres and Regeneration in Croydon Council, thus maximising the opportunity to align lifestyle services with improved access to green spaces, regeneration and sports and physical activity services delivered by the Council. 'Just Live Well' will launch on 1 April 2017.

Live Well Alliance

3.15 We are in the process of developing a behaviour change alliance, known as the 'Live Well Alliance'. We want to work with our community partners to utilise the assets we have across the Borough, such as Crystal Palace FC Foundation's health programmes; Pharmacy Health Champions Network; and Croydon Voluntary Action's ABCD Programme to empower a Borough wide partnership, galvanising our communities to make adopting a healthier lifestyle everyone's business.

3.16 We are also developing a Borough wide 'Making Every Contact Count' style programme to support our community partnerships and stakeholders and instil the confidence to help their friends, families, colleagues or clients to access support to have a happier and healthier lifestyle.

4. CONSULTATION

4.1 Following legal advice, it was determined that a formal consultation was not required on the proposed changes to lifestyle services.

4.2 In November 2015, Croydon Council carried out a market engagement exercise to understand if there was a market available to deliver an integrated lifestyle service. We learnt that that there was an emerging but not yet mature market place, and as such decided to explore delivery of an internally driven service, blended with procured services in the health and voluntary sector as the desired outcomes were not likely to be achieved with a single provider.

4.3 In April 2016, Croydon Council conducted three focus groups with residents, to better understand the digital needs of our residents, with the intention to inform what services would best to support behavioural change.

4.4 In September 2016, Croydon Council ran engagement exercises with stakeholders and members of the public to feed into development of Just Be.

4.5 In September 2016, following a request from the Health and Wellbeing Board, Croydon Council paused the Live Well Croydon programme to undertake further engagement with partners. The following activities have been conducted so far:

- Engaged with the Local Pharmaceutical Committee Chief Executive and Chair and then attended the full Local Pharmaceutical Committee meeting
- A meeting with Croydon Health Services
- A meeting with MIND in Croydon
- A presentation on Live Well at the Croydon Voluntary Sector Alliance meeting and an invitation to member organizations to conduct further meetings around the development of the Live Well Alliance
- Attendance at GP Networks meetings in November
- Drafted a briefing to all primary care providers to offer assurances on current lifestyle services

4.5 The following activities are also planned for completion by December 2016:

- A meeting with the CCG Variations team
- A workshop to explore opportunities for joint working across 'Together for Health', 'Live Well Croydon' and 'Outcomes Based Commissioning'
- A Health Impact Assessment which includes a Stakeholder workshop

5. SERVICE INTEGRATION

5.1 The Live Well Croydon programme will join up lifestyles services that are currently separate into a holistic, person-centred offer. The vision going forward is to work in collaboration with a wider range of programmes and council run services such as the People's Gateway which can support targeting individuals and families. We also intend to strengthen partnership working across the CCGs 'Together for Health' Programme and 'Outcomes Based Commissioning' a joint programme across Council and Health services.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 **The effect of the decision**

- The Live Well Croydon Programme will be funded from the public health grant and will improve people's access to information on improving health and wellbeing. 'Just Be' will be supported by integrating our existing lifestyle services to develop a person-centred, holistic lifestyle service targeted at residents with the greatest needs, known as 'Just Live Well' and will provide savings of £300,000 compared to the cost of the current service provision. This saving will help ensure that the public health service is delivered within the reduced budget allocation for 2016/17.

- It is anticipated that there will be wider financial savings to health services budgets within Croydon as this programme is targeted at prevention and early intervention.

6.2 **Risks**

- There are no financial risks associated with this delivery model.

6.3 **Options**

- We could have opted to retain the current service provision but this option is not deemed to be viable from both a financial and service user

perspective.

6.4 **Future savings/efficiencies**

- At this stage it is not anticipated that there will be further direct savings other than those listed above but the service will continue to be reviewed and monitored.

7. LEGAL CONSIDERATIONS

7.1 Not applicable

8. EQUALITIES IMPACT

8.1 An initial equalities impact assessment has been completed, with the intention to complete a full equality analysis in preparation for when Just Live Well launches in April 2017.

8.2 The Council's Equality Strategy 2012, includes an aim to tackle health inequalities especially among people from Black and Minority Ethnic communities and disabled people living in some of the poorest areas of the borough, which sits with Theme 7: Improve Health and wellbeing by reducing Health Inequalities.

8.3 Our vision for Live Well Croydon is for Croydon to be a place where people are less stressed, it's easy to be active, to eat healthy food, drink sensibly and fewer young people start smoking. Unhealthy behaviours are the primary cause of early death and illness so encouraging residents to adopt healthier behaviours are important ways to maximise health and wellbeing.

8.4 Croydon Council has also undertaken a Health Impact Assessment (HIA) on the main elements of the programme. The stakeholder HIA workshop was attended by representatives of various council departments and partners in the health and voluntary community sectors. Findings and recommendations are currently being analysed and will be included in the final HIA report with plans for next steps.

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BACKGROUND DOCUMENTS

Equalities Impact Assessment

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Croydon Council
Equality Analysis Form

Stage 1 Initial Risk Assessment - Decide whether a full equality analysis is needed

At this stage, you will review existing information such as national or local research, surveys, feedback from customers, monitoring information and also use the local knowledge that you, your team and staff delivering a service have to identify if the proposed change could affect service users from equality groups that share a "protected characteristic" differently. You will also need to assess if the proposed change will have a broader impact in relation to promoting social inclusion, community cohesion and integration and opportunities to deliver "social value".

Please note that the term 'change' is used here as shorthand for what requires an equality analysis. In practice, the term "change" needs to be understood broadly to embrace the following:

- Policies, strategies and plans
- Projects and programmes
- Commissioning (including re-commissioning and de-commissioning)
- Service Review
- Budgets
- Staff structures (including outsourcing)
- Business transformation programmes
- Organisational change programmes
- Processes (for example thresholds, eligibility, entitlements, and access criteria

You will also have to consider whether the proposed change will promote equality of opportunity; eliminate discrimination or foster good relations between different groups or lead to inequality and disadvantage. These are the requirements that are set out in the Equality Act 2010.

1.1 Analysing the proposed change

1.1.1	What is the name of the change?

Croydon proposes to development a new, innovative integrated healthy lifestyles service, known as **the Live Well Croydon Programme.**

Live Well Croydon has two main projects, the first is a new online behaviour change platform, called **'Just Be…',** which will improve people's access to information on improving health and wellbeing. This website will be supported by integrating our existing lifestyle services to develop a person-centred, holistic lifestyle service, targeted at residents with the greatest needs know **as 'MI Change'**.

To embed these emerging services we will work in collaboration with a wider range of Council programmes and services, as well as partners across the Borough (i.e. CVA, CP FC) that will support independence, growth and healthy liveability for our residents

1.1.2	Why are you carrying out this change?

As part of the ongoing efficiency agenda Croydon, like many areas in England, is rethinking its wellbeing and lifestyle services. These are services which aim to support service users to make healthy behaviour changes, such as quitting smoking, or being more physically active. The services form part of the support that Croydon borough and its partners provide to enable people to lead healthy and happy lives. The Council is developing an integrated lifestyle service, delivered through a single point of access, that:

- is focused on outcomes and is evidence based in its delivery
- provides information and advice about living well
- offers a wide range of interventions such as digital and online approaches, telephone and email support as well as group and 1 to 1 support in person
- enables community development, peer support and volunteering
- targets people who are at higher risk
- works with partners to develop a broader healthy culture.
- Delivers tiered, holistic interventions according to individual and local community needs supporting people and their families to:
    - Stop smoking
    - Lose weight
    - Drink less alcohol
    - Increase physical activity
    - Mental health and emotional wellbeing

- In 2015-16 public health funded a range of healthy lifestyles services to support an increase in healthy behaviours among eligible people in Croydon at a cost of £1.5m. These were weight management, smoking cessation, alcohol prevention and early intervention, physical activity and the NHS Health Check programme.

- In the longer term our vision is that this healthy lifestyles approach could incorporate a wider range of programmes, support and council run services that together support independence, growth and healthy liveability in the borough e.g. Peoples Gateway

- To develop an integrated service we will be decommissioning our current service contracts across these lifestyle services.

1.1.3	What stage is your change at now?

Public Health and Regeneration and Districts Centres have established a Programme Board and are in discussions about an internally provided service.

'Just Be...'

'Just Be…' is on course to be launched in June 2016.

The service is still in development, but numerous meetings have been conducted with service commissioners to shape the service and to understand the needs of residents accessing current lifestyle services. In April 2016, Public Health conducted three focus groups with residents, to

better understand the digital needs of our residents, with the intention to inform what services would best support behavioural change. Public Health has also met with colleagues across the Council including 'Gateway' to better understand opportunities for aligning Croydon's online platforms. We also intend to engage with the Digitally Enabling Programme to ensure there is capacity in the community to access and utilise web-based support. We are also in discussion with the My Account team to aligning data capturing protocols to build online databases of our residents and their health needs. My Account will also support marketing support at those who need it the most.

MI Change

Public Health and Regeneration and District Centres are co-creating and exploring delivery of an internally provided service.

The targeted aspect of the MI Change service will focus resource on high risk groups; the reach of this element will therefore be small to ensure demand and the offer is appropriate, but the impact will be great since it will address clustered unhealthy behaviours in groups that experience ill health from a younger age. This approach offers an opportunity to address inequalities in longevity and realise short term as well as long term council cost savings, which are detailed in section seven of this report.

To embed MI Change, our vision is that it will work in collaboration with a wider range of programmes and council run services that together support independence, growth and healthy liveability, such as Gateway which can support targeting individuals and families. We also intend to strengthen partnership working across the Borough and build on and assets such as the CVA's health champion's volunteer programmes.

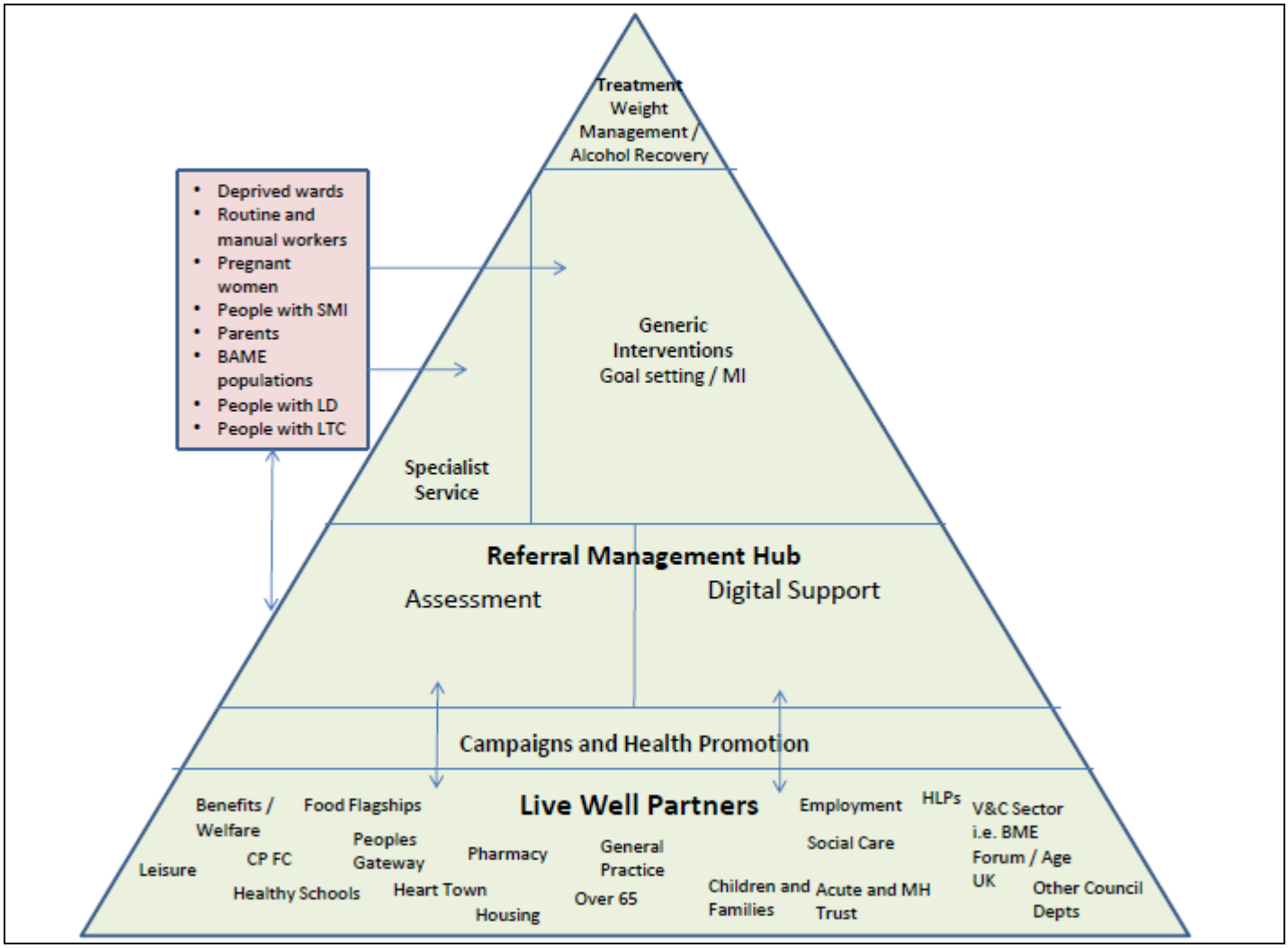
The service is due to launch on 1 October 2016.

1.2 Who could be affected by the change and how

1.2.1	**Who are your internal and external stakeholders?**

Healthy behaviours such as being active, a good diet, not smoking and maintaining a healthy weight are important ways to help maximize health and well-being alongside factors such as good quality housing, employment and safe neighborhoods. As such the service will need to interface with, and complement, other services, such as People's Gateway, Social Care, Primary Care and the Voluntary and Community Sector. The Pyramid below provides an overview of a number of our Live Well partner organisations, that we would expect to interface with the referral management hub.

- The service model will have two distinct elements:
  - 'Just Be…' - A universal offer for the general population which is likely to be delivered through use of digital technologies
  - 'MI Change' - Targeted Interventions for those people identified as the highest need who can access specialist support (smoking cessation services for pregnant women) or generic interventions, such as motivational interviewing



1.2.2	**What will be the main outcomes or benefits from making this change for customers / residents, staff, the wider community and other stakeholders?**

Our aim is:

A place where people are less stressed, it's easy to be active, to eat healthy food, drink sensibly and fewer young people start smoking

Through delivery of our aim, we intend to:

Achieve	**Impact**	**Deliver outcomes**

• Improved population health and wellbeing • Reduced inequalities • Cut cost of local public services • Improve the environment	• Healthy Life Years Gained • Reduced inequalities in Life expectancy • Premature deaths prevented	• Higher levels of wellbeing • Decrease in smoking • More people are physically active • More people have a healthy weight • More people drink sensibly • More people have an NHS Health Check

1.2.3	**Does your proposed change relate to a service area where there are known or potential equalities issues?** Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response If you don't know, you may be able to find more information on the Croydon Observatory (http://www.croydonobservatory.org/)

Yes. The basis of this integrated lifestyle service is to reduce health inequalities and to support targeted residents identified as in most need of lifestyles support.

We are currently undertaking modelling of the following priority groups:

- Learning disabilities
- Parents
- Pregnant women
- Those from BAME Communities
- People with Long-term conditions
- People with serious mental illness
- Routine and manual workers
- Residents in most deprived wards
- Those with protected characteristics

The aim of the modelling is to develop several options on how we best target priority populations and how these options impact the Live Well program outcomes. This will also support development of service performance indicators and activity targets for the service.

We also know evidence suggests that some populations groups such as Men or some BAME groups have trouble accessing services, and we aim to build a new service which improves access for all population groups.

1.2.4	**Does your proposed change relate to a service area where there are already local or national equality indicators?** You can find out from the Equality Strategy http://intranet.croydon.net/corpdept/equalities-cohesion/equalities/docs/equalitiesstrategy12-16.pdf). Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response

Yes.

Current service provision has targets to engage with specific local indicators e.g. weight management services.

We will continue to build targets in the new model to build / maintain provision.

National 'slope index of inequality in life expectancy' guidance was developed for use by public health teams and those working on the health inequality agenda in the NHS, or Local government. We will use this guidance as we build the new service model to support addresses any uncertainty that exists in interpreting the measures of inequalities. Improving the health of the poorest fastest' is also central to the vision of the Public Health Outcomes Framework.

1.2.5	**Analyse and identify the likely advantage or disadvantage associated with the change that will be delivered for stakeholders (customers, residents, staff etc.) from different groups that share a "protected characteristic"**

	Likely Advantage ☺	Likely Disadvantage ☹
Disability	As we develop the service model, we will ensure that all new service providers facilities are accessible for people with physical and learning difficulties i.e. routes of access and service provision.	
Race/ Ethnicity	Services will be designed accounting for cultural values and beliefs for behaviour change.	
Gender	The evidence suggests that fewer men access current healthy living provision, our new model will deliver in a way to be acceptable for men and encourage access to services. Services within the new model will also be targeted, such as services for pregnant women and new mothers, (neo / post natal). The service will include specialist	

	services of support for these target groups.	
Transgender	Services will be designed and will be accessible regardless of gender identity.	
Age	The Live Well Croydon service is aimed at adults 18+/ of working age, since it is a primary prevention service. When appropriate services will be accessible for those aged 16+ such as specialist smoking cessation services. Separate lifestyle services are already commissioned for under 18s and over 65s. The Live Well Croydon model will strengthen working alongside existing services.	
Religion /Belief	Services will be designed accounting for religious and cultural values and beliefs.	
Sexual Orientation	Services will be designed and accessible regardless of sexuality.	
Social inclusion issues	Service model will aim to reduce social isolation and promote community cohesion e.g. large borough wide community events and through work targeting more vulnerable groups e.g. lone parents.	
Community Cohesion Issues		
Delivering Social Value	Services will be designed ensuring we deliver our commitment to social value, such as adhering to the SCC social values framework. We also intend to work with the community to empower them through peer support and volunteering which is central foundation to service delivery.	

1.2.6	**In addition to the above are there any other factors that might shape the equality and inclusion outcomes that you need to consider?** For example, geographical / area based issues, strengths or weaknesses in partnership working, programme planning or policy implementation

We are also considering referral pathway mapping to better establish links with relevant Council, health and community services that work with target populations e.g. People's Gateway.

1.2.7	**Would your proposed change affect any protected groups more significantly than non-protected groups?** Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response. For a list of protected groups, see Appendix…..

Yes.

To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage, therefore we propose to develop a service which targets our resources to those who need it the most.

As identified in the Annual Director of Public Health Report, the following groups have been identified as our priority groups to focus our resources:

- Learning disabilities
- Parents
- Pregnant women
- Those from BAME Communities
- People with Long-term conditions
- People with serious mental illness
- Routine and manual workers
- Residents in most deprived wards
- Those with protected characteristics

As part of the service, a universal offer will be available but with less intensive behavioural change support.

1.2.8	**As set out in the Equality Act, is your proposed change likely to help or hinder the Council in advancing equality of opportunity between people who belong to any protected groups and those who do?**

The proposed model with enhance the Councils approach to engaging with those from protected groups.

As per the model in Section 1.2.1 we will be engaging with those organisations directly responsible for working with and supporting those protected groups such as the BME forum or Age UK to ensure they have an understanding of the emerging service but also to support referral into the model where appropriate.

Through the modelling work we will better understand our priority groups including those with protected characteristics to ensure a model is built to support those clients in most need of lifestyle support and reduce health inequalities.

We can also build in Key Performance Indicators in the service spec to ensure we engage with those people from protected groups effectively with the greatest impact.

1.2.9	**As set out in the Equality Act, is the proposed change likely to help or hinder the Council in eliminating unlawful discrimination, harassment and victimisation in relation to any of the groups that share a protected characteristic?** **Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response.**

The currently commissioned services do not impact upon the Councils approach to working with unlawful discrimination, harassment or victimisation; therefore a new model will continue to not hinder the Council's approach.

We will also ensure that new providers have local provisions to support all service users and their staff.

1.2.10	**As set out in the Equality Act, is your proposed change likely to help or hinder the Council in fostering good relations between people who belong to any protected groups and those who do not?** *In practice, this means taking action to increase integration, reduce levels of admitted discrimination such as bullying and harassment, hate crime, increase diversity in civic and political participation etc.* **Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response**

This project will enhance the Councils role to better support protected groups.

As previously stated the proposed new model intends to greater engage with local partners and improve relationships that can influence service delivery for those protected groups.

We intend to take in depth modelling of our priority groups to ensure we best support all protected groups, so that we can deliver tiered, holistic interventions according to individual and local community needs.

1.3 Decision on the equality analysis

If you answer "yes" or "don't know" to ANY of the questions in section 1.2, you should undertake a full equality analysis. This is because either you already know that your change or review could have a different / significant impact on groups that share a protected characteristic (compared to non-protected groups) or because you don't know whether it will (and it might).

Decision	Guidance	Response
Yes, further equality analysis is required	Please state why and outline the information that you used to make this decision. Also indicate • When you expect to start your full equality analysis • The deadline by which it needs to be completed (for example, the date of submission to Cabinet) • Where and when you expect to publish this analysis (for example, on the council website). **You must include this statement in any report used in decision making, such as a Cabinet report.**	The Live Well Croydon service is in development and due to launch October 2016. A full EA will be conducted as we finalise the service model. The EA will be published on the Council's website,
Officers that must approve this decision	**Name and position**	**Date**
Report author	Matt Phelan, Public Health Principal	30 March 2016
Director	Chris Barrett, Director of Health Integration	30 March 2016

1.4 Feedback on Equality Analysis (Stage 1)

Please seek feedback from the your departmental lead for equality (the Strategy and Planning Manager / Officer)

Tracy Stanley, Strategy & Planning Manager (Adults) and Matt Phelan, Public Health Principal met on 11th April 2016 to discuss the draft equality analysis. Following this further amendments were

made, taking feedback into account.

Name of Officer	Tracy Stanley, Strategy & Planning Manager (Adults)	18.05.16
Date received by Officer	09.05.16	Please send an acknowledgement
Should a full equality analysis be carried out?	Yes – as above, a full equality analysis should be conducted as the service model is finalised.	Note the reasons for your decision

Stage 2 Use of evidence and consultation to identify and analyse the impact of the change

Use of data, research and consultation to identify and analyse the probable Impact of the proposed change

This stage focuses on the use of existing data, research, consultation, satisfaction surveys and monitoring data to predict the likely impact of proposed change on customers from diverse communities or groups that may share a protected characteristic.

Please see Appendix 2 (section 2) for further information.

2.1	**Please list the documents that you have considered as a part of the equality analysis review to enable a reasonable assessment of the impact to be made and summarise the key findings.**

	This section should include consultation data and desk top research (both local and national quantitative and qualitative data) and a summary of the key findings.

2.2	**Please complete the table below to describe what the analysis, consultation, data collection and research that you have conducted indicates about the probable impact on customers or staff from various groups that share a protected characteristic.**

Group's with a "Protected characteristic" and broader community issues	Description of potential advantageous impact	Description of potential disadvantageous impact	Evidence Source

2.3	**Are there any gaps in information or evidence missing in the consultation, data collection or research that you currently have on the impact of the proposed change on different groups or communities that share a protected characteristic? If so, how will you address this?** Please read the corporate public consultation guidelines before you begin: http://intranet.croydon.net/finance/customerservices/customerserviceprogramme/stepbystepguide.asp.

2.4	**If you really cannot gather any useful information in time, then note its absence as a potential disadvantageous impact and describe the action you will take to gather it**.

	Please complete the table below to set out how will you gather the missing evidence and make an informed decision. Insert new rows as required

Group's with a "Protected characteristic" and broader community issues	Missing information and description of potential disadvantageous impact	Proposed action to gather information

Stage 3 Improvement plan

Actions to address any potential disadvantageous impact related to the proposed change

This stage focuses on describing in more detail the likely disadvantageous impact of the proposed change for specific groups that may share a protected characteristic and how you intend to address the probable risks that you have identified stages 1 and 2.

3.1	**Please use the section below to define the steps you will take to minimise or mitigate any likely adverse impact of the proposed change on specific groups that may share a protected characteristic.**

Equality Group	Potential disadvantage or	Action required to address issue or minimise adverse impact	Action Owner	Date for completing

(Protected Characteristic)	negative impact e			action

3.2	How will you ensure that the above actions are integrated into relevant annual department or team service plans and the improvements are monitored?

3.3	How will you share information on the findings of the equality analysis with customers, staff and other stakeholders?

Section 4 Decision on the proposed change

4.1	Based on the information in sections 1-3 of the equality analysis, what decision are you going to take?

Decision	Definition	Yes / No
We will not make any major amendments to the proposed change because it already includes all appropriate actions.	Our assessment shows that there is no potential for discrimination, harassment or victimisation and that our proposed change already includes all appropriate actions to advance equality and foster good relations between groups.	
We will adjust the proposed change.	We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through the proposed change. We are going to	

	take action to make sure these opportunities are realised.	
We will continue with the proposed change as planned because it will be within the law.	We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through the proposed change. However, we are not planning to implement them as we are satisfied that our project will not lead to unlawful discrimination and there are justifiable reasons to continue as planned.	
We will stop the proposed change.	The proposed change would have adverse effects on one or more protected groups that are not justified and cannot be lessened. It would lead to unlawful discrimination and must not go ahead.	

4.2	**Does this equality analysis have to be considered at a scheduled meeting?** If so, please give the name and date of the meeting.

4.3	**When and where will this equality analysis be published?** An equality analysis should be published alongside the policy or decision it is part of. As well as this, the equality assessment could be made available externally at various points of delivering the change. This will often mean publishing your equality analysis before the change is finalised, thereby enabling people to engage with you on your findings.

4.4	**When will you update this equality analysis?** Please state at what stage of your proposed change you will do this and when you expect this update to take place. If you are not planning to update this analysis, say why not

4.5	**Please seek formal sign of the decision from Director for this equality analysis?** This confirms that the information in sections 1-4 of the equality analysis is accurate, Comprehensive and up-o-date.

Officers that must approve this decision	**Name and position**	**Date**
Head of Service / Lead on equality analysis		
Director		
Email this completed form to equalityandinclusion@croydon.gov.uk, together with an email trail showing that the director is satisfied with it.		

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **14 December 2016**
AGENDA ITEM:	**9**
SUBJECT:	**Health protection update**
BOARD SPONSOR:	**Rachel Flowers, Director of Public Health, Croydon Council**

BOARD PRIORITY/POLICY CONTEXT:

This report addresses the following local priorities set out in the Joint Health and Wellbeing Strategy:

- Increased healthy life expectancy and reduced differences in life expectancy between communities
- Local organisations will work together to address the factors that drive health problems amongst the poorest and most disadvantaged.
- Everyone's health will be protected from outbreaks of disease, injuries and major emergencies and remain resilient to harm.
- Earlier diagnosis and intervention means that people will be less dependent on intensive services.

FINANCIAL IMPACT:

No immediate financial implications.

1. RECOMMENDATIONS

1.1 The Health and Wellbeing Board is asked to note the contents of the report.

1.2 Members of the Health and Wellbeing Board are requested to actively support the implementation of actions to improve local performance around areas highlighted in the report (BCG, MMR and cancer screening).

2. EXECUTIVE SUMMARY

2.1 One of the four domains of public health practice is health protection, which includes infectious diseases, chemicals and poisons, radiation, emergency response and environmental health hazards.

2.2 The Croydon Health Protection Forum (HPF) was established in July 2015 with the purpose to have a strategic overview of health protection matters and with the aim to provide assurance to the Director of Public Health that arrangements in place to protect the health of residents, are robust and implemented appropriately to local health needs. The health protection issues discussed at the Forum include adult and children immunisation programmes, and national screening programmes.

2.3 This report provides an update on Health Protection Forum work since the last report to the board, including agreed actions around TB, BCG, MMR and cancer screening, and plans for the Forum meeting in December.

3. DETAIL

3.1 The Health Protection Forum meets quarterly bringing together various agencies including Croydon Council, Croydon Clinical Commissioning Group, Croydon University Hospital, NHS England, Public Health England and other agencies relevant to the particular theme under discussion.

3.2 Following the annual work plan, the September meeting focussed on the National Screening Programmes:

- Antenatal and Newborn Screening – six programmes
- Non-Cancer Screening programmes – Abdominal Aortic Aneurysm and Diabetic Eye Screening
- Cancer Screening – Bowel, Breast and Cervical

3.3 Having an overview of each programme and considering performance, the forum was able to prioritise local actions and agreed the following:

3.3.1 Antenatal and New born Screening programmes

Following recommendations by the Public Health England External Assurance visit earlier this year:

- CHS, CCG and NHSE are to work together to ensure that booking bloods for pregnant women are no longer undertaken by GPs;
- Raise awareness about early booking in maternity service among younger age groups;
- Information is to be provided in other languages;
- CHS, CCG and NHSE to work together to support stopping the use of faxes in making referrals by GPs to the Maternity Unit at Croydon University Hospital.

3.3.2 Diabetic retinopathy/diabetic eye screening (DES)

- Maternity commissioner to work with CUH to ensure that pregnant women with pre-existing diabetes should be screened in each trimester.

3.3.3 Abdominal Aortic Aneurysm (AAA) screening

- NHSE to keep partners updated on re-procurement of services.
- Improve communication of AAA eligibility from GPs.

3.3.4 Cancer Screening

- To convene a separate meeting to discuss key priorities and agree actions.

3.4 Updates on actions from previous meetings and task and finish groups are as follows:

3.4.1 **TB and BCG update**

The January meeting discussed a wide range of issues around TB but focused on neonatal BCG vaccination and latent TB screening. The following issues, priorities and actions were identified:

- There has been a global shortage of BCG vaccine since 2013, which has affected BCG vaccine supply in the UK. Consequently, BCG vaccination was temporarily suspended in Croydon in May 2016, but is due to restart in December 2016. In addition, universal neonatal BCG is due to be rolled out by April 2017.
- A strategy for BCG vaccination is due to be developed jointly by a sub-group of the Health Protection Forum.
- Screening for latent TB infection has been commissioned by Croydon CCG, and a local pathway has been designed.
- It is envisaged that GPs in areas with the highest rates of TB will begin screening individuals at risk of latent TB in early 2017.

3.4.2 **MMR Task and Finish Group**

The May meeting identified concerns about childhood immunisations and from this a meeting was convened to understand the challenges of MMR/DTaP vaccination in Croydon, identify gaps in the vaccination programme, develop priorities and actions.

The percentage of Croydon children vaccinated by the following birthdays in 2015/16 was:

	1st birthday	2nd birthday	5th birthday
DTaP/IPV/Hib* (primary)	89.6%	91.2%	91.8%
DTaP/IPV (booster)	-	-	76.1%
MMR 1st dose	-	84.8%	90.2%
MMR 1st & 2nd dose	-	-	75.3%

*Diphtheria, Tetanus, Polio, Pertussis (whooping cough), Hib

The meeting identified the following areas of work:

- A priority was improving links between the council and NHS England immunisation colleagues. Contacts are being made, including with the looked after children commissioner and Gateway teams, and this is ongoing.
- We are working with NHS England to review GP call and recall processes to improve coverage of the MMR vaccine, they are undertaking a London wide piece of work for good practice due in February. We are working with the NHS England team to see which strategies we can put in motion before this date.
- Robust performance monitoring is key to underpinning a successful immunisation program. Actions were agreed to revisit performance management systems and identify potential areas for improvement in collection and reporting, and underperforming GP practices.

- There are opportunities for better placement of health promotion messages and focused prompts for vaccination in key populations such as gypsies and travellers and women of child bearing age as well as GPs and practice nurses via their networks.
- NHS England has developed monthly web based training for practice nurses due to be rolled out in the New Year.

3.4.3 Cancer Screening

A separate sub-group meeting on cancer screening met in October 2016 to review current rates of cervical, breast and bowel screening in Croydon, gather information on the actions being undertaken by various partners, identify priority areas for action and agree an action plan to increase screening rates.

Areas of good practice to increase screening uptake were identified, such as engagement with GP practices by Cancer Research UK, Macmillan and the CCG's variation team. However, while rates of cervical screening are better than London, rates are lower in those aged under 50, breast screening rates are lower than the London and England averages, and bowel screening rates, while better than London, are significantly lower than the England average. The group agreed that breast and bowel screening should therefore be priorities for action but that engagement in cervical screening among young women could also have an impact on engagement with other screening programme later in life.

Three main areas of action were identified:

- Engagement with GP practices and pharmacies, building on existing good work and communications routes;
- Integrating screening and/or screening awareness raising into other settings, such as schools, the voluntary sector, the Integrated Sexual Health Service and Live Well providers;
- Developing a positive attitude to screening, including general communications and roadshows and engagement of young people through integrating screening awareness into other settings.

In addition, bowel screening has been identified as a priority for the South West London Sustainability and Transformation Plan (STP).

3.5 The December meeting of the HPF will be a look back and review of the actions for TB and BCG, screening, and immunisations.

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BACKGROUND DOCUMENTS

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **14 December 2016**
AGENDA ITEM:	**10**
SUBJECT:	**Pharmaceutical needs assessment update**
BOARD SPONSOR:	**Rachel Flowers, Director of Public Health, Croydon Council**

BOARD PRIORITY/POLICY CONTEXT:

From 1st April 2013, every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA).

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (the 2013 Regulations) require each Health and Wellbeing Board to make a revised assessment as soon as is reasonably practicable after identifying changes to the need for pharmaceutical services which are of a significant extent.

Croydon, in line with national regulations, published its first PNA by 1 April 2015. Every area is required to publish a refreshed PNA document within 3 years, i.e. by 1 April 2018. This report sets out the process for publishing a refreshed PNA within that timeframe.

FINANCIAL IMPACT:

No financial impact for Health and Wellbeing Board partners

1. RECOMMENDATIONS

1.1 This report recommends that the Health and Wellbeing Board note and endorse the plans set out below to develop an updated PNA document by 1 April 2018.

2. EXECUTIVE SUMMARY

2.1 This paper provides an update to Croydon's Health and Wellbeing Board) of the development of Croydon's new pharmaceutical needs assessment (PNA).

3. DETAIL

3.1 From 1st April 2013, every Health and Wellbeing Board in England has had a statutory responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, referred to as a pharmaceutical needs assessment (PNA). Croydon's current PNA was published in accordance with national regulations, by 1 April 2015. Every area is required to publish a refreshed PNA document within 3 years, i.e. by 1 April 2018.

3.2 The information to be contained in the Pharmaceutical Needs Assessment is set out in Schedule 1 of The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. The PNA should include:

- A list of pharmacies in Croydon and the services they currently provide, including dispensing, health advice and promotion, flu vaccination, medicines reviews and local public health services, such as sexual health services.
- Relevant maps of providers of pharmaceutical services in the area.
- Services in neighbouring areas that might affect the need for pharmaceutical services in Croydon.
- Potential gaps in provision that could be met by providing more pharmacy services, or through opening more pharmacies, and likely future needs.

3.3 The Pharmaceutical Needs Assessment should also be aligned with the Joint Strategic Needs Assessment and Health and Wellbeing Board Strategy for Croydon.

3.4 PNAs enable health and care partners to identify unmet pharmaceutical needs. PNAs are used by NHS England to make decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Applications to open new pharmacies can be keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly. PNAs also support local authority and NHS commissioners to make decisions on the locally funded services need to be provided by local community pharmacies, and ensure that service provision is targeted in areas where there is population need for them.

3.5 Health and Wellbeing Boards need to ensure that the NHS England and its Area Teams have access to the local PNA, to support their decision-making and strategic planning processes. Croydon Council's Public Health team have ensured that NHS England know how to access and interpret the information provided in Croydon's current PNA. The current PNA is publicly accessible via the Croydon Observatory website: http://www.croydonobservatory.org/pna

3.6 A PNA should include information on local pharmacies and the services they already provide. These will include dispensing, providing advice on health, medicines reviews and local public health services, such as stop smoking, sexual health and support for drug users. It should look at other services, such as dispensing by GP surgeries, and services available in neighbouring areas that might affect the need for services in the local area.The PNA will take account of any changes to the commissioning of public health and CCG services in Croydon, and will also account for changes in NHS England commissioning arrangements.

3.7 The PNA should examine the demographics of the local population, across the area and in different localities, and their needs. It should look at whether there are gaps that could be met by providing more pharmacy services, or through opening more pharmacies. It should also take account of likely future needs. The PNA should also contain relevant maps relating to the area and its pharmacies. The PNA must be aligned with other plans for local health and social care, including the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy.

3.8 Dr Ellen Schwartz, Consultant in Public Health, and Claire Mundle, Public Health Principal, will be leading on the development of the new PNA. Croydon Council Public Health team will work with Croydon Clinical Commissioning Group and Croydon Local Pharmaceutical Committee to agree a steering group to support the PNA development. The steering group will begin meeting in early 2017.

3.9 Croydon Council Public Health team will be working with partner organisations to write a specification to appoint a provider to develop the PNA, with the intention to appoint by end of January 2017.

3.10 Initial timescales for the development of the PNA can be viewed in the programme plan in Appendix A.

3.11 Croydon Council Public Health team will provide an update to the Health and Wellbeing Board once a provider has been appointed and a working group has been established to update on how the PNA development is progressing.

4. CONSULTATION

4.1 The revised PNA will require Health and Wellbeing Board-level sign-off and a 60 day period of public consultation before it can be finalised.

4.2 The 2013 Regulations list those persons and organisations that the Health and Wellbeing Board must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the Health and Wellbeing Board area.
- Any local medical committee (LMC) for the Health and Wellbeing Board area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the Health and Wellbeing Board area.
- Any local Healthwatch organisation for the Health and Wellbeing Board area, and any other patient, consumer and community group which in the opinion of the Health and Wellbeing Board has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the Health and Wellbeing Board area.
- NHS England.
- Any neighbouring Health and Wellbeing Board.

5. SERVICE INTEGRATION

5.1 PNAs provide a common structured framework within which commissioners and strategic planners can make decisions about pharmaceutical needs in a local area. They facilitate discussions between NHS England, local commissioners from the local authority and CCG, and local pharmacists around addressing local pharmaceutical needs, and provide a common framework for assessing activity and provision that should be in place to address these needs.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 There are no financial implications or risks that the board needs to consider. The PNA supports NHS England to make decisions about market entry. It has no direct cost implications to the Council or CCG.

6.2 The funding to undertake the last PNA was identified as part of the public health ring-fenced grant. This will also be the case for the development of the 2018 PNA.

7. LEGAL CONSIDERATIONS

7.1 There is a statutory responsibility to produce a PNA. The Health and Wellbeing Board's review of the refreshed PNA will need to be supported by full legal clearance.

7.2 The Health and Social Care Act 2012 established Health and Wellbeing Boards and transferred to them (from the NHS Act 2006) the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013. The requirements on how to develop and update PNAs are set out in Regulations 3-9 Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.

7.3 The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to Joint Strategic Needs Assessments (JSNAs). The preparation and consultation on the Pharmaceutical Needs Assessment should take account of the Joint Strategic Needs Assessment (and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public). The development of Pharmaceutical Needs Assessments is a separate duty to that of developing Joint Strategic Needs Assessments. As a separate statutory requirement, Pharmaceutical Needs Assessments cannot be subsumed as part of these other documents but can be annexed to them.

7.4 The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England.

8. EQUALITIES IMPACT

8.1 The purpose of any needs assessment, including the PNA, is to look at current and predicted future population needs for service provision or support. The PNA will identify the need for access to pharmaceutical services so that NHS England can approve or reject applications for additions to the pharmaceutical list. The PNA will also identify the need for locally commissioned services that local authority and CCG commissioners can respond to using relevant commissioning budgets.

8.2 The current PNA has considered access to services and equalities categories where data is available. The refreshed PNA will do the same.

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BACKGROUND DOCUMENTS
Link to current Pharmaceutical Needs Assessment, published following the March 2015 Health and Wellbeing Board Meeting: http://www.croydonobservatory.org/pna

Appendix A – PNA Development Project Plan

Phamaceutical Needs Assessment															
	2017												2018		
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
PNA Development Programme Plan															
HWB Update		Optional								Optional					
HWB Sign-off															
Procurement															
Tender Exercise															
Project Governance and Meetings															
Establish Steering Group															
Steering Group meeting															
Analysis															
Benchmarking against other areas (ONS peer															
Detailed local analysis (pharmaceutical services and other services)															
Meetings with Service Commissioners															
Map details of each service commissioned, gaps and future plans for service development															
PNA Document Development															
Develop framework for PNA document															
Draft of PNA produced for public consultation															
Consultation															
Consultation period															
Produce consultation report															
Update PNA to produce final document															

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **14 December 2016**
AGENDA ITEM:	**11**
SUBJECT:	**Progress on outcomes based commissioning for over 65s**
BOARD SPONSOR:	**Paula Swann, Chief Officer, Croydon Clinical Commissioning Group** **Barbara Peacock, Executive Director People, Croydon Council**

BOARD PRIORITY/POLICY CONTEXT:

The vision for Croydon is that people experience well-co-ordinated care and support in the most appropriate setting, which is truly person-centred and helps them to maintain their independence into later life. With an ageing population, the focus of the programme is on services for the over 65s and the outcomes that local residents have said are important to them – those factors that make a genuine difference to their health, well-being and quality of life.

The Croydon Alliance Agreement and Contract for Outcomes Based Commissioning (OBC) for over 65s has been developed to deliver Croydon CCG's vision of "longer, healthier lives for all the people in Croydon" and meets the key national overarching aims – 'Everyone Counts: Planning for Patients 2014/15 to 2018/19. NHS England' and supports the Council's key strategic priorities with regard to promoting and sustaining independence, well-being and good health outcomes for Croydon residents. The outcomes are aligned to "Ambitious for Croydon" promises:

- creating growth in the economy;
- helping residents be as independent as possible, and;
- creating a pleasant place in which people want to live.

Additionally, the programme aligns with the aims of the Better Care Fund which are that health and social care services must work together to meet individual needs, to improve outcomes for the public, provide better value of money and be more sustainable. The programme builds on a long history of joint work in Croydon, including recent developments in delivering whole person integrated care through the Transforming Adult Community Services work.

OBC integrates health and social care for the over 65s and has a comprehensive outcomes framework that is focussed on improving outcomes for people. Extensive consultation with local people on what outcomes they wanted took place, and they chose the following:

- Staying healthy and active for as long as possible;
- Having access to the best quality care available in order to live as I choose and as independent a life as possible;
- Being helped by a health and social care team that has had the training and has the specialist knowledge to understand how my health and social care needs affect me;
- Being supported as an individual, with services specific to me;
- Having improved clinical outcomes.

OBC draws on a number of recommendations from existing strategies that have been developed, including The Independence strategy 2015-181 and Croydon-wide End of Life Strategy 20152 and the emerging Out of Hospital Strategy 2016. It aligns with the wider health system changes outlined in the South West London Sustainable Transformation Plan (SWL STP).

The contract for delivery of integrated health and social care will go further than before and takes a pro-active and transformational position. The individual and their family will be at the centre of Croydon's health and care system, ranging from the promotion of good health and well-being, through early intervention and support and, when needed, the delivery of treatment and care services. Croydon's older people and their families should expect to experience seamless, joined- up care and health provision of consistent quality and high standard; services will be arranged around them and their needs, rather than their having to fit in with how health and social care professionals structure or organise services.

FINANCIAL IMPACT:

The ambition for the contractual arrangements for OBC for the over 65s will be to use a capitated (per head) payment mechanism that incentivises the providers to improve outcomes for the population. This means that the providers will be given a fixed amount (the capitated fee) to cover the costs of health and care for the population rather than being paid directly for activity. The aim is to ensure a financially sustainable economy with a transformed health and care system for Croydon residents. The contracting options for year one are being defined and will allow for a transition year to support a secure move to a capitated budget from year two.

The financial projections used to define the Maximum Affordable Budget (c£221m year one; £41m social care and £180m health) have been aligned with Quarter 3 planning assumptions and models.

The budget includes annual contract inflation, demographic growth and non-demographic growth.

There are defined efficiency savings in the early years of the contract which align with the CCG's QIPP targets and the Council's agreed savings programme plus 5% social care efficiency built in for future years. The financial model projects the 10 year position for the whole system, aiming to demonstrate the 'Do Nothing' scenario against transformation assumptions.

The Croydon Alliance Agreement will set out proportionate risk share arrangements where each party will share risk proportionally.

1. RECOMMENDATIONS:

1.1 The Health and Wellbeing Board is asked to note the contents of the report.

2. EXECUTIVE SUMMARY

2.1 The purpose of this report is to update the Health and Wellbeing Board members on the progress of OBC Programme towards a 10 year contract to develop an Integrated Health and Social Care system for the over 65s population in Croydon.

2.2 The Commissioners and Providers have agreed to combine their strengths to form a Commissioner / Provider Alliance from year 1 with the view of Commissioners stepping out of the Alliance in a few years when the capability for managing the whole system as an Accountable Care System has been established.

2.3 The Alliance Board has been established and an independent Chair is to be recruited. The Chair the Croydon GP Collaborative has been agreed as the Senior Responsible Officer, on behalf of the Alliance Board.

2.4 To enable a contract to be signed to commence from April 2017 it was agreed at the Alliance Board that a 1 year contract with the option to extend by 9 years is the best option. Year 1 will be a transition year to a full capitated Outcomes contract from year 2.

2.5 The Outcomes framework has been agreed and further work to establish the measuring of the Outcomes is underway.

2.6 Progress has been made on the New Model of care initiatives, with Personal Independence Co-ordinators (PICS) now in place for 2 of the 6 GP networks. Lessons learned in this early implementation stage will be implemented in the wider rollout of PICS to the remaining 4 networks.

3. DETAIL

3.1 **Most Capable Provider process** - the following Providers were identified by Commissioners as potentially the “Most Capable” following an initial MCP assessment led by the CCG with the Council Commissioners in April 2015 and asked to form an Accountable Provider Alliance (APA):

- Age UK Croydon;
- Croydon Council Adult Social Care;
- Croydon GP Collaborative;
- Croydon Health Services NHS Trust;
- South London and Maudsley Mental Health NHS Foundation Trust.

3.2 The first stage of the Capability Assessment process (CAP1) assessed how the Providers would work together effectively and how they could collectively develop the required capabilities and competencies to deliver an OBC contract. They submitted a letter of intent and self-assessment, and following Commissioner Evaluation, passed CAP1.

3.3 The second stage of the Capability Assessment process, CAP2 took place during dialogue and required the APA to submit a final memorandum of understanding, a response to the organisational capabilities toolkit and a vision and roadmap for their delivery model. Following Commissioner Evaluation and

feedback the APA were asked to re-submit elements with the next Capability Assessment (CAP3).

3.4 The APA submitted documents under the CAP3 evaluation process in January 2016. This was followed by a second submission in February 2016. The Commissioners fed back the results of the evaluation to the Board to Board on 3rd March.

3.5 Through further discussions, it was agreed that the CAP3 process would be extended to July 2016 using the proportional intervention set out in the Contract Information Pack (CIP), with a view of awarding the OBC contract for 01 October 2016. The MCP process concluded in July 2016 with a log of all remaining conditions. A letter confirming this was issued to the APA on the12th August 2016.

3.6 **Transition to a Croydon Alliance Agreement** - Following the Capability Assessment 3 process, it was agreed that the commercial structure of the Alliance should formally change to address the conditions specified through the Capability Assessment process. The proposal to form 'The Croydon Alliance' with Commissioners joining the Alliance Provider partners was agreed at the Board to Board on 18 August 2016. Commissioners joining is aimed to be an interim step to enable the Providers in the Alliance to develop into an organisation that can be accountable for the whole health and social care system for the over 65 population through a capitated budget as part of an outcomes based contract.

3.7 As part of the shared commitment to meet the conditions it was also agreed that the Commissioners would work together with the Providers to develop the system wide financial model. This will be linked to the Croydon Sustainability and Transformation Plan ('STP').

3.8 A key objective for the Alliance Agreement is for the providers to explore the establishment of an Accountable Care System (ACS) which would see the Commissioners leaving the Alliance and the Alliance Agreement transitioning into an ACS contract.

3.9 The benefits of a Commissioner/Provider Alliance include:

- Brings Commissioner system management capabilities into the Alliance
- Builds upon the work undertaken by Providers whilst maintaining momentum/pace;
- Enable conclusion of the MCP process
- Support assurance with NHS England and NHS Improvement;
- Manage and mitigate system risks more effectively;
- Use the Alliance approach developed elsewhere (NHS alliance template available as route to ACS);
- Help in transition of Commissioner function

3.10 There is a legally binding Croydon Alliance Agreement that is being jointly developed by Commissioners and Providers setting out the principles and roles and responsibilities of all members, as well as terms and conditions covering contractual details such as termination, exit, default and dispute resolution.

3.11 Governance - An Alliance Board has been established as part of the Governance Framework, an independent chair is due to be appointed. The Senior Responsible Officer is the Chair of the GP Collaborative. An OBC Delivery Board will report to it attended by all Alliance members that will establish a way of working that helps to deliver the OBC programme at pace. The Council has its own OBC Governance Board, chaired by the Executive Director of People during this interim phase.

3.12 Contracting – It was agreed at the Alliance Board held on 17 November 2016 that to ensure the OBC contract can be signed to commence on 01 April 2017 that a 1 year contract with the option to extend by 9 years is the agreed commercial option. This enables the Alliance to have a transition year towards a capitated outcomes based contract by April 2018. This aligns with the NHS Planning Guidance. Options for Payment Mechanisms in year 1 are being developed to align with the South West London STP and to meet the needs of the Croydon Health and Social Care economy.

3.13 Outcomes Based Commissioning – OBC focuses on measuring and rewarding outcomes rather than inputs. Measuring outcomes and aligning incentives will enable the Commissioners to monitor performance across the whole health and care economy and, when combined with appropriate contractual and payment mechanisms, will allow providers to work together to deliver whole person integrated care and achieve a common set of goals.

3.14 People in Croydon were consulted with in the development of the five high-level Outcomes; these outcomes reflect the following 'I' Statements from the consultation, forming the OBC Outcomes Framework (see background papers) Domains:

Figure 1: OBC Over 65s Outcome Domains:

3.15 These outcomes are supported by goals and indicators (incentivised and non-incentivised) that demonstrate achievement. The example below presents one domain, the outcomes for this domain and the indicators that will demonstrate the delivery of the outcomes.

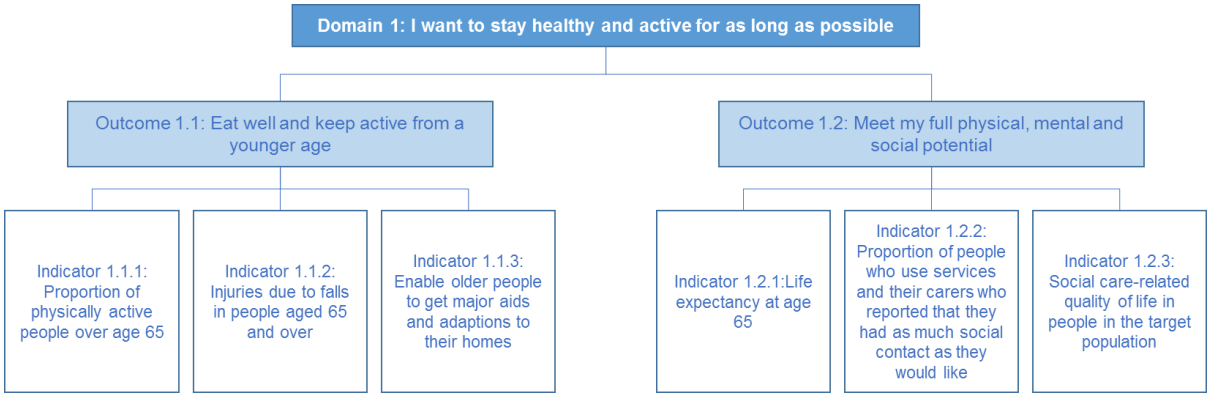


Figure 2: Summary of Domain 1 with outcomes and indicators

3.16 The indicators have been identified from a range of sources including national Outcomes Frameworks, quality standards, local data sources, national guidance and research on patient experience and outcomes. Many of the indicators draw upon data that is currently collected and reported by the Providers of the Alliance. This approach has been adopted to reduce duplication and the unnecessary development of new indicators which can be time consuming and costly. Where measures will need to be developed or enhanced locally this will be done in the early years of the contract.

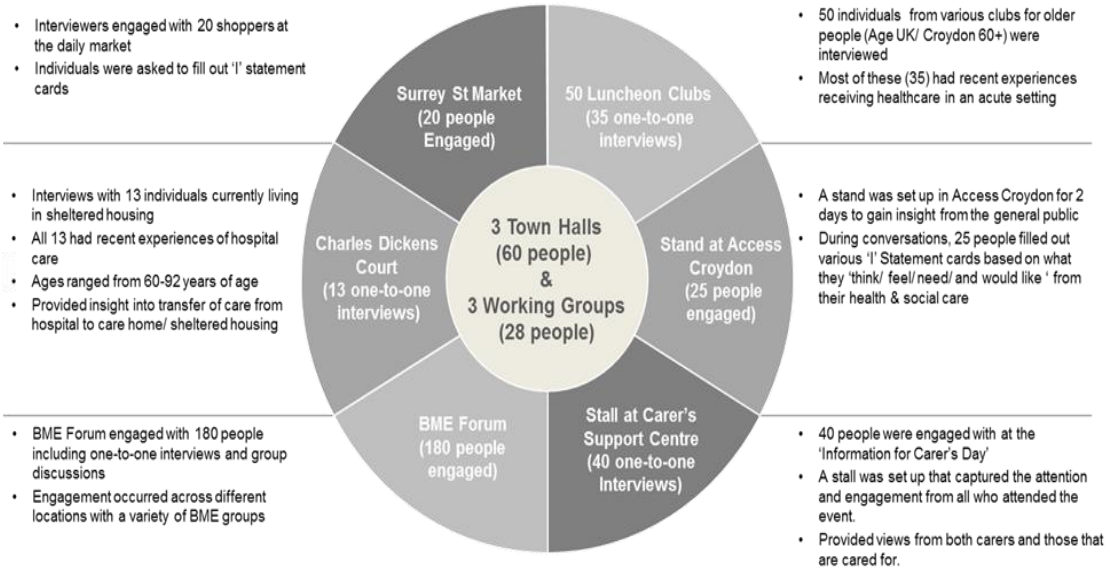
3.17 Commissioners and Providers have (during dialogue) agreed and formally signed-up to the Outcomes Framework and the formal technical specifications for each of the incentivised indicators have been developed. The specifications include proposed data sources, methodology for calculating the indicator, and recommended sample sizes (where relevant).

3.18 The Croydon Alliance will revisit the indicators and outcomes within the framework to ensure that these are amended to include new indicators as appropriate at the end of each phase of the contract e.g. years 3 and 7. Please see background documents for the full Outcomes Framework and Indicators.

4. CONSULTATION

4.1 Outcomes based commissioning (OBC) is a way of recognising the importance of working with the community to identify the results they want to see achieved in relation to health and care services; these outcomes then set the framework within which providers of services can design solutions to achieve them.

4.2 In line with the general duty to involve individuals and the wider community, an extensive phase of testing and co-design was put in place. The town hall events and working groups were central to the co-design and these were supported by a number of additional activities that are summarised below. Overall 400 individuals provided input and the views and opinions gathered were fed back into the process to support the development of and verify the detailed outcome design.



4.3 The outputs from the consultation and engagement exercise set out above directly informed the development of the outcome framework.

4.4 The Service User Specialist Engagement Group has been meeting on a monthly basis with representatives of the OBC Programme and APA, to contribute to the consideration of how the APA would 'meet the needs of the service users' (CIP requirement). Both commissioners and providers have a requirement to involve people and build their feedback into the design, delivery and monitoring of services. The public engagement meetings have been structured to:

- Gain feedback from OBC commissioners on progress in developing the contractual requirements for the new way of working;
- review engagement activity conducted since June 2015 and contribute to the development of further engagement activities;
- hear from APA leads about the development of the Model of Care;
- discuss and contribute to the potential initiatives for year one of the new

service and consider the priorities and possible gaps within the initiatives.

4.5 Four members of the group attended a follow up session from the first 'hothouse' sessions in December with other stakeholders, where the next steps in the development of the Model of Care was shared and they worked - with providers - through patient scenarios, to consider how the integrated working of the new model would ensure an effective service, meeting the needs of the people of Croydon.

4.6 Further engagement has taken place in February and March 2016, jointly facilitated by the OBC Engagement Team and APA, with members of the SUSEG in attendance to support the facilitators. This took place with five groups:

- Carers Partnership Group
- PPG Network Group
- Asian Community Elders Forum
- Gentleman's Probus
- Lahona Community Group

5. SERVICE INTEGRATION

5.1 The transformation team have created a vision for the New Model of Care in Croydon and is illustrated below.

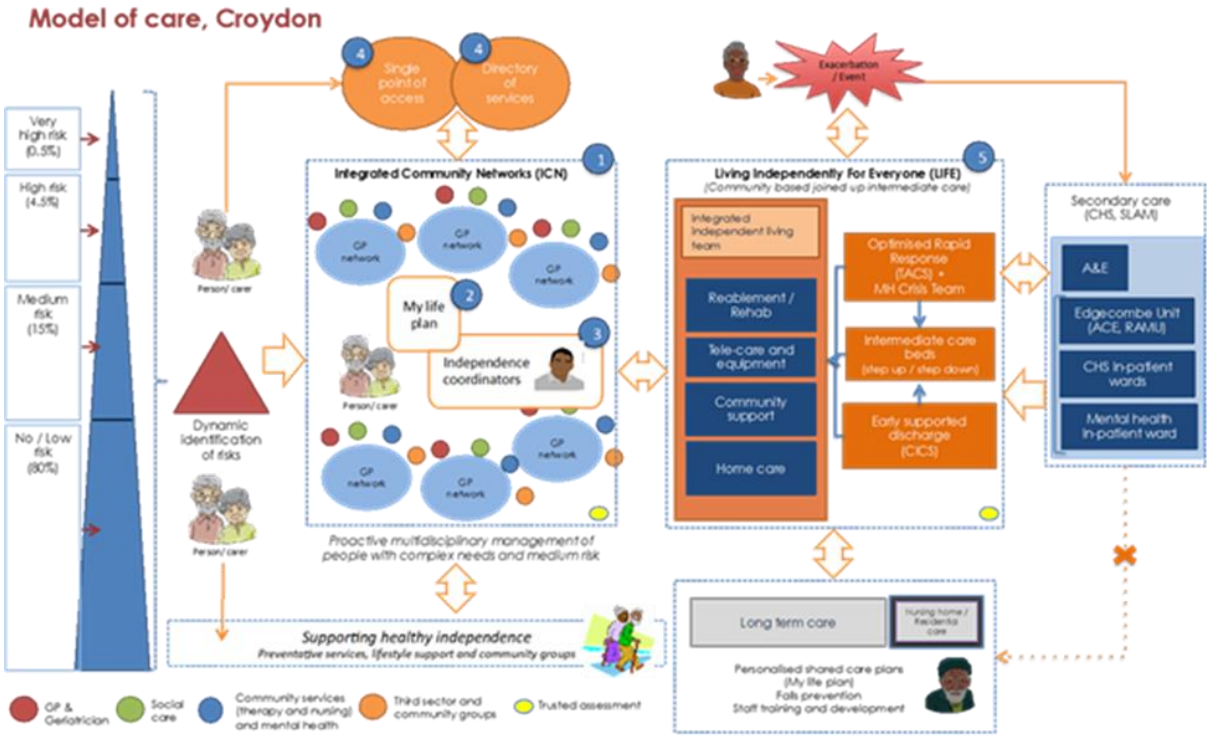


Figure 3: New Model of Care in Croydon

5.2 Croydon Council as Adult Social Care Provider

5.2.1 The Council is unique in the Alliance as Provider and Commissioner in the Alliance. The proposed Governance of OBC consists of:

- OBC Alliance Board with an independent chair, with Executive Director People and Director of Adult Social Care and All Age Disability attended by all Alliance Partners senior officers
- One Council vote, with two representatives (Commissioner & Provider) with unanimous decision making so the Council will have the right of veto as will all partners
- OBC Programme Delivery Board attended by all Alliance partners to report to the Alliance Board

5.2.2 A Joint OBC Contract Management Framework is in development that will ensure the main OBC over 65s contract is managed effectively by the Council and CCG, cross referencing the third party contract management process.

5.2.3 During this financial year 5 initiatives for New Model Of Care development and service integration are in the delivery stage:

5.2.4 Create a **Multidisciplinary Community Hub** - in 2 of the 6 GP networks.
Delivery: Strengthening MDT working with GPs to include links with voluntary groups and third sector organisations so they provide a responsive, flexible and timely service.
Results: Ensures people go straight to the right place

5.2.5 Develop '**My Life Plan**'.
Delivery: Helping individuals take positive steps.
Results: Maximises an individual's health and wellbeing

5.2.6 Establishment of **Personal Independence Co-ordinators** (6 now in post) in 2 of the 6 GP networks.
Delivery: Offering a continual supportive presence, ensuring services and support are delivered in a personalised, co-ordinated, relevant and timely way.
Results: Every person has someone to speak to.

5.2.7 **Single Point of Access and Information** to voluntary sector and health and council (link to Gateway).
Delivery: Bringing existing resources together with a single access point for information and advice and a call centre drawing on a shared directory of services.
Results: Ensures people go straight to the right place.

5.2.8 **Living Independent For Everyone** (LIFE)
Delivery: Providing integrated step-up and step-down reablement and rehabilitation to reduce the need for hospital admissions and care home placements, and help people return home from hospital safely.
Results: Ensures people are supported to regain their independence.

5.3 Further opportunities for service integration are being explored that will promote the best experience for users and more sustainable services for providers.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 Revenue and Capital consequences of report recommendations - The Commissioners wish to move to a capitated payment mechanism incentivised to improve outcomes for the population. This means that the Providers will be given a fixed amount per capita to cover the costs of care for the population rather than being paid directly for activity. The outcomes framework supports the capitated payment approach as it will incentivise the Providers to manage the quality and cost of provision – the Providers will be able to decide where to invest in order to deliver these outcomes, incentivising early intervention and prevention and thereby keeping patients well and out of hospital. The incentivisation of outcomes is expected to cascade through the care system to align and focus care teams such that each care pathway/intervention maximises outcomes for the population.

6.2 For the health and social care services over the ten-year OBC contract period, this section describes the approach to the development of:

(i) a 'Do-Nothing' projection of care costs for older people in Croydon; and
(ii) a Maximum Affordable OBC Budget for the care of older people in Croydon

6.3 Key aspects of the methodology and assumptions underpinning the 'Do Nothing' projection and Maximum Affordable OBC Budget are outlined in the illustration below.

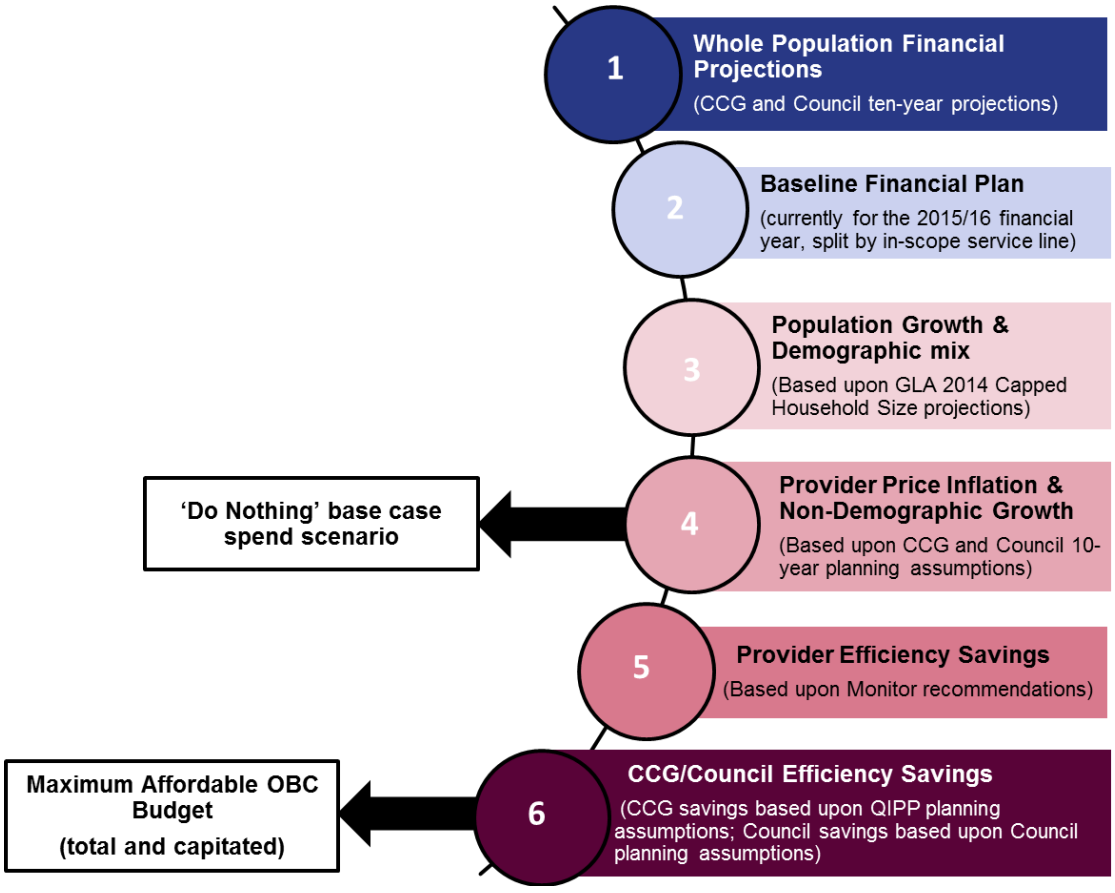


Figure 3: Methodology for creating the Maximum Affordable OBC Budget

6.4 The Maximum Affordable OBC budget represents the maximum budget available to the Providers for the OBC contract each year. Comparing this to the projected 'Do Nothing' base case spend scenario provides the system-wide financial challenge that needs to be addressed through savings.

6.5 **Risks -** There are a number of programme risks being managed by the OBC PMO. These are monitored monthly by the OBC Programme Board, with membership from the CCG and Council. This will be monitored by the Alliance Board going forward to assure all parties that effective programme management is in place and that risks are suitably mitigated.

6.6 **Health Efficiency Saving Assumptions -** The health Quality, Innovation, Productivity and Prevention (QIPP) scheme is designed to ensure that each pound spent is used to bring maximum benefit and quality of care to patients.

6.7 The QIPP savings represent savings that the CCG will be expected to make. The QIPP savings assumed by the CCG have been derived from the CCG 10-year planning model by using service utilisation percentages to apportion QIPP opportunities between to the over 65 population.

6.8 **Council Efficiency Saving Assumptions -** The Council also has efficiency savings they expect to make. Savings of 5% in futures years of the contract and a slightly lower efficiency target in the earlier years.

6.9 Approved by: Lisa Taylor on behalf of Head of Departmental Finance, Croydon Council

6.10 Approved by: Mike Sexton on behalf of Director of Finance, Croydon Clinical Commissioning Group

7. LEGAL CONSIDERATIONS

7.1 Gowling WLG LLP, (Formerly Wragge & Co LLP) have been supporting the OBC programme from the outset. Gowling are leading on the production of the commercial documents on behalf of all parties.

7.2 The Council are being supported further by legal advisors from Trowers LLP.

8. EQUALITIES IMPACT

8.1 The equality analysis (EqIA) has previously been completed in the early phase of OBC, and has now been refreshed.

8.2 Evidence that underpinned the refresh of the EqIA included the draft Joint Strategic Needs Assessment (JSNA) that assesses the 'Health and Social Care Needs of Croydon's Older Adults & Carers. This provides a detailed understanding of the demographic characteristics, social determinants and health and social care needs of Croydon's over 65 population, and carers of people over 65. Following a high level appraisal of current need, the JSNA makes recommendations in areas for improvement.

8.3 Another key evidence base used is the 'Croydon Outcomes Framework for Older People's Care, Technical Specification'. This provides details of the

indicators and metrics which will demonstrate delivery of outcomes that matter to local people and ensure health equity.

8.4 The updated EqIA includes actions detailing how potential impacts are being responded to and how future arrangements will continue to identify and address equality monitoring and performance requirements.

8.5 Approved by: Sarah Ireland

CONTACT OFFICER: Martin Ellis, OBC Alliance Programme Director
Martin.ellis@croydonccg.nhs.uk Phone: 02034585445

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **14 December 2016**
AGENDA ITEM:	**12**
SUBJECT:	**Healthwatch Croydon report**
BOARD SPONSOR:	**Jai Jayaraman, interim CEO, Healthwatch Croydon**

BOARD PRIORITY/POLICY CONTEXT:

Healthwatch Croydon is the 'consumer champion' for local health and social care service users. We ensure that those who plan, run and oversee services listen to the views and experiences of local people. As part of our business plan for this year we are undertaking engagement projects with eight 'seldom heard' groups - people who may be isolated, vulnerable and marginalised. In this report we research the experience of refugees and asylum seekers

FINANCIAL IMPACT:

N/A

1. RECOMMENDATIONS

See report, Pages 17 – 20.

2. EXECUTIVE SUMMARY

We found that the experience of expectant and new mothers, and children, who are afforded 'social protection' including welfare and accommodation, can be radically different from that of single adults, who are not.

Without recourse to public funds, adults can find themselves homeless, many 'trapped' in their situations – desperate to work, but without official documentation, not easily able to secure legal employment. This places them in a position of vulnerability and risk – we heard accounts of exploitation, violence, malnutrition and constant tiredness. While these people do have good access to primary and emergency care services, this is not necessarily their greatest need – many are preoccupied with 'getting through the day and night'.

It is not the remit of Healthwatch to comment on welfare or housing but nonetheless we urge policymakers to consider this, and ask if the increasing reliance on the third sector to pick up the pieces, while the state 'looks on' is fair, or sustainable.

3. DETAIL

See report, Pages 7 – 17.

4. CONSULTATION

During the autumn of 2016 we engaged with 105 people of all ages, visiting organisations including Croydon Refugee Day Centre, Linguahouse CIC, British Red Cross and Tamil Family Association. We also talked to frontline staff at Crisis and the British Refugee Council.

5. EQUALITIES IMPACT

N/A

CONTACT OFFICER: Darren Morgan – Community Analyst, Healthwatch Croydon
Email: darren.morgan@healthwatchcroydon.co.uk

BACKGROUND DOCUMENTS: None

Refugees and Asylum Seekers

The health and wellbeing of those in Croydon

December 2016

healthwatch Croydon

“We all ‘shined’ earlier but something happened.”

Homeless Refugee, 2016

Contents

	Page
Executive Summary	5
1. About Refugees and Asylum Seekers	7
2. Application Process	7
3. The Experience of Local People	8
4. Adults	8
5. Unaccompanied Children	12
6. Families and Parents	16
7. Learning from Experience	17
8. Celebrating Success	20
9. What Next?	21
10. Glossary of Terms	21
11. References	21

Executive Summary

Healthwatch Croydon is the 'consumer champion' for local health and social care service users. We ensure that those who plan, run and oversee services listen to the views and experiences of local people. As part of our business plan for this year we are undertaking engagement projects with eight ‘seldom heard' groups - people who may be isolated, vulnerable and marginalised.

In this report we research the experience of refugees and asylum seekers. During the autumn of 2016 we engaged with 105 people of all ages, visiting organisations including Croydon Refugee Day Centre, Linguahouse CIC, British Red Cross and Tamil Family Association. We also talked to frontline staff at Crisis and the British Refugee Council.

We found that the experience of expectant and new mothers, and children, who are afforded ‘social protection’ including welfare and accommodation, can be radically different from that of single adults, who are not.

Without recourse to public funds, adults can find themselves homeless, many ‘trapped’ in their situations – desperate to work, but without official documentation, not easily able to secure legal employment. This places them in a position of vulnerability and risk – we heard accounts of exploitation, violence, malnutrition and constant tiredness.

While these people do have good access to primary and emergency care services, this is not necessarily their greatest need – many are preoccupied with ‘getting through the day and night’.

It is not the remit of Healthwatch to comment on welfare or housing but nonetheless we urge policymakers to consider this, and ask if the increasing reliance on the third sector to pick up the pieces, while the state ‘looks on’ is fair, or sustainable.

Recommendations for health and social care services in brief (more on Pages 17-20):

Service Accessibility

Children and advocates comment on long waiting times for psychological and emotional support, while frontline staff say it is ‘virtually impossible’ to get homeless adults assessed by a psychiatrist.

We said:

- Patients require timely access to treatment. Health professionals should signpost patients to peer and supplementary support groups, while they are on the waiting list.
- Interim support is particularly important for the homeless, who may have a tendency to drift.

It is widely known that there is a shortage of female GPs, we heard that some women experienced waits of over a month, while others have sought alternatives, such as female pharmacists, as they have lost confidence in the system.

We said:

- Given the acute under-supply of female GPs in the borough, could staff be shared among practices, or patients be prioritised based on need?

Information and Advice

Tamil women spoke of being isolated during the day, sometimes leading to anxiety and depression. Many are not aware of where they could go if they needed support.

We said:

- Practice staff are well-positioned to signpost women to community groups and activities and should take on a more structured role in doing so.

We were told that the Community Mental Health Team (CMHT) has 'lost its sense of community' and is seldom seen at hostels, and other venues where vulnerable people may be found. NHS Croydon CCG commissions SLaM to provide mental health support in the community through these teams. If a service user is based in a hostel, they will go to the hostel, if appropriate, however they need a referral via a GP or urgent care unit, see section 4.15.

We said:

We would encourage the CMHT to increase its current engagement with charities to educate groups of vulnerable people, continuing the practice of health professionals working with the third sector.

Not all people are aware of the full breadth of urgent care services available and when and how to access them.

We said:

- To educate people on their options, self-care posters and flyers should be made available, in various formats and languages where applicable. Inappropriate use of A&E or GPs should not increase, due to lack of awareness.

Language

We heard that children and adults, in particular those with poor levels of English can feel 'intimidated' at the reception desk and in the consulting room.

We said:

- A single bad experience may be enough to discourage people from returning and seeking future help. Staff need to be aware of cultural sensitivities in their interactions with new and recent arrivals.

There is a lack of awareness of the availability of interpreting services throughout the health and social care system. There is also a lack of consistency in the interpreting services provided within the system.

We said:

- GPs and providers should raise awareness of interpreting support, and do their best to identify (and act on) cases where interpretation is clearly needed.

What Next?
We intend to review progress over the next year, and will be meeting with service leads at Croydon Health Services NHS Trust, South London and Maudsley NHS Foundation Trust, and London Borough of Croydon (Public Health). We also plan to re-engage with the service users at Croydon Refugee Day Centre, and with 'frontline' organisations and charities, to measure ongoing experience.

1. About Refugees and Asylum Seekers

1.1 Refugees

A refugee is a person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside their country of nationality and (owing to such fear) is unable, or unwilling to seek the protection of that country, or return to it. (1951 United Nations Convention relating to the Status of Refugees)

In the UK, a person is officially a refugee when they have their claim for asylum accepted by the government. Refugees are not economic migrants.

1.2 Asylum Seekers

An asylum seeker is a person who has left their country of origin and formally applied for asylum in another country but whose application has not yet been concluded.

1.3 Refused Asylum Seekers

A refused asylum seeker is a person whose asylum application has been unsuccessful, and has no other claim for protection awaiting a decision. Some refused asylum seekers voluntarily return home, others are forcibly returned and for some it is not safe or practical for them to return until conditions in their country change.

2. Application Process

According to the Home Office, 32,414 applications for asylum were received in the UK during 2015. Decisions on asylum and human rights claims made in the UK are made by the UK Border Agency, which is an agency of the Home Office. It is not legally possible to apply for asylum from outside the UK. Asylum seekers are protected from removal once they have made an asylum claim and are waiting for a decision.

Asylum claims can and should, wherever possible, be made to an immigration officer as soon as an asylum seeker arrives in the UK. Once a person has passed through immigration control and is inside the UK, he or she must claim asylum at the offices of the UK Border Agency in Croydon. If an asylum application is not made as soon as an asylum seeker enters the UK, the person may be denied welfare support and accommodation. The delay may also harm their claim at a later date. Asylum applicants should find a lawyer to represent them as soon as possible to help them during the asylum application process.

In 2007, the Home Office introduced a new process for dealing with asylum claims, called the New Asylum Model (NAM).

Each asylum application is assigned to a specific member of UK Border Agency staff (known as a case owner) who will be responsible for the case, and for all decisions taken on it, from the time the application is made until the person is granted permission to stay or is removed from the UK. Decision-making is much faster than it has been in the past (usually within a few weeks).

There will be an initial screening interview in which the UK Border Agency takes the personal details of the applicant and their journey to the UK, checks if they have claimed asylum in the UK or Europe before, and gives them a reference number for their application. A few days later the applicant will be asked to attend a 'first reporting event' where they will meet the case owner who will deal with their case.

The substantive interview, or asylum interview, is held within the next couple of weeks. This is when the applicant gets an opportunity to describe to the case owner what has happened to them and what it is they fear in their own country. After the interview, some applicants may be dispersed to accommodation across the country, or taken to secure immigration centres.

3. The Experience of Local People

As the borough's 'official patient voice', Healthwatch Croydon has listened attentively to local refugees and asylum seekers, engaging with 105 people. In addition, we have consulted with staff at local charities and organisations on the frontline. This report looks at the experience of single adults, unaccompanied children, and families and parents.

4. The Experience of Local Adults

As a condition of their immigration status, asylum seekers and refused asylum seekers may have no recourse to public funds (NRPF), meaning they will not have access to welfare benefits, public housing, or financial support from the Home Office. However, some benefits and state services are not classified as public funds and so may be accessed, this includes support from social services, primary healthcare, compulsory psychiatric care, emergency medical treatment and education for children up to the age of 18.

Although people may access health and social care services as appropriate, some struggle to meet other basic needs, such as shelter and nourishment, and this must have a detrimental impact on their health and wellbeing.

4.1 Outreach at Croydon Refugee Day Centre

The Refugee Day Centre at West Croydon Baptist Church provides essential support, advice and advocacy to refugees and asylum seekers at their weekly drop-ins. Many of those using the service are homeless, some find themselves in desperate circumstances, while others in more stable environments come to socialise.

> "The nurse at the Rainbow Clinic is great!"
>
> **Expectant Mother**

We frequented the centre during September and October 2016 and engaged with 45 service users. The following themes emerged:

4.1.1 Lack of Identification

Many people did not have official identification, such as right to reside authorisation, passports or work permits, this means they cannot secure legal work, or even volunteer.

"I have no choice but to come to the centre here as I can't apply for benefits. The documents I did have were stolen and as a result there's no chance of getting secure work. A friend of mine who I sleep rough with did some labouring for this 'dodgy character' and he was given a fraction of what was promised, after a week of 'breaking his back'. Without official documents we don't have many options, it's not safe."

"Even if I could work, they pay monthly and in the meantime I would starve (I have no money at all). Sleeping rough also means I'm constantly tired. Everybody has a problem with documents, it's dreadful."

"Officers and organisations take a long time to process documents. I lost my work permit and needed a duplicate – it took the Home Office two years! Why can't they just log into a computer and print it! During that time, without a job, I lost my accommodation and am back on the street again."

"I don't have any place to go so I use this centre weekly - I can't even get a volunteering role anywhere. I can't prove who I am and they 'don't want to know'."

"Application forms (for so many things) need to be supported with identification and references. How is it possible for homeless people to get these things?"

4.1.2 Homelessness

Without recourse to housing or benefits, many people were in a destitute condition, sleeping rough, tired and malnourished.

"When on the street, you become a 'street person' and nobody wants this. In the night we don't get much sleep – my back is killing as it's hard on the pavement and the wildlife and cleaners wake us up at 5am. In early morning there are no toilets – this is not trivial as it's an £80 fine for anyone caught going in public. In the day time there's nowhere to chill and relax, so we're constantly tired. When we do get money, it doesn't last long."

"A lot of us rely on the Queen's Garden soup kitchen, which comes in the evening. Without that I don't know what we'd do. Even refugees have dignity and feel shame, but at least my family back in Sri Lanka don't know it's come to this (I'll never tell them)."

"If you're homeless you're more likely to lose things. I don't have any possessions - no phone, nothing to sleep on, only my clothes (and these were donated)."

"Here's a photo of me and a friend about two years ago – we were in good spirits and pretty optimistic when we arrived. As you can see I'm almost unrecognisable now, I've been rough sleeping for a long time, lost a lot of weight and my teeth are in a bad state. I always 'feel dirty'. Sure I use the shower once a week here, but I can't seem to 'wash the street off'. Where is my friend? He got fed up and went back home (voluntarily deported), he got mugged twice, on the second time they took his shoes. It's ironic as we came to this country to be safe!"

4.1.3 Employment Support

Those that have used or considered support from the Job Centre comment that the service is not easy to access, unresponsive and not always effective.

"There are problems with passports - everybody wants to work but we don't have the documentation, and nobody can help us. At the Job Centre everything is 'online only'. I live on the street and don't have the means to make a telephone call either. Everyone asks for identification, no matter where I go."

"At the Job Centre I have an appointment every two weeks, but time ticks. The adviser says 'I'm waiting for a decision from the manager' and other things 'randomly repeat' and all of a sudden months have passed, with little progress."

"I'm on income support and the Job Centre won't help me to get a job due to my eyesight. I need a British passport, but it cost £1,000. I sign on once a month and the money is simply not enough to get by, let alone get the passport. In the meantime all I have is 'Right to Reside' documentation and that only goes so far. I haven't been outside Croydon in 7 years."

4.1.4 Community Support

Community groups do their best to support people. With tight resource and reliance on volunteers and charity, options available will be limited.

"At Croydon Reach the advocate only works on a Monday. It took a long time to get a grant - my documents were 'in the system' for so long I got £240, the old amount, it had gone up to £360 while my paperwork was being processed."

"The Salvation Army has a 'letter service', we can use their address for 3 months, in order to receive post. It's great, sometimes a lifeline, but it's not I.D."

"Nothing interests me now – they have football and yoga clubs, but I'm preoccupied with just getting through the day and night."

"If I stayed in the hostel people say I would have got a flat, eventually. But I had to get out of there. I'm not asking much, all I want to do is get a job and have a normal life, I don't want to be stuck in a hostel."

4.1.5 Access to Health Services

Almost everybody was registered with a GP, however some find it more convenient to go straight to A&E, while others, not aware of their rights, are deterred from seeking access. For some lacking accommodation and other basic needs, health isn't a personal priority.

NHS Croydon CCG commissions SLAM to provide Community Mental Health services. These are delivered through Mood, Anxiety and Personality services and the Promoting Recovery team. These services are provided within a community setting so will involve workers visiting people who live in hostels to give support, where appropriate.

The aim of these services is to improve quality of life through promotion of health and social inclusion and promote a recovery. Referrals to this service can be from multiple sources, including assessment and treatment teams, GPs and other members of primary care teams.

NHS Croydon CCG commissions SLAM to provide mental health support in the community through these teams. If a service user is based in a hostel, they will go to the hostel, if appropriate.

Homeless asylum seekers can go to an urgent care hub and get treatment and be registered without documentation. GPs are managed by NHSE and have their own individual registration policies however they should not discriminate, based on BMA guidance: https://www.bma.org.uk/advice/employment/gp-practices/service-provision/patient-registration-for-gp-practices

"A lot of us go to A&E, simply because it's easier."

"Most of the people here are registered with GPs but there are still problems generally because of the lack of identification. A lot of us sleep in the park."

"I sleep rough and nobody cares and if I'm ill, where am I going to go? What's the use waiting for 6 hours at A&E, to be declined treatment as I don't have I.D., or a national insurance number."

"I know one guy who admits to having HIV, but he doesn't want it documented. He won't get treated for any condition in case they detect it."

"My eye's not getting better, I have pain and I'm not happy with the drug - it swells the eyes and I can't go out and have to stay home. I'm not quite sure what's wrong, but if I have no vision I can't walk. I need to get it sorted properly, but the GP says 'see the specialist' and the specialist says 'talk to the GP'. I haven't challenged this as I don't know how the system works."

"I remember going to this place on Brigstock Road (Rainbow Centre) and they got me registered with a GP. Everyone was very supportive, I was treated like a normal person and made to feel comfortable. I haven't used the GP since registering – this may sound odd to you, but my health is way down on my list, for one I have nowhere to live, I'm quite often afraid, I have no job, no money to spend – I crave a good meal and a drink. Officially I'm 'not a person', but if I'm dying, they will treat me – that gives me some comfort at least."

4.1.6 Language and Culture

Those with a limited level of English can find basic conversation 'intimidating', while others struggle to complete forms and paperwork.

> *"Refugees need somebody to explain things to them, the system, and culture."*
>
> *"A friend of mine, also a rough sleeper has a pain is her side, but I can't make her visit the GP as she feels intimidated by the reception staff – her English is very basic. Whether this is intentional or not, it means she suffers without treatment."*
>
> "Receptionists have 'a lot of power' and should be more tolerant and understanding."

4.2 Interview with Crisis

Crisis is the national charity for single homeless people. They offer year-round education, employment, housing and well-being services from centres in London and beyond. Meeting with local staff on 18th October 2016, we heard that they work very closely with other organisations including the Salvation Army and Faith in Action, to provide practical support to a 'growing number' of homeless refugees. As part of a five year review, Crisis identified Croydon as the 'area of most desperate need', with 'rising levels of poverty and homelessness'.

As a result the charity is targeting additional resource in the borough, with a new day centre to open in December that provides washing (showers) and laundry facilities, as well as tuition, such as language classes. They can also help to secure legal paperwork and assist people into employment. The aim is to 'sustain people', rather than simply provide something for the short term.

We heard that rough sleepers become ill and many have mental health issues, some 'extremely unwell' with psychotic symptoms and schizophrenia. Despite the clear concerns, it is 'virtually impossible' to get them assessed by a psychiatrist as the waiting lists are too long. Many will use substances, but 'cannot access' drug or alcohol services if they're not British. Staff say that Crisis 'end up' giving essential support that should be provided by the Community Mental Health Team (CMHT). They also note that the CMHT has lost its sense of 'community', as they no longer come out to hostels or other social venues, to 'see things as they are'.

Staff also confirmed many of the issues the refugees had told us. Language can 'make people scared' to access health services, and this can have a real impact of their health and wellbeing.

Homeless refugees have no identification - it's all too easily lost or stolen, along with other 'vital' possessions such as mobile phones. They can't get work, or other essentials like bank accounts, and many become 'trapped' in their situations.

During the winter months some churches provide accommodation, but getting into them is 'quite difficult' and the 'restrictive rules' are tough, for example having to be in by the 8pm curfew, despite having a casual job that finishes at 10pm. Those barred from one, can find themselves barred from all.

5. The Experience of Local Unaccompanied Children

Unaccompanied Asylum Seeking Children (UASC) are under 18 when their asylum claim is submitted, applying for asylum in their own right, separated from both parents and not being cared for by an adult who in law or by custom has the responsibility to do so. There were over 3,000 asylum applications from UASC in 2015, a 56% rise from the previous year. (Home Office)

UASC enter the care of a council as a looked after child and have the same rights to help and support as a child who enters the care system for any other reason.

> **"We didn't know we could get interpreters."**
>
> **Family Member**

presented. As numbers increased, this has caused capacity issues for those areas which are ports of entry to the UK.

The National Transfer Scheme (NTS) has been introduced to achieve a more equitable distribution to address these pressures.

Any child or young person claiming asylum will undergo a welfare interview by the Home Office to collect biometrics and bio data and to establish whether they have immediate health or protection needs. Children are referred to a local authority as soon as possible post arrival or post claiming asylum.

5.1 Outreach at Linguahouse CIC

Linguahouse is a Community Interest Company based in Croydon. Established in 2005, they have over ten years' experience working with young refugees and asylum seekers. As the group's name suggests, they have a particular focus on language, and aim for all young people be proficient in English.

Through their discussions with young people, parents and carers over the years, they are 'increasingly aware' that access to, and experience of health and social care services can be problematic. Issues such as cultural and language barriers, accessing GP and mental health services and poor understanding of prevention campaigns often combines to exclude young people from 'relevant and timely' services.

Healthwatch Croydon attended their event on 16th October 2016, which celebrated the group's work to-date and brought together around 30 young people from the ages of 14-25, their parents and carers.

5.2 Outreach at British Red Cross

The British Red Cross has a long tradition of providing practical and emotional support to vulnerable refugees and asylum seekers in the UK. They support people in a variety of ways, including offering emergency food, clothes or small amounts of cash to those facing severe hardship. They also help refugees access services and offer advice to the most vulnerable.

Locally, they host a 'Refugee Befriending Project' for young people, which offers professional and peer support - we visited on 22nd October 2016 to engage with around 10 young people present.

5.3 The Views of Young People

At both Linguahouse CIC and the British Red Cross, we asked young people what they feel works well, and what could be improved.

> **"Staff have made an effort to get to know me."**
>
> **Young Person**

5.3.1 What do you feel works well?

We heard many examples of good signposting, through which young people were able to access advice and support. On talking to foster parents, we heard that the system is 'more efficient than before', with children placed quicker now, than previously.

"I was referred to the South London Refugee Association, an organisation I knew nothing about, and from there I managed to get into a lot of other things, I've even made new friends!"

"I get supported by Off the Record and Compass, and it's invaluable. I don't know what I'd do without them!"

"I was told about Afghan Voice Radio and now I'm a regular listener – many of the shows are about adjusting to this country and learning, and that's vital for me as a young person."

"When I first came to the country it was really tough – at the doctors I couldn't understand people, it was difficult explaining my problem. But a year on and it's easy now – the staff have made an effort to get to know me, I feel they have looked out for me."

"I got foster parents soon after arriving and my emotions are settling down. Being with them has also helped me pick up the language and I'm learning about the culture all the time (not a day passes where I don't learn something). I am very grateful to my new parents, and the people who made it happen. I think this is a 'wonderful country'."

5.3.2 What do you feel could be improved?

New and recent arrivals may initially struggle with oral and written communication, and along with cultural awareness, this presents barriers. Long waiting times for mental health therapy is also cited as an issue.

"Language is a problem when accessing services (not only at the GP) and it can be very 'difficult and disappointing'. I am learning the language but it takes some time."

"I have a younger brother and he is very anxious, partly because of the language barrier, and also as he is not yet accustomed to the new environment. Doctors and staff should try to be understanding. At the last appointment the doctor asked questions we both didn't understand – he did try to rephrase but we were still confused and it made us both feel inadequate. We left thinking what was the point, if an interpreter was there the appointment would have been more meaningful for all. I don't know if I can convince my brother to go back."

"We need more interpreters in GPs and in hospitals, on my last two visits I feel they made assumptions because I couldn't get my message across."

"More information in Pashto please! All of us from Afghanistan are learning the language but it takes time. I do find it easier now, but when I first came it was 'quite frightening'."

"This is all new – I need somebody to explain things to me."

"They need to improve the waiting time, especially for psychological and emotional support. Personally I suffer from guilt – I made it here and I know how it is for all the people I left behind. I think about it all the time, even six months on and I need to talk to someone in order to move on. I'm still waiting, and suffering."

5.4 Interview with the British Refugee Council

The British Refugee Council (BRF) is the 'biggest voice for refugees in the country' and on 1st August 2016 we visited the Croydon branch. Supporting around 3,000 UASC locally per year, staff are very much on the frontline providing 'essential' advocacy such as help with access to education, social services, accommodation and legal support. They also supplement development, through referring to the Princes Trust, arranging activities such as therapeutic walks, and arranging work placements.

We heard from staff that unaccompanied children, many with basic levels of literacy and maths, find it difficult to integrate into society and as a result can find themselves marginalised. There are long waiting lists for schools, which means children miss out on basic development and training, at the very time they most need it. Many of the children, away from home and their families, will have emotional and mental health needs, some having experienced adversity (such as conflict, bereavement and trafficking). The lack of official identification also presents considerable barriers, such as ability to register for college, or other institutions that we take for granted.

All children including refugees and asylum seekers, are protected under the Children's Act. However, health professionals including some GPs are not aware of this, despite their legal obligations.

The local authority is responsible for planning and providing a named social worker, who will make sure children are registered with GPs and dentists. Due to 'large caseloads', social workers are operating 'beyond capacity' and this can result in delays. One child has an eyesight problem and can't read at all. The social worker, although agreeing to make arrangements, is 'taking forever' and there is no news, after weeks, of any ophthalmology

appointment. It's sometimes not a straightforward process either - a staff member recounts having to 'argue over the phone' to secure entitled visits from a key worker for a child in pain. Staff consider that social services are 'good at what they do on the whole', but sometimes assessments can be 'harsh and ill thought through'.

Sexual Health is a taboo in many of the home countries, but BRC staff have not been able to secure a talk from a sexual health professional. Children therefore remain uneducated on this important topic. Education on the whole is more of an issue than health and social care, while staff say their biggest area of concern is 'Age Dispute', whereby children who are deemed 18 or over are detained and deported.

> **"Most of the problems are systematic."**
>
> **Support Worker**

6. The Experience of Local Families and Parents

Expectant and new mothers are entitled to accommodation and additional support, and may choose local maternity services.

6.1 Outreach at Croydon Refugee Centre and Tamil Family Association

In addition to meeting mothers at the Croydon Refugee Day Centre (see 3.1), we visited the Tamil Family Association, a local organisation that supports individuals and families at 'difficult times in their lives', signposts, and promotes health and wellbeing. On 15th October 2016 we engaged with families (around 20 people) on their experience of health and social care services.

6.1.1 Access to Health Services

Everybody was registered with a GP, and the vast majority had praise for primary and acute health services. Some comment on a lack of female GPs.

"I think the standard of treatment in this country is among the best anywhere (much much better than back in Sri Lanka)! I gave birth to my son at Croydon University Hospital and both myself and my husband were very well looked after, treated with utmost dignity and respect. I had the same midwife throughout, and she came back the day after to see me, outside of her hours. At post-natal everybody was nice, the food was good and I was given tips on various things. I sent a card of thanks."

"The doctor and staff have been very supportive, before and after birth. I was referred for scans, which went like clockwork, given advice on infant nutrition and set up with a health visitor, who has also been very good (she said I have a 'cute baby boy' and made me feel valued). In a way I will miss the attention but it's nice that things have gone smoothly, I never doubted it. I am new to this country - just less than a year, but I feel at home here."

"The nurse at Rainbow Centre is great!"

"I've been in here for 10 years and registered at Brigstock Medical Centre 3 years ago - the nurse helped me to register. The service is fine, I use the pharmacy the most."

"I need to see a female doctor and the practice only has one - she only works on a Tuesday so I have to wait 3 weeks (sometimes more) to see her. The last time, even after waiting, I got there to find she wasn't in and a male doctor was booked instead. I waited all that time, to waste my time! There was no note on my record of my requirement - had there been, they could have contacted me? Anyway, I know a good pharmacist and I may consult with her on my issue, as I really can't wait another 3 weeks. Sometimes women do have to seek out alternatives and I wonder how many of us go without treatment altogether?"

6.1.2 Language and Culture

Some people were unaware of translation services, with variability on being assisted. Language barriers may also hinder diagnosis of learning disabilities and other conditions.

"My daughter's English is much better than mine, so I relied on her to translate throughout my pregnancy. Some months later I did find out the GP (and other services) can provide translators - I would still have used my daughter as I like to 'keep matters private', but other people should know about this service. Not all people have understanding cultures and families."

"Initially I translated for my mum, it was embarrassing for both of us and I think on the fourth visit the doctor realised and offered a translator for the next session. It would've been useful to know this sooner."

"I think some children are less likely to be diagnosed with learning disabilities or other conditions, due to language barriers. Only 'pushy and articulate' parents are able to get treatment – others fall through the gaps."

7. Learning from Experience

We found that expectant and new mothers, and children, are afforded the same 'social protection' that most of us are accustomed to, including access to accommodation and sustenance. This does not routinely extend to single adults however, who may have no recourse to public funds, and as a consequence, may find themselves homeless.

Many of the homeless people we talked to felt 'trapped' in their situations – desperate to work, but without official documentation, not easily able to secure legal employment. This places them in a position of vulnerability and risk, with some exploited by black market employers. The experience of rough sleeping also takes its toll – in addition to being malnourished and tired, some recount muggings and having no possessions, even something to sleep on.

Although homeless refugees and asylum seekers may access primary and emergency care services, this is not necessarily their greatest need – many are preoccupied with 'getting through the day and night'. It would appear that the system allows people to experience adversity, but is ready to act should their health be at risk.

It is not the remit of Healthwatch to comment on welfare or housing but nonetheless we urge policymakers to consider the human and financial cost, and ask if the increasing reliance on the third sector to pick up the pieces, is fair, or sustainable.

7.1 Recommendations for Health and Social Care Services

Based on what we've heard, we have summarised 'key' improvements that may be considered to improve health and social care services in certain areas.

It is the role of Healthwatch to influence the commissioning and delivery of services, therefore our recommendations are not prescriptive, but intended to inspire solutions to the issues that clearly exist.

7.1
Service Accessibility

Recommendations for GPs and Mental Health Providers

Children and advocates comment on long waiting times for psychological and emotional support, while frontline staff say it is 'virtually impossible' to get homeless adults assessed by a psychiatrist.

7.1.1 Patients require timely access to treatment. Health professionals should signpost patients to peer and supplementary support groups, while they are on the waiting list. Interim support is particularly important for the homeless, who may have a tendency to drift.

Action: By this time next year, we hope that more people will receive meaningful and timely supplementary support, while on waiting lists.

Recommendations for Public Health

Support workers at a leading charity tell us that refugees and asylum seekers are 'not eligible' for substance abuse support or rehabilitation services.

7.1.2 Levels of service need to be communicated to colleagues within the third sector. Homeless refugees and asylum seekers are a vulnerable group, low and non-existent levels of service need to be risk assessed.

Action: By this time next year, we hope that refugees and asylum seekers will be able to access some level of rehabilitation support.

Recommendations for GPs

It is widely known that there is a shortage of female GPs, we heard that some women experienced waits of over a month, while others have sought alternatives, such as female pharmacists, as they have lost confidence in the system.

7.1.3 Given the current under-supply of female GPs, could staff be shared among practices, or patients prioritised based on need?

Action: By this time next year, we hope that fewer women will lose confidence, or have to wait over a month to be seen.

7.2
Information and Advice

Recommendations for GPs

Tamil women spoke of being isolated during the day, sometimes leading to anxiety and depression. Many are not aware of where they could go if they needed support.

7.2.1 Practice staff are well-positioned to signpost women to community groups and activities and should take on a more structured role in doing so.

Action: By this time next year, we hope that fewer women from ethnic minorities will feel isolated.

7.2
Information and Advice (Continued)

Recommendations for the Community Mental Health Team

We were told that the Community Mental Health Team (CMHT) has 'lost its sense of community' and is seldom seen at hostels, and other venues where vulnerable people may be found. NHS Croydon CCG commissions SLaM to provide mental health support in the community through these teams. If a service user is based in a hostel, they will go to the hostel, if appropriate, however they need a referral via a GP or urgent care unit, see section 4.15.

We said:

We would encourage the CMHT to increase its current engagement with charities to educate groups of vulnerable people, continuing the practice of health professionals working with the third sector.

Action: By this time next year, we hope that more vulnerable groups will receive visits from community mental health professionals.

Recommendations for Croydon CCG and Health Providers

Not all people are aware of the full breadth of services available and when and how to access them. For example, when to self-manage, see a pharmacist or doctor, visit a walk in centre or attend A&E. Also awareness of NHS 111 is lacking.

7.2.3 To educate people on their options, self-care posters and flyers should be made available in various formats and languages where applicable.

Action: By this time next year, we hope that people will be more informed on self-care options, and that inappropriate use of A&E or GPs does not increase, due to lack of awareness.

7.3
Language

Recommendations for GPs and All Providers

We heard that children and adults, in particular those with poor levels of English can feel 'intimidated' at the reception desk and in the consulting room.

7.3.1 A single bad experience may be enough to discourage people from returning and seeking future help. Staff need to be aware of cultural sensitivities in their interactions with new and recent arrivals.

Action: By this time next year, we hope that fewer people will feel discouraged to visit their GP, or other services.

Recommendations for GPs and All Providers

There is a lack of awareness of the availability of interpreting services throughout the health and social care system. There is also a lack of consistency in the interpreting services provided within the system.

7.3.2 GPs and providers should raise awareness of interpreting support, and do their best to identify (and act on) cases where interpretation is clearly needed.

Action: By this time next year, we hope that more people will be supported with interpretation, as appropriate.

7.3
Language (Continued)

People often struggle to complete application forms and paperwork, with some finding 'basic questions' difficult.

Recommendations for GPs and All Providers

7.3.3 Staff should be accommodating and support patients to complete paperwork, perhaps signpost to support organisations, if not able to assist directly.

Action: By this time next year, we hope that fewer people will be put off by forms and paperwork.

8. Celebrating Local Success – The Homeless Health Team.

In 2015, Croydon's Homeless Health Team won the Student Nursing Times Award for nurse placement of the year.

The team were put forward for nomination by their own students to win over and above other services from across the country, in what the judges described as a fiercely competitive final.

The team provides much-needed support and assistance to homeless people in the community, as well as to refugees and asylum seekers, including those who have experienced distressing struggles and trauma, such as torture and rape.

It also provides care throughout the community where it is needed – including in hostels and homeless shelters. They also offer full primary healthcare services, similar to that of a GP, such as immunisations, health screening, HIV, sexually transmitted infections, and

tuberculosis screening at the Rainbow Health Centre in Thornton Heath. As part of their bid to win the award, the team created a film to describe what they do and how they support students which the judges viewed as 'inspirational' and inclusive.

On winning the award, Paul Coleman, who is the advanced nurse practitioner and clinical lead for the team, said "We are really thrilled to win especially as we were nominated for this award by our students. Our students appreciated the support they received from the team during their placement as they looked after vulnerable clients living in challenging circumstances so it is great to get recognition for the extra support and effort we all provide despite the complex work we do".

Healthwatch Croydon, through its engagement, has also recorded praise for the team, who continue to provide an essential frontline service, to a high standard.

> **"I just withdraw and accept my situation."**
>
> **Homeless Refugee**

10. Glossary of Terms

BME	Black and Minority Ethnic
BRF	British Refugee Council
CMHT	Community Mental Health Team
CCG	Clinical Commissioning Group
CPG	Croydon Carers Partnership Group
ID	Identification
NAM	New Asylum Model
NRPC	No Recourse to Public Funds
NTS	National Transfer Scheme
UASC	Unaccompanied Asylum Seeking Children

11. References

The 1951 Refugee Convention
http://www.unhcr.org/uk/1951-refugee-convention.html

Home Office Immigration statistics, April - June 2016
https://www.gov.uk/government/publications/immigration-statistics-april-to-june-2016/list-of-tables#asylum

Home Office Immigration Statistics (User Guide)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/547190/user-guide-immigration-statistics.pdf

“All I want to do is get a job, and have a normal life.”

Homeless Refugee, 2016

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REPORT TO:	**HEALTH AND WELLBEING BOARD** **14 December 2016**
AGENDA ITEM:	**13**
SUBJECT:	**Report of the chair of the executive group: incorporating risk register and board work plan**
LEAD OFFICER:	**Barbara Peacock, Executive Director of People, Croydon Council**

CORPORATE PRIORITY/POLICY CONTEXT:

The Health and Social Care Act 2102 created statutory health and wellbeing boards as committees of the local authority. Their role is to improve the health and wellbeing of local people by promoting integration and partnership working between the NHS, social care, children's services, public health and other local services, and to improve democratic accountability in health.

FINANCIAL IMPACT:

None.

1. RECOMMENDATIONS

The health and wellbeing board is asked to:

- Note work undertaken by the executive group since the last board meeting on 19 October 2016.
- Note risks identified at appendix 1.
- Agree revisions to the health and wellbeing board work plan for 2016/17 in section 3.4

2. EXECUTIVE SUMMARY

2.1 This report summarises work undertaken by the health and wellbeing board executive group since the last meeting of the board on 19 October 2016.

2.2 The board risk register was developed by the board at a seminar on 1 August 2013. The board agreed that the executive group would keep strategic risks under review and update them as required. A summary of current risks and their ratings is at appendix 1.

2.3 The health and wellbeing board agreed its work plan for 2016/17 at its meeting on 13 April 2016. The work plan is regularly reviewed by the executive group and the chair. This paper includes the most recent update of the board work plan at appendix 2.

3. DETAIL

3.1 The purpose of health and wellbeing boards as described in the Health and Social Care Act 2012 is to join up commissioning across the NHS, social care, public health and other services that the board agrees are directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the whole population, better quality of care for all patients and care users, and better value for the taxpayer.

Work undertaken by the executive group

3.2 The executive group met on 11 October and 6 December 2016. Key areas of work for the executive group undertaken in October and November 2016 are set out below. The executive group will next meet on 28 February 2017.

- Reviewed the board work plan including preparation of board meeting agenda and topic prioritisation against the joint health and wellbeing strategy.
- Agreed three board seminars over the coming calendar year (dementia, mental health and diabetes).
- Liaised with other strategic partnerships including Croydon Local Strategic Partnership and the children and families partnership.
- Reviewed board strategic risk register.
- Considered responses to public questions and general enquiries relating to the work of the board.

Risk

3.3 Risks identified by the board are summarised at appendix 1. The executive group regularly review the board risk register. The risk register was reviewed by the executive group at its meeting on 11 October 2016, with existing controls updated and a number of new controls identified. There have been no changes to the risk ratings since the board meeting on 19 October 2016.

Board work plan

3.4 Proposed changes to the 2016/17 board work plan from the version agreed by the board on 19 October 2016 are summarised below. This is version 78 of the work plan. The work plan is at appendix 2.

Appendices

Appendix 1 risk summary.
Appendix 2 board work plan.

4. CONSULTATION

4.1 A number of topics for board meetings have been proposed by board members. These have been added to a topics proposals list on the work plan.

5. SERVICE INTEGRATION

5.1 All board paper authors are asked to explicitly consider service integration issues for items in the work plan.

6 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 Where there are financial or risk assessment considerations board paper authors must complete this section and gain sign off from the relevant lead finance officer(s). Where there is joint funding in place or plans for joint funding then approval must be sought from the lead finance officer from both parties.

7. LEGAL CONSIDERATIONS

7.1 Advice from the council's legal department must be sought on proposals set out in board papers with legal sign off of the final paper.

8. HUMAN RESOURCES IMPACT

8.1 Any human resources impacts, including organisational development, training or staffing implications, should be set out for the board paper for an item in the work plan.

9. EQUALITIES IMPACT

9.1 The health and wellbeing board, as a committee of the council, has a statutory duty to comply with the provisions set out in the Equality Act 2010. The board must, in the exercise of all its functions, have due regard to the need to comply with the three arms or aims of the general equality duty. Case law has established that the potential effect on equality should be analysed at the initial stage in the development or review of a policy, thus informing policy design and final decision making.

9.2 Paper authors should carry out an equality analysis if the report proposes a big change to a service or a small change that affects a lot of people. The change could be to any aspect of the service – including policies, budgets, plans, facilities and processes. The equality analysis is a key part of the decision-making process and will be considered by board members when considering reports and making decisions. The equality analysis must be appended to the report and have been signed off by the relevant director.

9.3 Guidance on equality analysis can be obtained from the council's equalities team.

CONTACT OFFICER: Steve Morton, Head of Health and Wellbeing, Croydon Council steve.morton@croydon.gov.uk, 020 8726 6000 ext. 61600

BACKGROUND DOCUMENTS

None

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14 December 2016

Risk Status

			Risk rating		Control measures			
Risk Ref	**Business Unit**	**Risk**	**Current**	**Future**	**Future**	**Existing**	**Total**	**% Implemented**
HWB5	HWB	Limited or constrained financial allocations in health and social care which gives rise to the inability to balance reducing budgets with a rising demand	25	20	4	5	9	70%
HWB6	HWB	Failure to ensure that the Board continuously develops and has the capacity and capability to operate effectively and efficiently.	16	12	3	2	3	67%
HWB8	HWB	Board is not able to demonstrate improved outcomes for the population	16	12	4	4	4	60%
HWB4	HWB	Failure to understand the community's expressed wants and choices and to ensure that ongoing engagement with the public is maintained and views	16	12	5	2	6	40%
HWB1	HWB	Failure to ensure that the board's focus is balanced (for example, between statutory requirements / national guidance and local priorities; or health and wellbeing)	16	8	2	4	6	67%
HWB3	HWB	Failure to clearly understand the purpose, boundaries and remit of the Board	12	4	2	3	3	67%
HWB2	HWB	Failure to successfully integrate commissioning or service provision due to inability or unwillingness to share data	15	12	3	2	5	71%
HWB7	HWB	The Board fails to respond flexibly and effectively to changes in national policy or developing local issues	12	8	2	4	4	80%

Topic proposed: date to be agreed

Early years update – deferred from September 2016 meeting

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
Jan/Feb 2017 Date tbc	**Board seminar – dementia friendly communities**				
8 February 2017	**Strategic items**				
	Primary care co-commissioning	To consider the development of primary care co-commissioning arrangements in Croydon	n/a	Paula Swann	Tbc
	Social inclusion action plan	To agree draft social inclusion action plan	n/a	tbc	Tbc
	Business items				
	Better Care Fund	To inform the board of progress on the work schedule of the Better Care Fund	n/a	Paula Swann / Barbara Peacock	Paul Young / Vanda Learey
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Update	Darren Morgan
	Report of the chair of the executive group • Work plan	To inform the board of work undertaken by the	n/a	Barbara Peacock	Steve Morton

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
	• Risk	executive group, to consider performance and review the board risk register			
5 April 2017	**Strategic items**				
	Review of the local strategic partnership and health and wellbeing board (including partnership group review)	To consider proposed changes to board governance arising from the review of the LSP and HWB	n/a	Barbara Peacock	Brenda Scanlan / Steve Morton
	Business items				
	CCG operating plan 2017/18	The board has a statutory duty to give an opinion on the alignment of the CCG's commissioning plan to the JHWS	n/a	Paula Swann	tbc
	Healthwatch Croydon report	To report on relevant issues to the board	n/a	Charlie Ladyman	Darren Morgan
	Report of the chair of the executive group • Performance report • Work plan • Risk	To inform the board of work undertaken by the executive group and consider the board risk register	n/a	Barbara Peacock	Steve Morton
May 2017	**Board seminar – mental health strategy review (led by Cllr Woodley)**				

Date	Item	Purpose	JHWS priority	Board sponsor	Lead officer / report author
November 2017	**Board seminar – diabetes**				

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