Health & Wellbeing Board

To:
Councillor Louisa Woodley (Chair)
Dr Agnelo Fernandes, NHS Croydon Clinical Commissioning Group (Vice-Chair)
Councillor Jane Avis
Councillor Margaret Bird
Councillor Janet Campbell
Councillor Alisa Flemming
Councillor Simon Hall
Councillor Yvette Hopley
Rachel Flowers, Director of Public Health - Non-voting
Edwina Morris, Healthwatch
Guy Van-Dichele, Interim Director of Adults Social Care, Croydon Council - Non Voting
Robert Henderson, Executive Director of Children, Families and Education
Dr Faisil Sethi, South London and Maudsley NHS Foundation Trust
Michael Bell, Croydon Health Services NHS Trust - Non-voting
Steve Phaure, Croydon Voluntary Action - Non Voting

A meeting of the **Health & Wellbeing Board** will be held on **Wednesday, 19 June 2019** at **2.00 pm** in **F10, Town Hall, Katharine Street, Croydon CR0 1NX**

JACQUELINE HARRIS BAKER
Director of Law and Governance
London Borough of Croydon
Bernard Weatherill House
8 Mint Walk, Croydon CR0 1EA

Cliona May
020 8726 6000 x47279
cliona.may@croydon.gov.uk
www.croydon.gov.uk/meetings
11 June 2019

AGENDA – PART A

1. Apologies for Absence

To receive any apologies for absence from any members of the Committee.

2. Minutes of the Previous Meeting (Pages 3 - 8)

To approve the minutes of the meeting held on 10 April 2019 as an accurate record.

3. Disclosure of Interests

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 to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a

cumulative value of £50 or more when received from a single donor within a rolling twelve month period. 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 Democratic Services representative at the start of the meeting. The Chair 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 of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

5. Public Questions

There are none.

6. Supporting the whole person through an integrated locality approach (Pages 9 - 20)

7. Annual Report of the Health & Wellbeing Board 2018/19 (Pages 21 - 30)

8. Croydon's Health and Care Transformation Plan (Pages 31 - 60)

9. Measles and MMR vaccination in Croydon (Pages 61 - 82)

10. Exclusion of the Press and Public

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder 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 items 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."

Health & Wellbeing Board

Meeting held on Wednesday, 10 April 2019 at 2.00 pm in F10, Town Hall, Katharine Street, Croydon CR0 1NX

MINUTES

Present: Councillor Louisa Woodley (Chair);
Dr Agnelo Fernandes (NHS Croydon Clinical Commissioning Group) (Vice-Chair);
Councillor Jane Avis
Councillor Margaret Bird
Councillor Janet Campbell
Councillor Yvette Hopley
Rachel Flowers, Director of Public Health - Non-voting
Guy Van-Dichele, Interim Director of Adults Social Care, Croydon Council - Non Voting
Robert Henderson, Executive Director of Children, Families and Education
Jonathan Northfield, South London and Maudsley NHS Foundation Trust
Michael Bell, Croydon Health Services NHS Trust - Non-voting
Steve Phaure, Croydon Voluntary Action - Non Voting
Gordon Kay, Healthwatch

Also Present: Councillor Alison Butler

Apologies: Councillor Alisa Flemming, Councillor Simon Hall, Emma Leatherbarrow and Dr Faisil Sethi

PART A

1/19 **Minutes of the Previous Meeting**

RESOLVED that the minutes of the meeting held on 27 February 2019 were agreed as an accurate record

2/19 **Disclosure of Interests**

There were no disclosures at this meeting.

3/19 **Urgent Business (if any)**

There was none.

4/19 **Public Questions**

There were none.

5/19 **Social Prescribing**

The Group Operational Manager, Brian Dickens, introduced the report and did a presentation for the Board explaining that the Croydon Social P had been built on creating engagement opportunities, providing support with the aim of affecting long term behavioural change and developing local opportunities to assist in health self-management.

The Director of Alliance Programme, Rachel Soni, provided an update for the Board regarding the Local Voluntary Partnership. It was explained that there was funding available up to £5,000 per project and it was hoped that all funding would be distributed by the end of July 2019.

Councillor Hopley explained that there were initial concerns in Purley; however, it was a fantastic initiative and the community within the ward, including local GPs, were noticing the positive impact. She noted that the Selsdon ward had similar concerns to those in Purley and invited them to network with the Purley Ward Councillors. She thanked everybody involved for their hard work and added that data collection would be key to ensure the data was utilised by all services. The Group Operational Manager noted that data was being collected in three ways; the GPs were using an online system to track the changes made, there was an independent research team working closely with NHS England and CCG, and community orientated research was also being collected.

Councillor Avis stated that she was very supportive of the work; however, noted concern that large, private businesses (such as; Apple, Barclays and Facebook) were in partnership. As a local authority, it was important to ensure that these businesses were in-line with the ethical guidelines and paid the living wage. The Group Operational Manager confirmed that the relevant checks were being made.

The Director of Public Health explained that it was positive to have a large number of GPs supportive of the scheme and she was pleased to see all the different partnerships and sectors that were involved. It was noted that sustainability should be focused on to ensure that it was still relevant and active in 10 years' time.

The Croydon Voluntary Action representative, Steve Phaure, echoed the Director of Public Health's comments regarding sustainability and added that it was important to find a sustainable way to support the funding process for at least five years and engage with the community through organised activities.

The Croydon Health Services NHS Trust representative, Michael Bell, noted that in 2014/15 NHS England were promoting the scheme and it was positive that the London Borough of Croydon had embraced it. He explained that the London Health Commission had completed their work in 2010-12, which had mirrored the work of Social Prescribing. The programme was unfortunately stopped; however, a lot of positive work had been completed which could be utilised through the Social Prescribing.

In response to Councillor Bird it was noted that the full data collected would be reported to the Health & Wellbeing Board at the end of 2019.

RESOLVED – That the Board agreed to:

1) Note the progress made to date on embedding social prescribing – Croydon's 'Social P' across the health and care system in Croydon, and

2) Note the roll out of the Local Voluntary Partnership (LVP) initiative since January.

6/19 **Impact of Universal Credit on Croydon**

The Director of Gateway Services, Julia Pitt, and the Cabinet Member for Homes & Gateway Services, Councillor Alison Butler, introduced the report and did a presentation for the Board.

The Cabinet Member for Homes & Gateway Services gave an overview of Universal Credit and noted that the London Borough of Croydon was one of the pilot schemes for the enrolment in June 2015. She noted that when it was first introduced payments were delayed for up to 12 weeks; however, this had now been improved. This was mainly due to a high number of private landlords beginning to accept Universal Credit. It had a large financial and resource impact on Croydon Council and it had been difficult to retain staff; however, these problems were currently being scrutinised by Gateway Services.

The Enablement Service Manager, Paul Garlick, gave an overview of Gateway Services, the ongoing work and projects and challenges being faced. He noted that there were concerns for vulnerable patients receiving one large payment of benefits, especially when there were existing addiction problems. Universal Credit could also not be backdated which had been causing issues.

The Enablement Service Manager outlined the joint working slide in the presentation and noted that the partners were: Gateway Services, Social Services, Public Health, Housing, Collection Teams, Education, the Energy Team, and the external key partners were CABx (the Citizens Advice Bureaux) and JCP (Job Centre Plus). From 1 April 2019, it would be moved to CABx and the funding had been cut by the Government; Gateway Services

staff were continuing their employment to assist with Universal Credit support due to this.

It was explained to the Board that the introduction of the Community Food Stop had helped retained 51 tenancies and 50 of these residents were now working full time. It was noted that the Community Food Stop was not a food bank, but provided fresh goods for an affordable price and also had access to support services regarding debt and poverty through Credit Union and information on immunisation was available.

In response to Councillor Hopley the Director of Gateway Services recognised that there could be improvement of communication to local Councillors concerning the available services and noted that Gateway Services would focus on liaising with the Health & Wellbeing Board further regarding this. She noted that there were currently discussions with local churches in the Coulsdon area regarding the introduction of another Community Food Stop. The Cabinet Member for Homes & Gateway Services agreed with the concerns raised by Councillor Hopley and added that every ward had deprivation and urged Councillors to approach Gateway Services as soon as problems become apparent.

Councillor Avis thanked the officers and Cabinet Member for the presentation and noted that the work conducted by the Credit Union was very positive; however, they did not have the funding to advertise on a large scale. She suggested that the GPs could refer patients to Credit Union.

In response to Councillor Campbell the Enablement Service Manager noted that all staff members within Gateway Services had received mental health training. The Director of Gateway Services also responded and explained that there were assertive outreach workers within the community so those who were homeless did not have to attend appointments in the council offices. This work had been positive and as way of example, she explained that one woman had been homeless for 16 years and after the working with an outreach officer she was now in accommodation through Housing First.

The Croydon Health Services NHS Trust representative noted that the council needed to focus on the inequality for women as there was now a disadvantage with Universal Credit as child benefit was no longer available as a separate benefit. The Director of Gateway Services explained they worked closely with Public Health and welcomed the offer of training from the NHS Trust on contraception within different cultures. She added that there were issues with residents being unable to afford sanitary products and collection points within the council buildings had been introduced to provide products for those in need.

RESOLVED – That the Board agreed to:

1) Note the approach of Gateway in tackling not only Universal Credit issues but all welfare reform challenges

2) Note the take up campaigns Gateway were supporting across Resources, Public Health and Energy Officer.

3) Note the joint working between Gateway and Public Health around food poverty action group and healthy start.

7/19 **Croydon's Health and Care Transformation Plan**

The Director of Commissioning - Croydon CCG, Stephen Warren, introduced the report and noted a draft report had been discussed at the Health & Wellbeing Board on 27 February 2019 and the final report would be presented in summer 2019, where there would be an opportunity for final engagement. The Executive Director of Health, Wellbeing and Adults, Guy Van Dichele, noted that there was a co-produced plan to ensure the strategy was delivered effectively.

It was noted that the London Borough of Croydon was doing well integrating health and social care; the award winning One Croydon Alliance was a testimony to the hard work already taking place for older people.

The Executive Director of Health, Wellbeing and Adults explained that work was underway following the publication of the NHS Plan. The Local Plan would require changes to governance but assurances by SWL to delegate resources to Croydon as a place had been made. It was noted that Croydon was increasingly getting recognition for the work already in place and its plans for the future and was committed locally to doing what was right for its residents.

RESOLVED – That the Board agreed to note the One Croydon Directional Statement and the next steps for integrated community networks.

8/19 **Mental Health Community & Crisis Pathway Transformation**

The Director of Commissioning - Croydon CCG introduced the report and did a presentation for the Board. He highlighted that a more holistic approach for patients would be introduced through hubs across the borough to provide multiple services in one location. He also explained that it was important for primary care to be strengthened and to allow GPs longer appointment time for patients with mental health issues.

The Croydon Voluntary Action representative noted that it was important to consider all existing services within the borough for the introduction of the hubs.

In response to queries regarding violence within the borough, the Director of Commissioning explained that it had been identified as a key area, along with the mental health issues around this, and consequently would be reflected in the Transformation Plan.

In response to Healthwatch it was agreed that early intervention work needed to be emphasised further in the plan and the CCG had been working closely with Public Health regarding preventative work.

The Director of Public Health stated that there was a link between physical ill-health, housing poverty issues and mental health issues; she advised that this was included within the plan.

Chief Operating Officer Croydon CCG, Andrew Eyres, noted that mental health was complex and it was important to develop a service to help all of these complex needs.

RESOLVED – That the Board agreed to note the approach outlined within the report.

9/19 **Brexit Update**

The Director of Public Health and the Public Health Consultant, Helen Harrison, introduced the report and assured the Board that there were a lot of people within the borough working on mitigating the impacts from Brexit. It was explained that currently the main focus was on the short term impacts on the health system as it was not possible to predict the long term impacts, and would not be until the Brexit approach was agreed.

The Vice-Chair confirmed that contingences within the GP surgeries were being made and patients were being reassured.

RESOLVED – That the Board agreed to note the potential impacts of Brexit on health and wellbeing and the national guidance on local and national preparedness.

10/19 **Exclusion of the Press and Public**

This was not required.

The meeting ended at 4.39 pm

Signed: .....

Date: .....

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **19 June 2019**
SUBJECT:	**Supporting the whole person through an integrated locality approach**
BOARD SPONSOR:	Guy Van Dichele, *Executive Director Health, Wellbeing and Adults* Dr Agnelo Fernandes, *CCG Chair, Health and Wellbeing Board Vice-Chair* Rachel Flowers, *Director of Public Health*

BOARD PRIORITY/POLICY CONTEXT:

- This report addresses and updates the board on the developments in supporting the whole person through an integrated locality approach across the system in Croydon.
- Locality approaches will deliver the priorities of the Health and Wellbeing Strategy, in particular priority 8 – The right people in the right place at the right time.

FINANCIAL IMPACT:

There are no immediate financial considerations, beyond the funds that have already been committed by the partners. As the approach is developed further, there may however be cost implications for this approach in relation to:

a) Potential changes to estates / assets to equip them for either service delivery or for staff to be located in the localities that they serve
b) Organisational development support, to facilitate effective joint working across services and partners
c) The development of enhanced data sharing capabilities
d) The development of an effective, cross-partnership signposting tool.

1. RECOMMENDATIONS

Health and Wellbeing Board is asked to:

1.1 Comment on the latest position of the localities approach, which is being developed across Croydon.

1.2 Note the Healthwatch recommendations in 8.1 and discuss next steps for addressing them.

2. EXECUTIVE SUMMARY

2.1 In Croydon our approach to health and wellbeing is rapidly evolving and an important part of that is ensuring that the areas we live in are providing what we need to maintain healthy and productive lives. When Croydon residents seek help they should be able to find the assistance they need locally with services tailored to local needs.

2.2 This report includes perspectives and updates on our locality approaches for:

- Council's Operating Model
- Health and Care Locality Development – Integrated Community Networks +
- Locality approach for the Children and Young People agenda
- Shift to strengths based approaches, such as Community Led Support
- The locality approach and the voluntary and community sector experience
- A Healthwatch Croydon perspective on what locality working means to the public

3. DETAIL

3.1 Integrated Community Networks + locality model

3.2 The health and care locality approach – Integrated Community Networks+ (ICN+) model is being developed in localities across Croydon. Need, responding models of care, and affordability will determine whether interventions need to be delivered at the locality level, across localities or borough wide. It has been agreed to pilot the ICN+ programme in Thornton Heath. It is envisaged that the development of each ICN+ will be in conjunction with the development of a Primary Care Network, which will be an integral part of the development of ICN+. The NHS long term plan has set out the ambition for each GP practice to be part of a local primary care network so that these cover the whole country as far as possible by the end of 2019/20. Primary care networks will be based on GP registered lists, typically serving natural communities of around 30,000 to 50,000. They should be small enough to provide the personal care valued by both people and GPs, but large enough to have impact and economies of scale through better collaboration between practices and others in the local health and social care system. The intention behind these changes inserted into the GP contract is to focus services around local communities and local practices to help rebuild and reconnect the primary healthcare team across the area they cover and partner with other disciplines. By 31 May 2019, commissioners reached agreement with general practices for network list size and the geographical areas. There are planned to be nine Primary Care Networks in Croydon. This development builds

on the work of the first phase of One Croydon's Integrated Community Networks where we have successful multi-disciplinary 'huddle' working, proactively identifying and case managing people to avoid escalating need and development of partnerships in the voluntary and community sector. A key enabler for this new way of working is the utilisation of over 30 community hubs for the delivery and advancement of social prescribing to meet people's social and emotional needs that impact on their health and wellbeing.

3.3 The models of care will focus on a range of services that will go beyond working jointly but will work in an integrated way. That means the workforce will be multi-skilled to work across professional boundaries and also joint locality management teams. This can only be achieved by bringing together community based services to provide proactive joined up care, working towards shared outcomes. Care should be joined up and with a focus upon proactive care in the named localities preventing people needing acute services or long term social care**.**

3.4 Through four design workshops, a core ICN+ team of health and social care professionals has been identified. This includes social work, community nursing, occupational therapy and physiotherapy and mental health practitioners. The next steps of the project is to use population health data and specific community assets to develop each ICN+ locality and provision of services. An innovation site is being set-up in Thornton health to continue the development of the model.

4. The Council's Locality Operating Model

4.1 The Council is changing the way that it delivers services: to ensure that they best meet local needs, are evidence based and focused on prevention. This recognises that Croydon is a large and diverse borough, with strengths, assets and needs that differ across the Borough. These changes are collectively articulated as the 'Operating Model', setting out how the council needs to change the way that services are delivered. Further details are contained within the Council's Corporate Plan for 2018-22.

4.2 One of the key principles is a greater consideration of how the Council, with its partners, delivers services within localities. The aim is that the Council delivers place-based, integrated services that help residents to find the information and support they need within their local community and which are tailored to local need.

4.3 The localities approach is being developed iteratively. This means that there is no 'big-bang' overnight change anticipated. We are however looking to align existing activity taking place in localities, whether delivered by the Council, partners or community groups. This locality focus also allows the Council to identify any gaps in provision in geographical areas, working with services and community groups to consider how local organisations can best align and adapt approaches to improve outcomes for residents.

4.4 The Council identified three initial areas of focus to pilot the localities approach. The selection of the pilot areas was based on a number of factors including geographical spread, inequality and the existing or planned activity taking place in these areas. The three areas that will form the initial focus are North Croydon

(specifically Bensham Manor, West Thornton and Thornton Heath wards), New Addington and South Croydon.

4.5 The first pilot to be considered was North Croydon. A process was established to determine the focus of the locality approach. The starting point was to look at the physical assets within an area, the current services/activity being delivered there and the data and the intelligence held about the residents requirements within the area. These datasets include a consideration of the data held within the Joint Strategic Needs Assessment and the health profiling of localities within the Acorn segmentation tool, in addition to data held by various services. The analysis of these datasets allows us to build a rich profile on localities, from which the Council can determine the initial areas of focus and the services that will be required in those areas.

4.6 In North Croydon, the analysis highlighted a relatively high level of children in the area who were in receipt of statutory social care services, compared with the Croydon average. So the focus of the pilot in North Croydon is to strengthen and align those preventative services for children and families that we know require additional support. Early Help services will play a key role in this, but we also want to ensure that there is a close alignment of those services that we know have a crucial part to play in supporting these families, on issues such as health and well-being, employment and skills, housing, and welfare and income maximization.

4.7 These targeted families are the initial focus, through the localities approach we are also considering the requirements of the wider population in that area. This will also aim to consider opportunities to prevent any issues from becoming problems. The Community Connect offer, delivered by the Council's Gateway Services Team in partnership with a number of voluntary and community sector partners, will provide some of these wrap-around services in North Croydon, when it launches from the Parchmore Community Church in June 2019. This targets residents who are most significantly impacted by welfare reform changes. The range of services offered includes a Food Stop, where a targeted group of residents can access fresh food and groceries worth £15-20 at a cost of £3.50 per week. These customers also have the opportunity to receive services from Community Connect that can support them with challenges associated with the welfare reforms, which can include around health and well-being, employment and skills and income maximisation.

4.8 In North Croydon, there have been a number of either new or revised services for residents developed in recent months as part of the locality pilot. In relation to Housing, the Council recently brought several services together to hold an information and advice event in one of the Council's high rise residential blocks in North Croydon. This ensured that those residents were aware of and accessing the wide range of support available to them, including opportunities through social prescribing so that they are supported to live independently and happily. We have also placed a tenancy sustainment officer at Thornton Heath Library on a weekly basis to provide advice on a drop-in basis and another officer provides advice to those residents renting from the private sector, again from the Library, on a monthly basis.

4.9 We want to ensure that we are making the most of valued local and community assets, so that more services, information and advice can be accessed closer to home. This includes further developing the range of services that are delivered from libraries. In Thornton Heath Library, this will include providing access to Council officers at specified times, who can offer support and advice on multiple issues such as welfare, income maximisation, skills and employment, health and wellbeing, housing and benefits. Some cosmetic changes to the Library were made to support this, including the installation of 'pods' to allow one-to-one discussion and the refurbishment of the Community Space.

4.10 The Council have employed a Locality Manager for each of the pilot areas. The primary purpose of the role is to bring together the Council, partners and voluntary and community sector organisations to ensure that there is greater collaboration and alignment between these services. They will also identify opportunities and design new ways of delivering services in the locality. They will also play a key role in monitoring and measuring the impact that this work has on outcomes for local residents.

4.11 In North Croydon, the Locality Manager attends the Thornton Heath Multi-Agency Neighbourhood Meeting, where a broad range of health and social care related priorities, activities and events are discussed. Recent areas of focus have included Social Prescribing, ensuring that all of the organisations who attend the multi-agency meeting, are clear on the offer that is available to residents. This will support knowledge sharing across organisational boundaries and enhance the effectiveness of signposting residents to services.

4.12 The primary focus of the pilots will be different in each area, based on the intelligence. In New Addington and in South Croydon, we are currently in the process of finalising the data on the areas and determining what those priorities will be. In New Addington for example, we know that there are significant challenges around Health and Wellbeing outcomes for some residents, so it will be important to work closely with the Integrated Community Network, Public Health colleagues and community based organisations in that area, to understand the current and planned activity in relation to health and well-being and how the locality work can best support that.

5. Locality Approach for Children and Young People

5.1 Following the appointment of new leadership in the Council's Children's department at Executive Director and Director Level between November 2018 and January 2019, work has been underway to develop a strategic framework to guide the department's work, aligned to the following corporate plan outcome;

"Our children and young people thrive and reach their full potential"

5.2 The departments 'destination' for children and young people in 2021 is "outstanding outcomes". We will achieve this ambition through four core activities, set out below:

- **Relationship based work**; this means adopting a relationship based (systemic) practice model particularly in social care which allows us to build

and sustain relationships of trust to build on successes and make change together with;

- children, young people, families and carers
- one another (colleagues)
- Schools and colleges
- partners (health, police, voluntary and cultural sectors)
- local communities

- **Early intervention, prevention and inclusion**; this means investing in prevention; working with schools and communities to identify needs and deliver services as early as possible, to meet needs at the right time, in the right place and in the right way. We will promote educational inclusion and focus on preparing children for transitions and independence.

- **Locality working**; this means bringing our services closer to the communities they serve through changing where and how we work. We will use local knowledge and intelligence (e.g. data and feedback) to ensure communities can access the services they need from us and partners, closer to home.

- **Skilled and stable workforce**; this means investing in permanent recruitment and retention to reduce workloads and enable more consistent relationships with children, families, schools and partners. We will build and develop multi-skilled teams and future leaders through a strong L&D offer and 'high support, high challenge' culture.

5.3 Our practice framework for Early Help and Social Care which is a relationship based model is about developing trusting relationships with children and young people, their families and carers and our key partners and community allies to make positive change together.

5.4 Working in smaller geographical areas (localities) will support this approach by minimising the number of different professionals frontline staff work with locally and allowing them to develop better knowledge of an area and community; gathering a more holistic picture of a child or young person's needs and strengths within the community and identifying what resources (e.g. services and people) are available locally to reduce risk and build resilience.

6. Community Led Support – strengths based approaches

6.1 For locality working to be a success, Croydon is adopting a strengths and asset based model of social care and social work across the borough over the next 12-18 months and working with its partners to introduce the model more widely. The council is working with a partner, the National Development Team for Inclusion, NDTi, to embed the approach which is called Community Led Support.

6.2 Community Led Support focus is on ensuring people receive support quickly, before crises occur. The support they receive is different, based on good strengths based conversations rather on than long and bureaucratic assessment and eligibility processes. It is based on a set of principles and approaches that help people to achieve what matters most to them. The approach supports

people to build on their own skills, assets and abilities, those of their friends and family, connecting people with people and with local communities. It is a place based approach that recognises every community is different and there is not a "one size fits all" response.

6.3 Community Led Support is working in 25 local authorities across England, Scotland and Wales and where it has been established is having many positive effects including reducing waiting lists, improving staff and resident experience and satisfaction, reducing bureaucracy and costs.

6.4 The approach aims to change Practice, System and Culture. The Community Led Support background document A provides more information on the elements of the programme.

7. The Voluntary and Community Sector Experience of Locality Approaches

7.1 The VCS specialises in taking a holistic approach that identifies the full context within which a person defines their needs and aspirations. Its appreciation of the whole person has informed its preventative work, that itself puts a premium on personal resilience and the value of strong communities. The background document B discusses the approaches to putting prevention into practice, developing local assets and includes two case studies demonstrating how the VCS has brought people together in their locality.

7.2 From CVA's perspective the evidence base supporting locality working is built on human story-telling, with a tapestry of 'whole person' case-studies making the case for a greater investment in relationship and community building. In capturing the effectiveness of locality working from a VCS perspective CVA expect to show that the foundations must be in place – strong relationships, good connections and a real sense of community – and that only a bottom-up process can lay these foundations and provide local people with the space to design and deliver their own solutions.

8. Healthwatch Croydon perspective on what locality working means for the public

8.1 As part of an NHS England grant to Healthwatch England, Healthwatch Croydon were asked to provide patient insight to support the local Health and Care Plan development.

One of the aspects of the new plan is the development of Integrated Community Networks and Primary Care Networks to deliver services at local neighbourhood levels of 30,000 to 50,000 people.

In early May 2019, Healthwatch Croydon, in association with NHS Croydon Clinical Commissioning Group, ran two successive two-hour public events in Thornton Heath to gain insight into how this new service model of services would be received by local residents.

There were four aspects that were explored:

- Views on the new model of care
- How can providers engage better through ICNs?

- How can new models of co-production be created?
- How can health providers be locally accountable?

These are our findings based on the conversations had with attendees:

A. **Understanding the model**

- Confusion over the Integrated Community Network/ Primary Care Network model: It is seen by the public as too difficult to understand and with too much terminology. It is difficult to see the individual resident's place in this. It is seen as unclear where the GPs have a role.
- The focus of the model is still too much from the NHS perspective: It needs to emphasise the community more and the wider partners where health and social care impact such as Department of Work and Pensions and schools.

Healthwatch recommendations:

- ICN/PCN model needs to be represented from the patient perspective: Healthwatch can provide a neutral role and advise on simplifying the language and setting this out from the patient perspective.
- Look to build strong relationships and learn from organisations beyond health and social care services such as schools and relevant government departments.

B. **Widening access**

- Link workers have a role to play in understanding communities: They can have a crucial role in bringing together different parts of the community.
- Accessing younger and working populations: Model looks good for those who are currently older or ill, but the younger and working populations are not really represented.
- Funding opportunities: Many community groups where community life happens, or could be developed, need funding. This could be an incentive to work with providers in developing the ICN+ model.

Healthwatch recommendations:

- Enhance the link workers role to be enable real community engagement, coproduction and representation.
- Focus activity on engaging those of working age and younger populations by going where they and not expecting them to come to providers.
- Create or maintain funding streams to build community assets and raise profile of change.

C. **Communications**

- Don't underestimate the personal: While it is sensible to digitize some services and reduce unnecessary GP appointments, many people value personal contact whether for information or advice.
- More effective communication is needed on why people do not need to see a GP, for example with self-referral.
- Little information on how long it is going to take to get to this new model. This may create expectations on how quickly this can be delivered.
- Clearer, simpler explanation of pathways is required particularly where they do not require a GP.

Healthwatch recommendations:

- Define opportunities for personal face to face contact to occur.
- Expectations need to be managed concerning rollout and timescale, with communication of clear timetables and regular updates to build confidence.

D. **Building Community Ownership and representation**

- New and creative ways need to be considered to engage a sense of community. This needs to be done physically as well as digitally and needs to reflect diversity of approaches and languages, encouraging ethnic group representatives to support these initiatives.
- The process of influencing and representation is seen as confusing by residents and there is the issue of balancing these: There is a need to explain this in simple terms using models understood beyond health and care. This includes level of formality, whether the role is paid, how much experience representative need to be effective and whether training and mentoring could be given to prevent barriers to access.
- There is an interest in developing a community engagement model that leads to ownership and then leadership in neighbourhoods: This should explore ways of empowering people at each stage to be involved, take ownership and responsibility for leadership roles in each locality

Healthwatch recommendations:

- Community mapping to build networks across different groups and relevant materials to get out to hard to reach groups.
- Apply principles that worked with Department of Work and Pensions Yes We Can event and SLAM membership schemes to build community engagement and empowerment structure.
- Look beyond current ideas to ask the public for their ideas around some simple questions.
- Consider a community engagement model that leads to ownership and then leadership in neighbourhoods.

9. CONSULTATION/COMMUNICATION

9.1 The Council's Operating model programme has looked at the findings of recent engagement activity to inform the locality model thinking. This includes the Community Engagement activity that took place in New Addington in February 2019, and some of the findings of the Residents Survey (2018). A number of datasets have been reviewed to develop the evidence base for the locality approaches in Thornton Heath, New Addington and South of Croydon. Individual communications, service promotions and a draft website page is available for the council's locality model.

9.2 The Community Led Support programme will establish a steering group – "Making it Happen" made up of people with lived experience in local communities and with voluntary and community sector colleagues to continually co produce the way forward.

9.1 The Healthwatch report made the following recommendations around communications namely:

- Define opportunities for personal face to face contact to occur.
- Expectations need to be managed concerning rollout and timescale, with communication of clear timetables and regular updates to build confidence.

Consideration to how these will be addressed is required.

9.2 Communications plans for each of the locality approaches need to be reviewed and developed and signposting tools such as directory of services will feature to direct people to where and when to access services in their locality.

10. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

10.1 There are no immediate financial considerations, beyond the funds that have already been committed by the partners. As the approach is developed further, there may however be cost implications for this approach in relation to:

- Potential changes to estates / assets to equip them for either service delivery or for staff to be located in the localities that they serve
- Organisational development support, to facilitate effective joint working across services and partners
- The development of enhanced data sharing capabilities
- The development of an effective, cross-partnership signposting tool

Funding will need to considered and allocated form the appropriate source once projects are developed and costs known.
It is also expected that there will be savings from this work as services are delivered differently, this will need to identified and reported so the impact of this work can be clearly reported and measured.

Approved by: Lisa Taylor- Director of Finance, Investment and Risk

11. LEGAL CONSIDERATIONS

11.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance that there are no direct legal implications arising from the recommendations in this report.

Approved by: Sandra Herbert, Head of Litigation and Corporate Law on behalf of the Director of Lawn and Governance and Deputy Monitoring Officer

12. EQUALITIES IMPACT

12.1 Each work stream described within the report will be undertaking its own relevant Equalities Analysis as required. The work is being developed with the explicit aim to reduce inequalities. The approach will help the Council ensure the services it delivers best meet local needs.

12.2 It will also help the Council meet a range of equality objectives as listed below:

- To increase the rate of employment for disabled people, young people, over 50s and lone parents who are furthest away from the job market
- To reduce the rate of child poverty especially in the six most deprived wards
- To reduce differences in life expectancy between communities

Approved by: Yvonne Okiyo, Equalities Manager

CONTACT OFFICER: Hazel Simmonds, Executive Director of Gateway, Strategy and Engagement
Hazel.simmonds@croydon.gov.uk

APPENDICES:
None

BACKGROUND DOCUMENTS:

Background Document A - What does locality working mean for adult social care - Community Led Support
Background Document B - Supporting the whole person through an integrated locality approach: What does the locality approach mean for CVA?

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REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON) 19 June 2019**
SUBJECT:	**Annual report of the Health and Wellbeing Board 2018/19**
BOARD SPONSOR:	***Guy Van Dichele*** ***Executive Director, Health, Well-being and Adults***

BOARD PRIORITY / POLICY CONTEXT

The constitutional requirement that Council receive and consider the annual report of the Health and Wellbeing Board.

Health and Wellbeing is relevant to all of the Council's corporate priorities but the key priorities that the Board aligns to are:

- People live long, healthy, happy and independent lives
- Our children and young people thrive and reach their full potential

FINANCIAL IMPACT:

There are no direct financial implications arising from this report**.**

1. RECOMMENDATIONS

The Board is asked to:

1.1 Endorse the annual report of the Croydon Health and Wellbeing Board 2018/19, attached at Appendix 1and recommend its presentation to Full Council for consideration and approval.

2 EXECUTIVE SUMMARY

2.1 The report in appendix 1 summarises the work undertaken by Croydon Health and Wellbeing Board during from June 2018 to May 2019.

2.2 The report sets out the functions of the Board and gives examples of how the Board has discharged those functions.

2.3 Examples of key achievements of the Board are described, including the encouragement of greater integration and partnership working, tackling health inequalities, and increasing focus on prevention of ill health.

3. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

3.1 There are no direct financial implications arising from this report.

Approved by: Lisa Taylor, Director of Finance, Investment and Risk

4. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

4.1 The Solicitor to the Council comments that the Health and Wellbeing Board is required to prepare an annual report to full Council for consideration and comment. There are no additional legal considerations arising from the recommendations within this report.

Approved by: Sandra Herbert Head of Litigation and Corporate Law for and on behalf of Jacqueline Harris-Baker, Director of Law and Governance, Council Solicitor and Monitoring Officer.

5. EQUALITIES IMPACT

5.1 A Key principle underlining the Croydon Health and Wellbeing Strategy and all of the work of the Health and Wellbeing Board is to reduce Inequalities and this is a strong theme of the work that has come to the board over the last year, and will be emphasised in the developing forward plan building on the new Croydon Health and Wellbeing Strategy.

Approved by: Yvonne Okiyo, Equalities Manager

CONTACT OFFICER: Dr Jack Bedeman, Consultant in Public Health
jack.bedeman@croydon.gov.uk
020 8726 6000 x18368

APPENDICES:

Appendix 1 – Draft Annual report of the Health and Wellbeing Board 2018/19

DRAFT REPORT TO:	**FULL COUNCIL 15th July 2019**
SUBJECT:	**Annual report of the Health and Wellbeing Board 2018/19**
LEAD OFFICER:	***Guy Van Dichele*** ***Executive Director, Health, Well-being and Adults***
LEAD MEMBER:	***Councillor Louisa Woodley*** ***Chair, Croydon Health and Wellbeing Board***
WARDS	**All**

CORPORATE PRIORITY / POLICY CONTEXT

The constitutional requirement that Council receive and consider the annual report of the Health and Wellbeing Board.

Health and Wellbeing is relevant to all of the Council's corporate priorities but the key priorities that the Board aligns to are:

- People live long, healthy, happy and independent lives
- Our children and young people thrive and reach their full potential

1. RECOMMENDATION

1.1 Council is asked to receive and consider the annual report of the Croydon Health and Wellbeing Board 2018/19

2 EXECUTIVE SUMMARY

2.1 This report summarises the work undertaken by Croydon Health and Wellbeing Board during from June 2018 to May 2019. The Board was established on 1 April 2013 as a committee of Croydon Council.

2.2 The report sets out the functions of the Board and gives examples of how the Board has discharged those functions.

2.3 Examples of key achievements of the Board are described, including the encouragement of greater integration and partnership working, tackling health inequalities, and increasing focus on prevention of ill health.

3 DETAIL

Functions of the Health and Wellbeing Board

3.1 The Health and Social Care Act 2012 created statutory health and wellbeing

boards as committees of the local authority. Their purpose, as set out in the Act, is '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'. Part 4L of the Council's Constitution provides that, among other matters, the purpose of the health and wellbeing board is to 'advance the health and wellbeing of the people in its area'. The functions of the Board are:

- *To encourage, for the purpose of advancing the health and wellbeing of people in Croydon, persons who arrange for the provision of any health or social care services in Croydon to work in an integrated manner.*
- *To provide such advice, assistance or other support as appropriate for the purpose of encouraging partnership arrangements under section 75 of the National Health Service Act 2006 between the Council and NHS bodies in connection with the provision of health and social care services.*
- *To encourage persons who arrange for the provision of health-related services (i.e. services which are not health or social care services but which may have an effect on the health of individuals) to work closely with the Board and with persons providing health and social care services.*
- *To exercise the functions of the Council and its partner Clinical Commissioning Groups in preparing a joint strategic needs assessment under section 116 of the Local Government and Public Involvement in Health Act 2007 and a joint health and wellbeing strategy under section 116A of that Act.*
- *To give the Council the opinion of the Board on whether the Council is discharging its duty to have regard to the joint strategic needs assessment and joint health and wellbeing strategy in discharging the Council's functions.*
- *To exercise such other Council functions which are delegated to the Board under the Constitution*

3.2 Cllr Louisa Woodley took over the Chair with the first meeting of the present Board on 20 June 2018.

Health and Wellbeing Strategy

3.3 During 2018/19 the Health and Wellbeing Board developed and signed off the Croydon Health and Wellbeing Strategy. The Board developed the strategy around three overarching goals aligned to the key functions of the board;

- Reducing inequalities
- Focusing on prevention
- Increased integration

3.4 The Strategy recognises the fundamental shifts occurring within health and wellbeing, with multiple partners within the Board shifting their focus towards the prevention of ill health rather than just its treatment.

3.5 The Strategy builds on the considerable work already going on across the borough bringing it together into a coherent strategic whole.

3.6 The priorities (outlined in figure 1) stretch beyond traditional health and care boundaries, recognising and tackling the wider causes of ill health affecting people's lives.

PRIORITIES AND OUTCOMES

Figure 1

3.7 The outcomes from the strategy (shown in figure 1) were developed with the One Croydon Alliance Strategic Development Board allowing for shared outcomes across the Health and Wellbeing Strategy, One Croydon Alliance and the Croydon Health and Care Transformation Plan.

3.8 The Strategy was developed alongside the development of the Croydon Health and Care Transformation Plan which outlines the plan for delivering key aspects of the Croydon Health and Wellbeing Strategy from within the health and care system. To support the development of the strategy and plan an engagement event took place on the 20th November 2018. The day was opened by The Health and Wellbeing Chair and Vice Chair and was attended by over 160 people made up of residents, staff from frontline services across the sector, and community and stakeholder group representatives (see figure 2 and here).

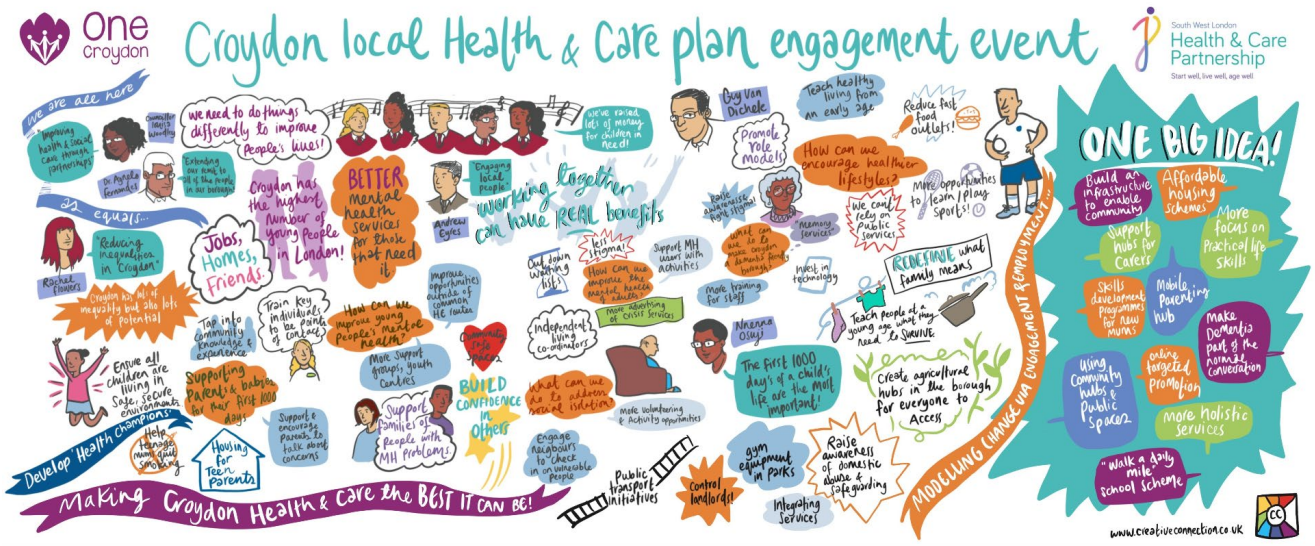

Figure 2

3.9 The Board is currently developing its forward plan to cover all the priorities and outcomes within the strategy. This involves working with wider boards within the health and care sector but also other boards of the Local Strategic Partnership and wider partnership delivery boards outside of 'health and care'.

Children's Priorities

3.10 The Local Strategic Partnership (LSP) committed to a multi-agency youth plan to tackle the priorities identified by Young people at the Youth Congress meetings held in 2017 and 2018. Three priorities have formed the basis of the Youth Plan: opportunities and economic success, crime and safety, mental health issues and support.

3.11 The LSP priorities are interlinked, with a lack of employment opportunities leading to higher rates of crimes, and poor mental health leading to lower levels of economic success and greater involvement in crime. People who experience mental health problems in childhood are more likely to have mental health problems in adulthood and this will adversely affect their employment prospects, increase the likelihood of being a perpetrator or a victim of crime and is associated with lower economic success.

3.12 The Health and Wellbeing Board has taken the LSP lead on mental health and at

the October 2018 Health and Wellbeing Board meeting, the Board identified three children's priorities together with a process for developing key actions for each of these priorities.

3.13 The Health and Wellbeing Board children's priorities address one of the eight priority areas in the new Croydon Health and Wellbeing Strategy of A better start in life. They are:

- **First 1,000 days** – to focus on the first 1,000 days from conception to 2 years, including improving childhood immunisations
- **Mental Wellbeing** – To improve services for children and young people across the whole pathway from promoting resilience and prevention through crisis support, including a strong focus on vulnerable adolescents.
- **Healthy Weight** – To create an environment that enables children and families to reach and maintain a healthy weight.

3.14 The Board developed key actions for the mental wellbeing priority at a workshop on 5th December 2018. These were reinforced and endorsed by the Children and Young People's Emotional Wellbeing and Mental Health partnership board.

3.15 The workshop and the development of the youth plan provided an important opportunity to influence the latest iteration of **Croydon's five year Local Transformation Plan (LTP)** to improve the emotional wellbeing and mental health of children and young people. The Board's priorities were included in the plan and the Board signed off the plan in February 2019.

3.16 The Board received the Director of Public Health's Annual report 2018 on the first 1000 days of life. The report includes pre pregnancy health and Adverse Childhood Experiences. The Board agreed to take the responsibility for the oversight of the 34 recommendations made within the report and created a Task and Finish group to monitor the implementation.

One Croydon

3.17 The Health and Wellbeing Board has regular updates from One Croydon Alliance facilitating regular public discussion of its development.

3.18 The One Croydon Alliance integrates health and social care with the aim of working together to help people live the life they want, and achieve a sustainable health and social care system. The One Croydon Alliance agreed to extend the agreement to March 2027 earlier this year and work towards extending the scope, following demonstration of positive impact on outcomes and success indicators.

3.19 The Alliance has developed an original transformation plan at the point of extension and the emerging One Croydon Health & Care Transformation Plan supporting the joint health and wellbeing strategy priorities outlined above. The four new strategic priorities in the draft plan;

- Improve Quality of Life
- Enable a better start in life
- Improve wider determinants of health and wellbeing
- Integrate Health and Social Care

3.20 Both the Clinical Commissioning Group and NHS Provider Trusts are enabling delivery of the NHS five year forward view ambition to integrate care through their membership of the Alliance, which allows them to manage a 'system' of care, transform services and focus on outcomes.

3.21 The Alliance enables Croydon Council to fulfil its duties in the Care Act 2014 to promote the integration of care and support services with health services. As a member of the Alliance the Council is promoting strategic integration, modelling the behaviours needed to achieve integration, and with fellow members of the Alliance has successfully implemented new integrated service models delivering more seamless care through integrated community networks and effective reablement services.

3.22 The Health and Wellbeing Board and its members have worked through the One Croydon Alliance to help develop new models built around localities and utilising the wider opportunities to improve people's health and wellbeing such as through the utilisation of **Social Prescribing**.

3.23 One Croydon is leading on the implementation of Croydon's 'Social P' (**Social Prescribing**) built on three basic principles of engagement, opportunities and support. This nationally recognised work aims to find the best ways of engaging with the wider Croydon community to develop an array of locality based opportunities to improve health and wellbeing, empower individuals to have more control of their lives, and break down barriers causing isolation and loneliness.

3.24 The underlying function of the Health and Wellbeing Board is to facilitate integrated working across the health and care sector within Croydon. The Board, and Board members have been working tirelessly to achieve this as can be seen by recent advances within Croydon. The continuing development and evolution of the One Croydon Alliance demonstrates the vision and long term commitment within Croydon to create new integrated ways of working. This has been underlined further by the recent public board meeting in common with Croydon Clinical Commissioning Group and Croydon Health Services NHS Trust.

3.25 By working more closely together, the NHS in Croydon aims to make a marked improvement in the health of Croydon's residents by focusing more of every pound spent on providing high-quality services and making the most of the NHS. A Memorandum of Understanding (MoU) was presented at the 14th May public board meeting in common of the Croydon Clinical Commissioning Group and Croydon Health Services NHS Trust outlining the agreement for partnership working including joint governance arrangements and shared finances.

Review of commissioning intentions and plans 2019/2020

3.26 Clinical Commissioning Groups, NHS England and local authorities have a duty under the Health and Social Care Act 2012 to have regard to relevant joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs) in the exercise of relevant functions, including commissioning. In terms of the alignment of commissioning plans with the joint health and wellbeing strategy, the health and wellbeing board has the power to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNAs and JHWSs. Furthermore, CCGs have a duty to

involve the Board in preparing or significantly revising their commissioning plan – including consulting it on whether the plan has taken proper account of the JHWS. The Health and Wellbeing Board has a duty to provide opinion on whether the CCG's commissioning plan has taken proper account of JHWS and has the power to provide NHS England with that opinion on the commissioning plan.

3.27 On 24th October 2018 the Board considered reports detailing how the commissioning intentions for the CCG and Council (both on a single and joint basis) address the priorities identified in the joint health and wellbeing strategy 2013-18.

CONTACT OFFICER: Dr Jack Bedeman, Consultant in Public Health
jack.bedeman@croydon.gov.uk
020 8726 6000 x18368

SUPPORTING DOCUMENTS:
The joint strategic needs assessment can be accessed here

The Croydon Health and Wellbeing Strategy can be accessed here

20th November 2018 Croydon Health and Care engagement event can be accessed here

Children and Young People's Wellbeing and Mental Health. Croydon's Local Transformation Plan 2018 refresh here

The 2018 Director of Public Health Annual report can be accessed here

Memorandum of Understanding between Croydon Health Services NHS Trust and NHS Croydon Clinical Commissioning Group here

BACKGROUND DOCUMENTS:
None

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **19 June 2019**
SUBJECT:	**Croydon's Health and Care Transformation Plan**
BOARD SPONSOR:	*Agnelo Fernandes* *Guy Van Dichele*

BOARD PRIORITY/POLICY CONTEXT:

Croydon's health and care transformation plan (HCP) will be a key delivery plan of the Health and Well Being Board's Strategy, which in turn provides the health and care and in parts the wider determinants response to the Croydon Local Strategic Partnership vision.

The plan will also inform the South West London Health and Care Partnership Plan which is being refreshed.

FINANCIAL IMPACT:

Partner Directors of Finance are refreshing the Croydon wide financial position. The position is expected to be similar to that modelled in 2017 with approximately £160m cumulative challenge over 5 years if the system 'does nothing'.

Croydon's plans are required to improve health and well-being as well as ensure a sustainable health and care system.

1. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1.1 Comment on the draft of Croydon's health and care transformation plan, Appendix 1 hereto, and note that the plan will be finalised and approved by the Executive Director of Health Wellbeing and Adults following conclusion of the Consultation and subject to the consultation outcomes.

2. EXECUTIVE SUMMARY

2.1 On 27 February 2019 the Health and Wellbeing Board signed off the Health and Wellbeing Strategy and agreed to the development of a forward plan for the Health and Wellbeing Board aligned to the actions and commitments within the Health and Wellbeing Strategy.

2.2 Croydon's health and care transformation plan (HCP) is a delivery plan for the Health and Wellbeing Strategy. The plan is about delivering an integrated system which is the primary reason for the creation of Health and Wellbeing Boards.

2.3 At its April meeting the Health and Well Being Board endorsed the HCP discussion document, which will be the key delivery plan of Croydon's Health and Wellbeing Board's Strategy. The plan will also inform the South West London Health and Care Partnership Plan which is being refreshed.

2.4 The plan does not start from scratch or replace individual partner plans, but builds upon them and on specific service strategies, by taking a common lens and identifying key areas of collaboration.

2.5 The plan resets the operating model so that the healthcare system work to support people to stay well for longer, and delay and avoid more people from becoming acutely unwell in the first place. As a system we will do this by working more closely together and planning a united and holistic model of care for local people that is seamless at the point of use. By working together we can align organisational objectives and we will:

- focus on prevention and proactive care –To support local people before things become a problem
- unlock the power of communities – key to helping local people stay fit and healthy for longer is to connect them with their neighbours and communities
- make sure local people have access to integrated services that are tailored to the needs of local communities – locality matters

2.6 Comments on the discussion document are currently being sought through a survey, specific engagement, social media, partner websites, bulletins and staff communications. Croydon Transformation Board members are engaging with their respective organisations and taking the plan through local governance. In parallel, the Croydon Communications and Engagement Steering Group – comprising communications and engagement professionals from the One Croydon partners – have been asked to distribute through their networks.

2.7 The deadline for comments to the Plan is Monday 17th June. A final document is expected to be produced by 28th June, depending on the comments, so that sign off of the final document can go through the necessary organisational sign off during July. The final HCP will then be published in July.

2.8 Due to this time table, it is proposed that the Health and Wellbeing Board comment on the contents of the plan at this stage and that these comments be fed into the consultation responses and collated into the final version of the Plan. Members are asked to note that the Plan will be finalized and approved by the Executive Director of Health, Wellbeing and Adults and that a final version will be presented to the Board at its October meeting for noting.

3. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

3.1 One Croydon Directors of Finance are refreshing the Croydon wide financial position. The position is expected to be similar to that modelled in 2017 with approximately £160m cumulative challenge over 5 years if the system 'does nothing'.

3.2 Croydon's plans are required to improve health and well-being as well as ensure a sustainable health and care system.

4. LEGAL CONSIDERATIONS

4.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance that there are no additional legal considerations arising from this report.

4.2 (Approved by, Sandra Herbert, Head of Litigation and Corporate Law on behalf of the Director of Law and Governance & Deputy Monitoring Officer)

5. EQUALITIES IMPACT

5.1 The plan focuses on how we can reduce inequalities across Croydon. Our goals aim to ensure:

- People to live longer healthier lives
- People that live in the most deprived areas of Croydon live as long as those in the most affluent areas of Croydon

5.2 The impact assessment will be completed as part of finalising the document.

CONTACT OFFICER:

Fouzia Harrington, Associate Director for Strategy and Planning
Croydon Clinical Commissioning Group
Fouzia.harrington@swlondon.nhs.uk
020 3458 5245

APPENDICES:

Appendix 1: Croydon's health and care transformation plan

BACKGROUND DOCUMENTS: NONE

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Croydon Health and Care Transformation Plan

2019/2020 – 2024/2025

A discussion document

"Working together to help you lead your life"

One of London's fastest growing and most diverse boroughs

A vibrant and energetic borough

The second greenest borough in the capital

Home to a thriving community, education, businesses, and the arts

Croydon Health and Care Transformation Plan

"It is not good enough to say that one organisation is responsible for this, the council for that, GPs or Croydon University Hospital for the other– the only way we can make meaningful and sustainable change and improvement is by working together." ***Councillor Louisa Woodley, Chair of the Croydon Health and Wellbeing Board.***

One Croydon is the partnership between the local NHS, Croydon Council and Age UK Croydon. Following our success focusing on the over 65's we have extended our partnership to the whole population. Together we continually review and assess the health and wellbeing needs in the borough of Croydon, along with existing services and facilities for meeting those needs. Where we find services that could be improved for our residents, it is our job to work together to integrate them and make improvements.

This discussion document sets out our approach to improving health and wellbeing in Croydon together. This will take many years and this five-year plan sets out our journey and the improvements we expect to see on the way. This plan is concise so that people can clearly see how our long-term goals and outcomes link to our priorities and to our plans for delivery. We want front line staff and stakeholders to understand why we are changing the way we work and what that means for the people of Croydon. A short film will be developed to help the public understand our plans.

Over the past few years we have made many improvements, building on previous improvement. Working together has meant people have had greater opportunities to feel more connected to their communities whilst supporting their health and wellbeing by piloting and implementing social prescribing. We have made available a Personal Independence Co-ordinator (PIC) for people needing individualised support to help develop 'My Life' Plans. People have better access to improved health pathways of care, such as improved access through new use of technology and through integrating the GP and hospital MSK services and more work across professionals to work proactively to de-escalate need. People have had better access to general practice by offering pre-bookable routine appointments at GP hubs.

However, in essence, current, traditional ways of working need to change if we want to improve the health and wellbeing of the people of Croydon. We need to see a fundamental change in how we do things and what we focus on. Too many of our services are focussed on supporting those in crisis or those with the most acute health and social care needs. We need to reset our operating model so that we work to support people to stay well for longer, and delay and avoid more people from becoming acutely unwell in the first place. We must do this by working more closely together and planning a united and holistic model of care for local people that is seamless at the point of use. We must have good conversations with people and use of Community Led approaches, looking at what's strong, not what's wrong. By working together we can align organisational objectives and we will:

- focus on prevention and proactive care – we want to support local people before things become a problem
- unlock the power of communities – key to helping local people stay fit and healthy for longer is to connect them with their neighbours and communities
- make sure local people have access to integrated services that are tailored to the needs of local communities – locality matters

One Croydon developed this health and care transformation plan to maximise the value of our partnership and work together to transform the way we deliver services.

The plan does not start from scratch but sets out for the first time an overview of the One Croydon plans in one document. It does not replace individual partner plans but builds upon them and on specific service strategies. It aligns with and supports the Health and Wellbeing Board's Strategy, the Croydon Local Strategic Partnership vision and the South West London Health and Care Partnership Plan. The NHS Long Term Plan was recently published which reinforces the direction of travel set out in this plan and further work is required to ensure the NHS Long Term Plan is appropriately reflected in this plan. In addition, we await the publication of the Social Care Green Paper which will equally need to be reflected in our system planning. It does not set out how all the engagement with stakeholders and the public has influenced our plans but provides an indication. This short film here gives a flavour of just one event held in November 2018.

This plan is not the final document but it is a discussion document to test the entirety of our plans. Your thoughts and comments will help us refine them further. There are some questions on page 20 to guide you. We will publish the final plan in July 2019.

Jerry Cope
Croydon Transformation Board
Independent Chair

Our case for improvement

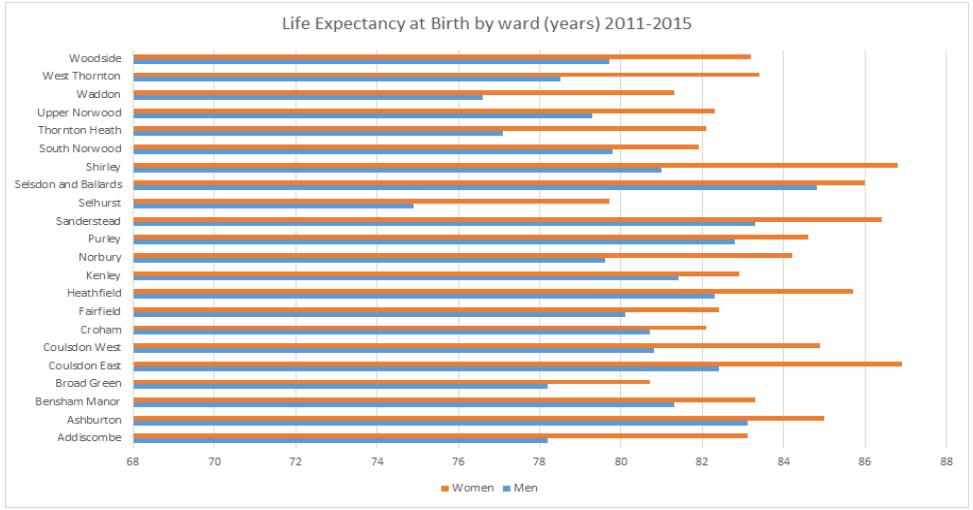
There are a number of challenges facing health and care services in Croydon that are preventing us from delivering **better outcomes for our population.**

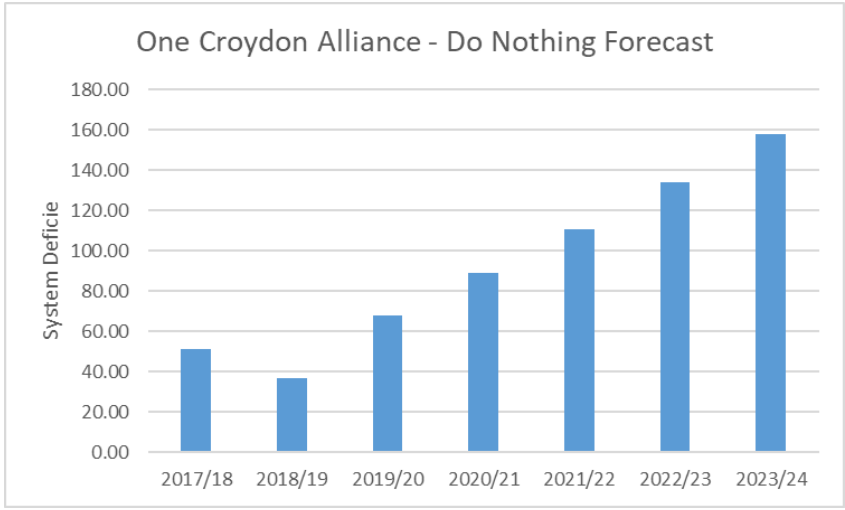
Our current models of care are not **affordable** or **sustainable**. There are many opportunities to build on the strengths of local communities and integrate services for health and care that will lead to much improved models of care. We need to work together to change the way we support local people to improve their health and care. We must do this at a **scale** that will have the **biggest impact** and at a pace to keep up with the **growing demand**.

Some services are **fragmented and disjointed**. Teams do not work closely enough together across our organisations, which makes the user experience longer and more complicated than it needs to be. We must work to remove the unnecessary barriers between our services that are all working to support the same local people.

Too many of our services are focussed on supporting those in crisis or those with the most acute health and social care needs. We need to reset our **operating model** so that we work to **support people to stay well for longer**, and **delay and avoid** more people from becoming acutely unwell in the first place. We must do this by working more closely together and planning a united and holistic model of care for local people that is seamless at the point of use.

If we do nothing there will continue to be significant inequalities in health between communities across the borough. The difference in Life Expectancy and Healthy Life Expectancy in Croydon and the decline in Healthy Life Expectancy means that people are spending more years in poor health. If we do nothing our system deficit will increase to such a scale, potentially leading to fewer services and a decline in quality.





Our health and care challenges and how they set our goals and priorities

There is significant inequality in health outcomes between communities

People in affluent areas are living significantly longer than people in poorer areas. This difference is even more extreme when we are looking at healthy life expectancy (HLE), life spent in good health and free from disability and disease. In Croydon, men living in Fieldway (HLE - 58.2) are expected to live 13 more years in poor health than those in Sanderstead (HLE - 71.3)

The improvements in raising life expectancy as well as healthy life expectancy has slowed down in recent years and people living in poorer areas experience an even slower rate of improvement. Some reasons for this decline are known such as deaths due to flu among older people, a slower rate of improvement for cardiovascular health, and a rise in obesity and dementia.

A key long term goal must be to:

- **Reduce inequalities**
- **Improve healthy life expectancy**

A key priority must be to:

- **Improve wider determinants of health and wellbeing**

Social, economic, and environmental circumstances have the biggest impact on health outcomes

Employment and adequate **housing** are key factors that determine physical and mental health and wellbeing. Almost a fifth (18.7%) of children under 16 in Croydon live in **low income families**. In Croydon, 234 people were seen sleeping rough in 2017 and 2450 people are living in **temporary accommodation**, including 864 families. Just under 25% of adults in Croydon are unemployed which is lower than the average for England. The **quality of the air** we breathe impacts on our health and can have a severe health impact on people with existing cardio-vascular or respiratory disease. In Croydon, air quality is variable with poor quality air correlating with some of the most deprived neighbourhoods. First time entrants to the **youth justice system** of the 10 - 17 olds was 537 per 100,000 year, the highest across the 33 London boroughs.

The first 1,000 days are crucial for the best start in life

- Croydon has the **largest child population** in London.
- Croydon has 4,351 **Children in Need**, and nearly one in four of all London's **unaccompanied asylum-seeking** children are in Croydon which is the second highest in the country.
- The level of **childhood obesity** is high. In 2016/17 almost one in four children (23.7%) aged four to five years are overweight or obese, increasing to more than one in three (27.7%) children aged 10 to 11 years.
- Admissions for **mental health conditions** for under 18s is higher in Croydon compared to London and national averages.
- **Childhood immunisation** uptake in Croydon is low compared to England and London. Immunisations protect children from disability and potentially fatal childhood illnesses.
- Croydon has one of the highest rates of **admission for asthma** among children and young people

A key priority must be to:

- **Enable a better start in life**

Our health and care challenges and how they set our goals and priorities

A number of risk factors for poor health are more prevalent in Croydon
We know there are a range of avoidable risk factors contributing to poor health outcomes and health inequalities. Around half of the difference in life expectancies between the least and most affluent parts of the borough can be linked to factors such as smoking, drinking more than the recommended amount of alcohol and having an unhealthy diet.

In Croydon, two thirds of adults are **overweight or obese**, one in eight adults **smoke** and there are high levels of sexually transmitted infections, particularly in areas of deprivation.

The proportion of the population with a long-term condition is increasing
Half of all adults registered with a GP report having a long-term condition. 23% (93,317) of the whole population of Croydon has two or more long term conditions (LTCs) and this is set to increase significantly over the next few years.

Mental Health issues are a leading cause of morbidity in the population
People with poor mental health often have worse physical health that is not adequately prevented or treated. In Croydon 6% of adults registered with a GP have a recorded diagnosis of depression. National estimates suggest that depression affects one in four adults so there is likely to be a significant proportion of the population in Croydon that have not been diagnosed.

Among young people, national reports estimate that one in eight five-19 year olds have at least one mental health disorder.
Too many people with mental ill-health are presenting at A&E and this has been increasing since 2017.

A key priority must be to:

- **Improve quality of life**

There are an estimated 1,300 people in Croydon with undiagnosed dementia
In 2017 there were an estimated 3,611 people aged 65+ living with dementia. However, in 2016/17, only 2,322 were formally diagnosed. Early diagnosis and treatment improves health outcomes and delays progression.

45% of people who use adult social care do not have as much social contact as they would like
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 (annual public health report, 2016).

Our quality, workforce and finance challenges and how they set our goals and priorities

A key priority must be to:

- **Integrate health and social care**

Rising demand

The population of Croydon is growing. Overall life expectancy is increasing and we have an ageing population leading to greater demand on our services. Over the next few years, there will also be a particular increase in population around East Croydon station where there is a high concentration of new housing development.

Quality and Effectiveness of Care

The Care Quality Commission has rated **Croydon Health Services NHS Trust** as "requires improvement". **South London and Maudsley NHS Trust** was rated "Good" overall but "Requires Improvement" in one area.

Of the 50 **general practices** across the borough, one was rated as 'Inadequate' overall and three were rated as 'Requires Improvement' overall. The remaining were rated as good or outstanding. However there is a lot of variation in care given by GPs, including rates for diagnosis and referrals, which leads to varying outcomes for patients. Access to primary care is also challenging, with a high proportion of unregistered patients.

Croydon Council took immediate action to improve its **Children's Services** after an Ofsted inspection rated some areas of the service inadequate earlier this year. The council is addressing all the issues raised as a priority.

A key long term goal must be to have:

- **A sustainable health and care system**

Croydon Health Services as a provider of choice

44% of the budget spent on hospital care is on patients attending hospitals outside of Croydon. We believe that at least 17% of this could be repatriated to Croydon Health Services so that patients are treated closer to home and the local hospital trust can become more financially sustainable.

Workforce challenges

Croydon faces a number of workforce challenges that are affecting the health service nationally: the numbers of **nurses** (particularly in the community and mental health) and **GPs** have fallen and **social care** faces difficulty in recruiting to specialist roles for more complex work. The increase in demand means health and care professionals are overstretched. In addition there are difficulties in attracting staff to Croydon, despite it being a vibrant and energetic borough. Croydon can only offer outer London wage supplements which means it is hard to attract staff from neighbouring London boroughs.

Financial challenge

The health and care systems in Croydon face significant financial challenges. Working together we can better manage our collective financial gap, whilst delivering the health and care the people of Croydon deserve. If we do nothing, the collective deficit for the system by 2023/24 will be approximately £160 million.

What people have told us and how it sets our goals and priorities

"The feedback and ideas you have given us show us that you want to make Croydon health and care the very best they can be and we are all prepared to work to make that happen." **Councillor Louisa Woodley, Chair of the Croydon Health and Wellbeing Board**

Understanding what local people think of existing services is essential for us to make improvements. We are committed to reaching out to all our local communities, building capacity and supporting residents to have their say in the future of local services.

A key long term goal must be to:

- **Help people meet their health and wellbeing aspirations**

You said, we did….

You told us about *your health and wellbeing aspirations* and they are key to long term goals.

'Services need to be more flexible to be able to offer different levels of support to people in their own homes.'
We have brought together professionals into one virtual multi-disciplinary team (MDT) to identify which people might need additional support and to provide those services when they need them.

'Train people who visit isolated people in their homes so that they can alert services when their health starts to deteriorate.'
We have run a pilot to train workers who deliver meals on wheels to spot signs of when people may be deteriorating and who to alert. We will use the Personal Independence Co-ordinators to help people feel confident to talk to vulnerable people about their concerns and what support may be available to them.

'We need more Mental Health services for those in crisis in the community'.
We will co-locate and deliver services, using a hub and spoke model, across a number of communities ensuring maximum accessibility and joint working with existing community groups. We will develop an improved crisis pathway to provide people in crisis with easier access to specialist support.

What more we will do…

'Be nice people. Why wouldn't people be nice?'
We will help develop a Compassionate Croydon culture, where people can do little things that'll make a big difference to people's wellbeing. We will continue to develop the good work of our Dementia Action Alliance to make Croydon a compassionate place to live and work for people with Dementia and their carers, extending this to those with Autism and disabilities.

'You need to build resilience and confidence in our schools and throughout our communities'
Our Local Voluntary Partnership model will enable and promote collaborative working among local voluntary and community sectors to support local residents and health and care providers to promote self-care, reduce social isolation and promote independence.

How we will know we have improved health and well being

OUR VISION
Working together to help you lead your life

OUR GOALS (10 years)

Improve **healthy life expectancy** in Croydon from 62 years to 66 years for men and from 62.8 to 66.8 years for women over the next 10 years

Reduce the **gap in life expectancy** from one place to another in Croydon for men from 9.4 years to 7.4 years and for women from 7.6 years to 5.6 years over 10 years

Integrated health and care provision that meets people's aspirations

Increase the proportion of activity in the community: asset based individuals and communities, voluntary sector, social care, out of hospital setting (further work needed)

Increase activity in out of hospital settings and reduce unnecessary **acute activity shifted to out of hospital** setting by 2024

High level measure on the development of local **workforce** with health and social care skills to be developed
Sustainable **recurrent health and care financial performance**

OUR STRATEGIC OUTCOMES (5 Years)

Improve quality of life

Health and well being
1. More people will regularly engage in **behaviours** that will improve their health
2. More people with physical or mental long term conditions and their families and carers will be **supported to manage their condition well**
3. More people will be able to **live well at home** for as long as possible

Quality and Appropriateness of Care
4. People will have positive **experience and outcomes** of health and social care
5. More people will have their health and social care needs met in the **community**.

Enable a better start in life

6. Fewer children will be living in **poverty**
7. More children will have a maximised their **level of development** socially, emotionally and cognitively when they start school
8. More children will be a **healthy weight**
9. Fewer children will suffer **respiratory complications** requiring hospital treatment.

Wider determinants

10. Fewer people will be **homeless or living in temporary accommodation**
11. People will live in an **environment that supports health**, connectivity and independence
12. More adults and young people will be **economically active or in education or**

Integrate health and social care

13. **Effective, multi-disciplinary teams around the person providing seamless care**
14. Increased proportion spent on **prevention** and on **out of hospital**
15. **Sustainable health and care provision that meets people's aspirations**

Measurement is a critical part of testing and implementing changes.

We have developed an outcomes framework that has a balanced set of measures in order to monitor the changes we are making as well as whether they are actually leading to improvement where we need them.

Our challenges have driven our long term (10 year) goals that will demonstrate the health and wellbeing improvements and the infrastructure changes that we need to see.

We have considered the key factors that will have the greatest impact for the residents of Croydon on these goals and set (5 year) outcomes accordingly.

To ensure we are heading in the right direction we must keep track of the changes we expect to see annually. Appendix 1 sets out the annual health and wellbeing indicators and the system indicators.

However, we cannot be driven solely by delivering these health and wellbeing indicators as this will not lead to transforming the way we work together and deliver support and services across the health and care system.

We have therefore also set transformation indicators that will show we are delivering the health and care system change we need to see.

Croydon's health and care transformation plan on a page

We need to have a real focus on prevention – stopping things becoming a problem where we can – and making sure our services are available where and when people need them." **Guy Van Dichele, Executive Director of Health, Well-being and Adults**

Working together to help you lead your life

The plan on a page (page 11) sets out a clear path from our long-term goals to our priorities and our plans for delivery. Our strategic approach to all that we do is to:

- **focus on prevention and proactive care** – we want to support local people before things become a problem. Our overall aim is to keep people well. We want people to stay well and we want to prevent things becoming a problem. If people do have a problem we want them to be able to manage well, and have access to support that will help them help themselves. For those that have the greatest need, we want them to have access to services in the right place, at the right time, first time.

- **unlock the power of individuals and communities** – key to helping local people stay fit and healthy for longer is to connect them with their neighbours and communities. When people need care, we want a health and care system that can support them based on what matters to them. Personalising care will mean people have choice and control over the way their care is planned and delivered.

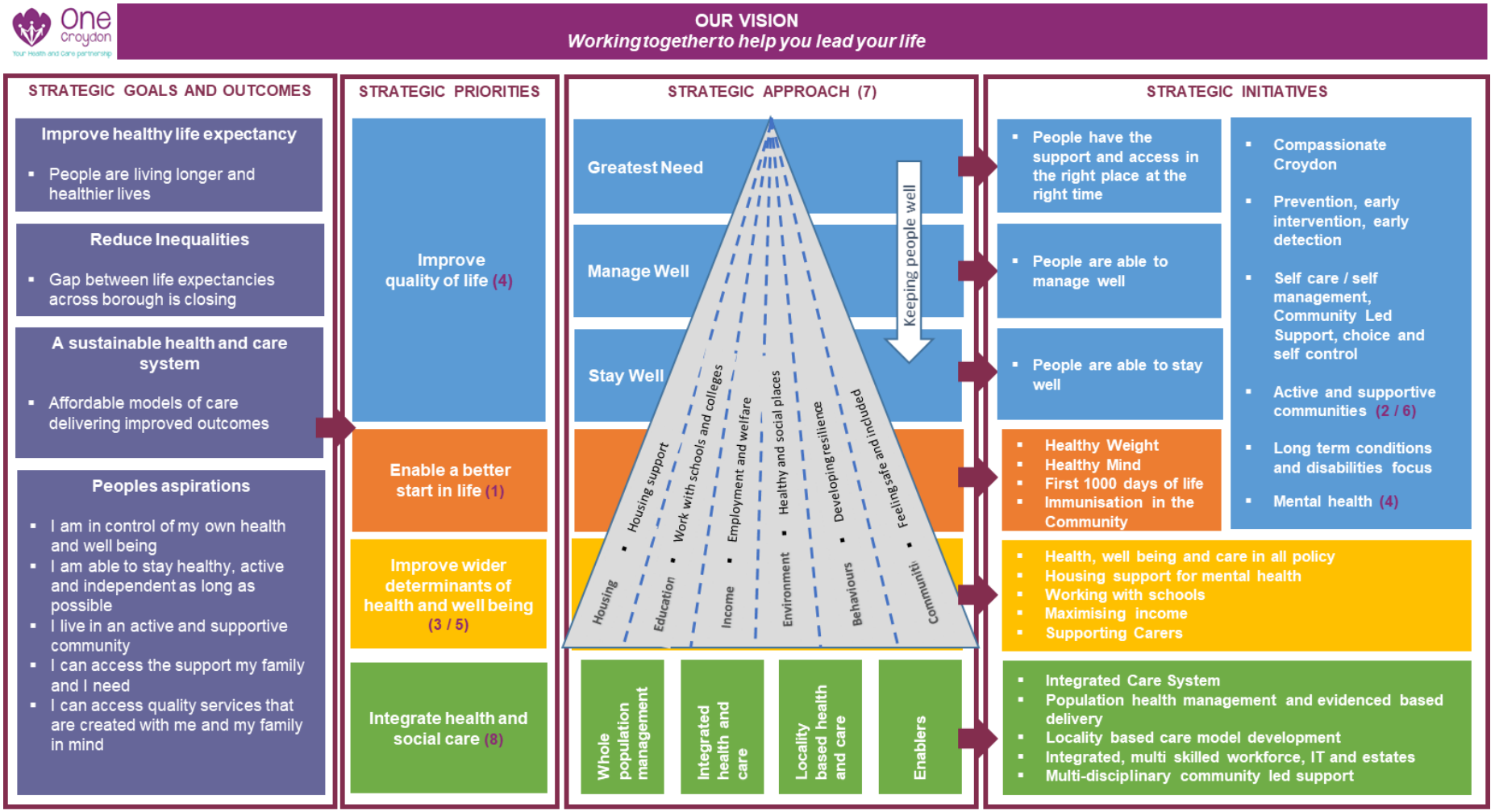
  There are many ways we will support people to do this: shared decision making, personalised care and support planning, social prescribing and community led support, support self-management, personalised health budgets and working with the strong voluntary sector in our borough to connect local people to be part of broader support networks so that local people can take control of their own well-being.

  We will support the development of a strong voluntary sector and build resilient communities, who are key in our borough; connecting local people to being part of broader support networks so that local people can take back control of their own well-being. A new Voluntary Sector Strategy will support building capabilities with the voluntary sector as well as align where possible to support the delivery of this plan.

- make sure local people have access to **integrated services that are tailored to the needs of local communities** – locality matters. We want to keep people well and out of hospital. Making sure local people have access to services, closer to home, wherever they live in the borough. Services must be accessible and responsive to their individual needs.

Factors such as the environment we live in, the education we receive and the relationships around us are major contributors to health, accounting for 80% of an individual's health and wellbeing; whether that is to keep people well, help them manage well, our support those with the greatest need. We will work to improve the wider factors that contribute to the health of residents the most. Our strategic initiatives will shift a whole system towards this preventative model of care. We know in Croydon there are certain long-term conditions that are more prevalent than others, also identified in the NHS Long Term Plan, such as diabetes, cardiovascular disease and respiratory disease and we want to focus on trying to prevent further development of these conditions.

Croydon's health and care transformation plan on a page



(No.) = Supports delivery of Health and Wellbeing Strategy priority areas
(1) A better start in life, (2) Strong, engaged, inclusive and well connected communities , (3) Housing and the environment enable all people of Croydon to be healthy (4) Mental wellbeing and good mental health are seen as a driver of health, (5) A strong local economy with quality, local jobs, (6) Get more people more active, more often, (7) A stronger focus on prevention (8) The right people, in the right place, at the right time

Integrated services that are tailored to the needs of local communities

This directional statement sets out One Croydon's focus for the next three years, to delivery an integrated care system in Croydon by 2021.

Working together we aim to improve the health of the people of Croydon, while also reducing inequalities both in life expectancy and healthy life expectancy. We began our journey focusing on the over 65's, our next step is to extend our scope to the whole population, aligning interventions and services to need, helping those that experience the worst health improve their health the fastest.

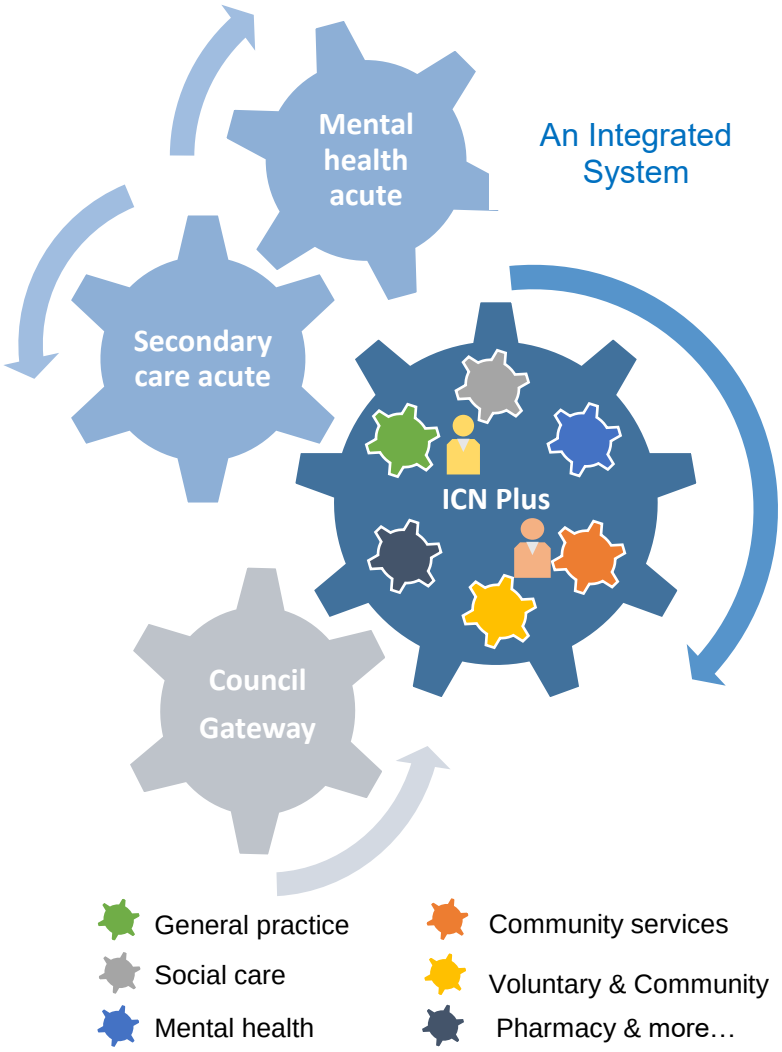
1. Our delivery model

To deliver preventative and proactive care for the whole population and to engage the community directly requires:

a. **Community services to be organised around localities** – Building on our current Integrated Community Network model, ICN+ will develop wider health and care models of care around 6 GP networks, with wider council services delivered around 3 gateway localities. Health and care need, the responding models of care and affordability will determine whether interventions need to be delivered at locality level, across localities or borough wide.

   Models of care will focus on a range of services that will go beyond working jointly but will work in an integrated way. That means the workforce will be multi-skilled to work across traditional but sometimes, artificial professional boundaries and also joint locality management teams.

b. **Modern acute hospitals** - both secondary and mental health – health and care models will ensure only those that need acute services go to hospital. Our local providers, by becoming the providers of choice will ensure acute provision responds at the point of need with a focus on good clinical outcomes enabling local integrated care.



How we will deliver transformational change and our focus for the next two years

"We believe in an approach that means our residents get the care, support and interventions they need without having to know who is doing it, or how – it just works." ***Dr Agnelo Fernandes, Vice Chair of the Croydon Health and Wellbeing Board, Clinical Chair of NHS Croydon***

To deliver our ambitious goals we have developed a number of transformation programmes (appendix 1). These do not describe all the work happening in Croydon. They set out our vision for a joined up approach to transforming services. These programmes can be split into two themes:

- Models of care – the way health and care support and services are delivered. We will redesign preventative and proactive models of care that focus on the needs of local communities.
- Infrastructure – the way we work together to deliver our goals using the key assets we have such as our workforce, IT and estates, contracting and data capability and good population health management.

The **Together for Health and Care Programme** oversees the preventative agenda, leading on the implementation of many plans and ensuring all other programmes focus on preventative and proactive care. They will also lead on the development of vibrant communities. Our focus for the next two years is:

- Develop a new *long-term conditions model of care* that will provide support when intervention is needed, prioritising diabetes, cardiovascular disease and respiratory disease
- Build a *voluntary and community sector partnership* including the development of Local Voluntary Partnerships
- Develop our digital solutions to support people to access help and services quickly and easily

The **Locality Development Programme** is responsible for the co-ordinated development of integrated, locality-based care, designed around the needs of local communities. This will include the implementation of Primary Care Networks, as well as specific locality-based out of hospital models of care. Our focus for the next two years is:

- Develop a range of fully integrate locality based primary and community services, building on our Integrated Community Networks and Living Independently for Everyone (LIFE) programmes
- Extend *proactive case management* through the scaling up of the LIFE/ICN programme and more joined up ways of identifying and working with those in need

The **Better Start in Life** and the **Maternity Programmes** aim to ensure that children get the best possible **start in life** so that they have every chance to succeed and be happy. This includes promoting good emotional wellbeing and mental health for children and young people as well as ensuring mothers-to-be and their partners are supported throughout pregnancy. Our focus for the next two years is:

- Implement *children and young people's mental health transformation plan*
- Implement *Early Help Strategy* focusing on developing resilient families
- Redesign the *paediatric pathway* to ensure greater integration with primary care
- Implement the *Healthy Pregnancy programme* that will improve immunisation rates, breastfeeding rates, parenting support and Live Well programme uptake

The **Mental Health Programme** aims to prevent mental health problems and ensure early intervention for those with mental illness by improving access to services and providing care closer to home where appropriate. Our focus for the next two years is:

- Implement the mental health community hub and spoke model
- Improve the crisis pathway
- Provide greater support in primary care
- Improve *integrated housing* by development of a wider range of housing options for those with severe mental health problems

The **All Disabilities Programme** aims to support people with disabilities to remain at home as long as possible by providing quality services, timely and appropriate access, an effective journey and making more efficient use of resources. Our focus for the next two years is:

- Give working age people flexible care that they can arrange themselves and have choice and control over
- Provide more joined up care for people with disabilities by implementing locality-based services and bringing multi-agency teams together
- Transform our practice for children with disabilities to provide consistent, high quality and proportionate support throughout their childhood and the transition to adulthood
- Provide digital solutions and assistive technology to support access and management of care for people
- Have good conversations with people and use of Community Led approaches, looking at what's strong, not what's wrong.

The **Modern Acute Hospital Programme** aims to ensure that Croydon residents who need acute services will choose Croydon Health Services because it provides high quality care as part of the wider integrated health and care service. We cannot do this on our own and Croydon Health Services NHS Trust is working with hospitals across south west London to assess how they can collaborate more effectively. Our focus for the next two years is:

- Optimise acute pathways through the pathway redesign programme and improve efficiency so that CHS is the provider of choice for patients and GPs
- Continue to work with the south west London acute trusts to look at how to collectively improve the clinical and financial position
- Redesign flows within the hospital to support delivery of the four-hour emergency department waiting times standard

A **locally, integrated health and care system** is a key ambition for One Croydon. It is key to ensure we can deliver sustainable integrated services. One Croydon is building on the success of the integrated services developed for over 65s and has extended the Croydon Alliance remit to the whole population. This plan underpins the next steps for the Alliance and its potential future partners. Our focus for the next two years is:

- Identify the next *models of care programmes to be developed through the Alliance* and implement them
- Implement *greater alignment* of resources across organisations where it will support the delivery of our plans. This will include aligning staff (both front line and back office staff), functions, budgets and other infrastructure such as IT and estates where appropriate
- Croydon CCG and Croydon Health Services will implement closer alignment of structures
- Develop a *population health management system* that will provide health and care information to support local teams to provide services tailored to the needs of their communities. It will also provide shared business intelligence so that the health and care system have 'one version of the truth'

We will develop our **infrastructure** to support the implementation of our programmes. Our focus for the next two years is:

- Develop and implement an integrated **workforce** plan supported by an Organisational Development programme
- Implement Phase 1 and 2 of the **IT interoperability programme**, sharing information between primary and secondary care, community, mental health and social care
- Implement the capital programmes to support development of the new health and wellbeing hubs as well as the improvement of the primary care **estates**
- Develop **communications campaigns** that help people develop their resilience and engage with local people to understand their experiences of new services and models of care
- Develop standardised **financial and contracting models**

What it will mean for people

Our strategic initiatives will be implemented over the next five years. The implementation plans are set out in appendix 2. These may change as we learn what works and what does not work and as we develop our thinking. Our commitment is that everything we do will be to help people lead their lives, by preventing health or care issues arising and if they do, supporting people to be as independent as possible.

Better Start in life
We will offer children, young people and their families help when needs or concerns are first identified. We will provide more integrated services at locality level with a greater focus on prevention and early intervention.

Helping people stay well
We will focus on preventing or delaying people developing long-term conditions, such as vascular disease or diabetes, through screening and the management of those at risk. For those that do develop a condition supporting people to be activated in their own care (aka **patient activation)** will help people to develop the knowledge, skills and confidence to manage their own health and care, in partnership with health professionals.

There will be integrated **one-stop access points for mental health and wellbeing** in Croydon where a person can drop in and chat to a team member in a café area. An expert navigator can help with a range of issues including helping people to access benefits and housing support.

Helping people to manage well
Social prescribing - All GPs, nurses and other primary care professionals will be able to prescribe to a range of local, non-clinical services. This will help people to improve their quality of life and emotional, mental and general wellbeing, as well as levels of depression and anxiety. This is supported by developing vibrant partnerships in our local voluntary and community sector and investing in direct care from the sector (Local Voluntary Partnerships).

We will roll out **expert patient programmes** across Croydon to support people living with, or caring for someone with, one or more long-term health conditions. The course will give them a toolkit of techniques to manage their condition better on a daily basis, by increasing their confidence and quality of life.

Helping those with greatest need
We will continue to develop the good work of our Dementia Action Alliance to make Croydon a compassionate place to live and work for people with Dementia and their carers, extending this to those with Autism and disabilities. The work of our informal carers is valuable and we will work to co-produce support for them and increase choice and control for them and those they care for. We will work to ensure the right accommodation is available with support for older people and those with disabilities, with a focus on supported living and people having their own front door and ensuring people have Active Lives and are supported into and to remain in work. We will reform our workforce into localities and develop our skill mix ensuring we make every contact count. Our integrated services for people who become unwell will work to avoid the need to go to

What it will mean for people

hospital and provide joined up reablement, rehabilitation and intermediate care placements for people to support them while recovering. Following an unavoidable admission, we will support people as soon as they arrive home and provide the right rehabilitative care until they reach independence.

Developing Active and Supportive Communities
There will be a **community approach to social care,** which will help people to use their own strengths and capabilities and consider what support might be available from their wider support network or within the community. This means social workers will look at a person's life holistically, considering their needs in the context of their skills, ambitions, and priorities.

Local Voluntary Partnerships will help to promote collaborative working among voluntary groups that provide support to local residents by promoting self-care, reducing social isolation and promoting independence.

Developing locality-based care, tailored to local needs
There will be a range of health and care **services in community spaces** such as libraries and there will be **new health and care wellbeing centres** in New Addington, East Croydon and Coulsdon. We will have a **number of hubs and networks of buildings and spaces** bringing different professionals together to offer a range of services such as supporting children and families with their needs.

Health and care services will be tailored to local community needs. **Primary Care at Home** will support this by building on the Integrated Care Networks. These networks bring together a complete clinical and health professional community, integrating GPs, mental health and community nurses, social care, pharmacy and the voluntary sector to proactively manage people with complex health and care needs at practice level.

Wider determinants of health
By working in a more joined up way as partner organisations and in particular with town planners, schools, colleges and businesses providing jobs we will be able to create a healthier Croydon that enables our citizens to lead healthier lives. There will be changes to the Croydon plan and other key policies will undergo **Health Impact Assessments** to review their potential impact on health and to identify opportunities to improve local living conditions.

We are already making a difference

Croydon Best Start was one of the first initiatives in the country to bring together midwifery and health visiting services with services for young children and families provided by Croydon Council and the voluntary sector. More than 5,500 families have now been visited at home following the birth of their baby by a member of our joined-up team. And in total the service has provided nearly 20,000 appointments at child health clinics across the borough.

Social Prescribing in Croydon dramatically improves patients' health and wellbeing. In six months, there were over 28,000 attendances to community activities. A neighbouring borough found in a pilot they ran that patients needed 33% fewer GP appointments and it has cut hospital visits by 50% in the first year.

Personalised care at home in Croydon has delivered co-ordinated support for older people with long term conditions. Our 18 personalised independence coordinators aim to break the cycle of hospital admissions and this has resulted in fewer patients needing care packages for longer than six weeks after leaving hospital.

Medicines Management teams across Croydon Health Services and the Clinical Commissioning Group have improved patient care by facilitating better medicines management between the hospital, GPs and pharmacists.

Croydon's Integrated Care System

To deliver our ambitions we must work even more closely together not just at senior leadership level but at every level. Health and care professionals will work together alongside the voluntary sector, delivering a holistic approach for people.

The **One Croydon Alliance** focused initially on integrating services for over 65's. The Alliance makes partnerships more formal by having single budgets across organisations with agreed risk share arrangements, thereby removing some key organisational barriers.

This approach will be extended over time to the whole population, driven by the development of the plans identified in this document.

Integrated commissioning, commercial structures and delivery models
The next step is to focus on the development of the integrated community network plus model for the whole population. At business case stage, we will consider the commercial structure, vehicles and delivery model options most appropriate. Sub Alliances may be required to take these forward, considering the partners required, which will be considered on a business case by business case basis but expected to cover all ages and areas, e.g mental health, children, etc. Joint strategic planning and integrated commissioning and pooling of budgets is required to ensure commissioning of the system to underpin the development of models of care as well as deliver efficiencies, effective contracting and procurement processes with a focus on quality. Integrated functions across the system such as quality and safeguarding and placement funding decisions to be explored as a priority.

Working with South West London Partnerships and Integrated Care System/s
One Croydon will seek to further develop and expand its remit to full population towards an integrated care system for 2021. Building strong, local health and social care commissioning is vital to the ICS and we will seek to integrate our Alliance partner functions as a mechanism for successful integrated delivery. In addition to our Alliance the CCG and CHS are already working more closely and strengthening integration of services and the removal of organisational barriers to improvement. We will seek to influence and engage with South West London to seek capability, capacity and investment for Croydon on key enablers to support transformation such as IT, estates and data/IG capacity. Croydon will maximise opportunities with the Mayor of London provided by London devolution.

Influencing the role of wider determinants
We know factors such as the housing and environment we live in, the education we receive and the relationships around us are major contributors to health, accounting for 80% of an individuals' health. This is why we will work further than just across health and social care. We must reach in towards all community partners to lever and influence change that will positively impact peoples health and well being, with the role of wider Local Government provision being central to this success.

Resourcing change management
To make this substantial multi-organisational change happen we will invest in the organisational development and workforce planning needed to support the creation of a One Croydon culture.

Financial impact of our plans

The health and care system faces significant financial challenges.

Over the years organisations have been making improvements internally as well as by working together.

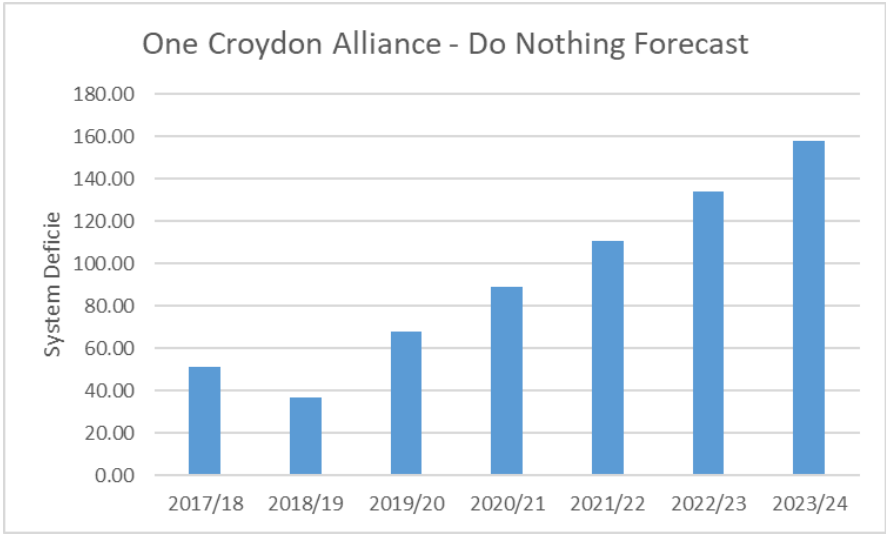
However with increasing demand from an ageing population, the need to improve quality and respond to rising patient expectations we must do more with the £850m (see Appendix 3) allocated to fund health and care in Croydon. It is therefore inevitable that the shape of services will have to change. To support our health and care plans we will shift the balance of our spend from reactive, high cost acute care to preventative, proactive out of hospital; care.

NHS England announced new 5-year population based allocations in January 2019. The Social Care green paper is awaited to clarify future funding for social care.

If we do nothing we will have approximately a £160m deficit by 2023/24. This is a similar challenge to that sized in previous strategies.

Clinically led working groups are developing patient focussed solutions to deliver care within the resources available. Further work will be undertaken from April to July to demonstrate how these plans will close the financial gap.

NOTE: This analysis requires updating for NHS 5-year planning assumption.



Do Nothing	Outturn	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	£m	£m	£m	£m	£m	£m	£m
CCG	-13.87	1.17	-14.77	-25.84	-36.99	-49.46	-62.99
CCG/CHS Gap	0.00	-7.77	-7.86	-7.94	-8.00	-8.07	-8.17
CHS	-25.90	-15.67	-27.26	-33.60	-40.09	-46.74	-53.55
LA	-3.80	-7.80	-10.20	-12.70	-15.30	-18.10	-21.00
SLaM	-7.53	-7.04	-7.94	-9.02	-10.19	-11.36	-12.39
	-51.11	-37.11	-68.03	-89.08	-110.56	-133.72	-158.10

For discussion

These questions are aimed as prompts to facilitate thinking and discussion. They will be reviewed by the One Croydon Strategic Development Board and will inform the final report to be published in July 2019. Please can you send your responses to: getinvolved@croydonccg.nhs.uk by Monday 17 June 2019.

1. Do you understand what we will be focusing on for the next two years?

2. Do you agree with the actions we are proposing to improve the health and care of local people over the next two years?

3. Is there anything missing in our plans that you would expect to see there?

4. Have you any other comments about the Croydon Health and Care Plan discussion document?

5. What role would your organisation or group be able to play to support the delivery of these plans?
   Please share with us your contact details.

Appendix 1 Our annual measures

Appendix 2 Our programmes of delivery

KEY
- Priority for 2019/20

PROGRAMMES TO DELIVER OUR INIAITIVES	Stay Well	Manage Well	Greatest Need
Together for Health and Care *Prevention, Early Intervention and Detection*	**Prevention, Early Intervention, Early Detection** ▪ Develop consistent approach to preventing and proactive management of Long Term Conditions and support for people with disabilities ▪ Develop a prevention framework ▪ Review and develop Making Every Contact Count (MECC) ▪ Review and develop Just Be / Live Well ▪ Improve national diabetes prevention programme (Healthier You) ▪ Improve health screening including health checks **Self Care, Self Management and Personal Resilience** ▪ Expand Healthy pharmacy hub model to all areas of borough ▪ Create digital version of the Patient Activation Measure (PAM) ▪ Expand E-Market approach and align with social prescribing **Active and Supportive Communities** ▪ Build voluntary and community sector partnerships through the voluntary and community sector strategy to deliver whole system prevention ▪ Develop Local Voluntary partnerships (LVPs), including social prescribing, Asset Based Community Development (ABCD) ▪ Develop strengths based approaches across disciplines through community led support ▪ Maximise volunteering opportunities		
	Prevention, Early Intervention, Early Detection ▪ Develop proactive digital solutions including use and coverage of Health Help Now , service directory and e-market place ▪ Develop social prescribing at scale across the borough	**Self Care and Self Management** ▪ Systemise medication reviews for people ▪ Expand range of options for diabetes structured education (SE) **Shared Decision Making** ▪ Expand expert patients programme ▪ Expand group consultation at scale across settings and for all conditions ▪ Develop the health champion role ▪ Roll out Shared Decision Making (SMD) toolkit	**Self Care, Self Management & Personal Resilience** ▪ Multi-disciplinary community led support and strengths based approaches for our whole population ▪ "Nudge theory" to guide behaviour and activities ▪ Expand LIFE Proactive Community Referrals ▪ Proactive identification of people in greatest need
Locality Development	▪ Develop our locality based, out of hospital care and proactive interventions model, including social care, housing, welfare and universal support ▪ Implement Gateway Locality Model to strengthen localities in three pilot areas ▪ Implement Primary Care Working at Scale and development of existing Integrated Community Networks ▪ Improve ambulatory emergency care, redesign of the roving GP, increase 111 offering ▪ Improve integration between primary and secondary services, social care and housing ▪ Pathway redesign and process redesign		▪ Support Carers ▪ Extend proactive care management through extended ICNs, Develop LIFE at Scale, Community IV antibiotics and catheter mgmt. ▪ Care homes transformation and Assistive Technology ▪ Transform Falls & Frailty including falls response pilot ▪ Improve End of Life Care ▪ High intensity user programme

Alignment with Strategic Priorities

Improve Quality of Life	Enable a better start in life	Improve wider determinants of health and well being	Integrate health and social care

Appendix 2 Our programmes of delivery

KEY
- Priority for 2019/20

PROGRAMMES TO DELIVER OUR INIAITIVES	Stay Well	Manage Well	Greatest Need
Better Start in Life	▪ Implement Children and young people's mental health transformation plan ▪ Implement Early Help Strategy focusing developing resilient families ▪ Deliver the All Age Healthy Weight Strategy and pathway ▪ A focus on pre-conception health via Sexual health transformation and facilitating healthy behaviour ▪ Implement the School Superzones Programme ▪ First 1000 days of life ▪ Healthy Weight - healthy weight prevention and early intervention services ▪ Healthy Mind – develop and implement a screening tool ▪ Bringing Immunisation into the community	▪ Redesign paediatric pathway ▪ Expand pathway for A&E Frequent attenders ▪ Promote GP telephone advice line and asthma nursing service	▪ Develop community therapies strategy ▪ Redesign Children's community ASD diagnosis and care pathway
Maternity	▪ Personalised care and choice of place of birth – personalised care plans, increasing midwifery led care ▪ Continuity of care – named lead midwife and buddy throughout a women's maternity journey ▪ Safe care – Multi disciplinary team training on Saving Babies Life's Care Bundle ▪ Multi disciplinary working and working across boundaries ▪ Healthy Pregnancy - Immunisations, Breast feeding strategy, parenting support, live well programme ▪ A fairer payment system		▪ Postnatal care – proactive triage phone calls ▪ Perinatal mental health care - increasing opportunities for identification of those at risk
Adult Mental health	▪ Develop joint mental health strategy to promote good mental health problems and ensure early intervention ▪ Workplace wellbeing ▪ Provide the Live Well Croydon and Just Be services to improve mental wellbeing	Transforming community mental health provision for people with Serious Mental Illness to include: ▪ Enhance Primary Care – seamless service between primary & secondary care; improved support & rapid telephone advice for GPs; new primary care mental health support workers; address stigma of mental health. ▪ Community mental health hubs – common access to primary & secondary care; provision of wide range of services (clinical & social including benefits/housing/employment); link to ICNS. ▪ Improved integrated housing - develop wide range of housing support options (e.g. The Shared Lives Scheme) ▪ Connected communities – information, Local Voluntary Partnerships, including social prescribing directory of services galvanise communities, PIC support ▪ Self harm and suicide prevention strategy ▪ Talking Therapies – improve access to psychological therapies for people with common mental health problems. ▪ Dual diagnosis – substance misuse and physical health of people with mental ill health	▪ Dementia Friendly Croydon ▪ Improve crisis care pathway for people in mental health crisis. ▪ Improve services for women with mental health issues during the perinatal period through enhanced community multi-disciplinary teams. ▪ Reduce physical ill-health amongst SMI population. ▪ Improve training and employment opportunities for people with severe mental illness ▪ Addressing addictive behaviours

Alignment with Strategic Priorities

Improve Quality of Life	Enable a better start in life	Improve wider determinants of health and well being	Integrate health and social care

Appendix 2 Our programmes of delivery

KEY
- Priority for 2019/20

PROGRAMMES TO DELIVER OUR INIAITIVES	Stay Well	Manage Well	Greatest Need
All Disabilities	**All Age Disability and Adult Social Care Transformation (ADAPT)** ▪ Working age people will have flexible care that they can arrange themselves and have choice and control over, achieved through e-market places, Personal budgets and direct payments ▪ Transform our provision and workforce to implement locality based, multi agency working achieving seamless care for people with disabilities, with new front door ▪ Children with disabilities –Transforming our practice to provide consistent high quality and proportionate support through childhood and transition to adulthood ▪ People will have Active Lives, that are asset based and co-produced with them, ensuring coherent access and promotes inclusion and resilience for people and their carers ▪ Improve our housing offer to increase homes and housing options for people with complex health and social care needs ▪ Implement digital pathways ▪ Implement Compassionate Croydon ▪ Work and Health Programme ▪ Healthy Places including appropriate housing; accessibility; growth zone	▪ Supporting local integration and provision of services for our local population ▪ Community Led support with strength based approaches ▪ Improving housing options	▪ Neuro rehab development
Wider determinants of health and well being	▪ Implement Health, prevention and early intervention in all policies (housing, licensing, transport, planning) ▪ Implement Air Quality strategy ▪ Development of Growth Zone ▪ Implement Gateway locality model ▪ Implement Homelessness Strategy ▪ Implement School Superzones action plan		
Modern Acute Hospital	▪ Optimising acute pathways and improving integration ▪ Redesign outpatient care ▪ Transforming acute provision including community facing services ▪ Clinically sustainable hospital	▪ Supporting local integrated services through repatriation	▪ A&E transformation

Alignment with Strategic Priorities

Improve Quality of Life | Enable a better start in life | Improve wider determinants of health and well being | Integrate health and social care

Appendix 2 Our programmes of delivery

KEY
- Priority for 2019/20

PROGRAMMES TO DELIVER OUR INIAITIVES	Stay Well	Manage Well	Greatest Need
ENABLERS A Croydon Integrated Care System	▪ Development of an integrated care system design options ▪ Development and implementation of a population health management strategy and function ▪ Business cases for transformation and contracting developments, including shift to outcomes ▪ Integrated organisational functions such as placements, safeguarding and quality ▪ Organisational development ▪ Joint NHS control total and system financial risk share agreement ▪ Total resource sharing and matrix working		
ENABLERS Others	**Workforce and OD** ▪ Develop and implement a workforce plan and organisational development programme ▪ Whole system training solution ▪ Deliver culture change ▪ Workforce Well Being **IT and Digital** ▪ Interoperability Phase 1 and Phase 2 implementation – primary & secondary care, community and acute and mental health & social care ▪ IT infrastructure development ▪ Development of effective System IT Transformation Board and work programme **Estates** ▪ Support locality based development including New Addington Health Centre, East Croydon Growth Zone, Coulsdon Health Centre ▪ Improve GP estate ▪ Implement 'One Public Estate' **Communications and Engagement** ▪ Communicate and engage with public, staff and stakeholders that supports the One Croydon" approach ▪ Develop a method for understanind peoples satisfaction and experience of the transformation across the system ▪ Information and signposting ▪ Facilitate public consultations where necessary **Finance** ▪ Develop whole system financial approaches ▪ System Risk Share **Contracting & Procurement** ▪ Design and implement contracts and appropriate procurement processes to incentivise/support models of care		

Alignment with Strategic Priorities

Improve Quality of Life | Enable a better start in life | Improve wider determinants of health and well being | Integrate health and social care

Appendix 3 Integrated Financial Resources Draft 2019/20 Plans

CONSOLIDATED NHS CROYDON POSITON	NHS Croydon Group Financial Position £m	Alliance Members Health Funding to Croydon Population £m	Total Croydon Health and Care Investment £m
FUNDING			
NHSE Funding - Croydon Population	577.8	577.0	728.0
NHSE Funding - Other Sources	50.9	50.9	39.0
NHS Training	10.4	10.4	10.4
NHS R&D	1.2	1.2	1.2
DHSC Grant Funding to Local Authority	8.7	53.4	53.4
Other Revenue	13.7	20.9	20.9
Transitional Support (e.g. PSF)	0.0	0.0	0.0
Total Revenue	662.6	713.7	852.8
EXPENDITURE			
Pay	(213.9)	(273.6)	(273.6)
Non-Pay Other	(97.3)	(114.4)	(114.4)
Non-Pay - Drugs	(61.2)	(61.2)	(61.2)
Estates	(5.5)	(5.5)	(5.5)
Clinical Negligence Premium	0.0	0.0	0.0
Interest	0.0	0.0	0.0
Depreciation and amortisation	(9.2)	(9.2)	(9.2)
Capital Charges	0.0	0.0	0.0
Payments to Care Providers			
- Hospital Services	(189.8)	(143.9)	(263.0)
- Individual Placements	(29.5)	(65.0)	(65.0)
- Primary Care/Community Services	(71.1)	(71.1)	(91.1)
- Other	(22.6)	(15.9)	(15.9)
Total Expenditure	(700.1)	(759.8)	(898.9)
Net Financial Position	**(37.4)**	**(46.1)**	**(46.1)**
Croydon System Control Total (Target Deficit/Surplus)			
CCG	5.2	5.2	5.2
CHS	0.0	0.0	0.0
SLAM	0.0	0.0	0.0
NHSE	0.0	0.0	0.0
Local Authority	0.0	0.0	0.0
Total	**5.2**	**5.2**	**5.2**
Variance from Croydon System Control Total	(42.7)	(51.3)	(51.3)
Variance from Control Total Excl Trans Support	0.0	0.0	0.0

REPORT TO:	**HEALTH AND WELLBEING BOARD (CROYDON)** **19 June 2019**
SUBJECT:	**Measles and MMR vaccination in Croydon**
BOARD SPONSOR:	***Rachel Flowers***

BOARD PRIORITY/POLICY CONTEXT:

This information 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
- Guidance taken from the UK Measles and Rubella Elimination Strategy 2019

FINANCIAL IMPACT:

None

1. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1.1 Note the contents of this report.

1.2 Encourage persons who arrange for the provision of any health or health-related services to agree to the Croydon Measles Elimination Plan and work closely together in an integrated manner to deliver the actions within it (Appendix B). This includes the active support and promotion of MMR vaccinations amongst individuals of all ages including patients, staff and the general population.

2. EXECUTIVE SUMMARY

2.1 One of the four domains of public health practice is health protection.

2.2 It is the statutory responsibility of the Local Authority Director of Public Health to obtain assurance from partners across the system that the health of the local population is protected from communicable disease as well as environmental hazards.

2.3 The Croydon Health Protection Forum (HPF) was established in July 2015 as the local mechanism by which to support this role. It does so by:

- Identifying local health protection priorities
- Gaining clarity on roles, responsibilities and accountabilities around commissioning and provision of services
- Engaging with the relevant local and regional partners
- Seeking assurance that arrangements currently in place to protect the health of residents are robust and implemented appropriately to local health needs

2.4 The health protection issues discussed at the Forum include, but are not limited to, adult and child immunisation programmes. Performance across childhood immunisation programmes has decreased in Croydon (*see Appendix A*).

2.5 A global threefold increase in measles cases and outbreaks across Europe and the UK call for concerted national and local action.

2.6 According to the latest nationally available data, only 67% of eligible children had received two doses of MMR in Croydon (2017/18). This is the 2nd lowest rate in the whole country with varying vaccination rates between GP practices across the borough.

2.7 After having received the mandate from the local NHS to lead on the improvement of the uptake of key immunisations in Croydon, the Public Health Team established a dedicated **Croydon Immunisation Steering Group** in April 2019. The initial aim of this group is to improve the uptake of MMR and to develop a local **Measles Elimination Plan**. In the future, the group will address other local immunisation priorities.

2.8 The steering group will facilitate a systems approach to the improvement of MMR uptake including.

2.9 A draft local Measles Elimination Plan was developed at the first meeting of the Group (*see Appendix B*) and will be completed at the next meeting of the Group on 17th July.

2.10 This aligns with the London Immunisation Plan and the UK Measles and Rubella Elimination Strategy 2019.[1]

2.11 The focus on MMR also aligns with the strategic priorities of the One Croydon Alliance (i.e. to enable a better start in life and to improve quality of life). Immunisation indicators for MMR are included in the draft outcomes framework for the One Croydon Alliance.

2.12 Governance for the group is outlined in the diagram below

The group will report to the Health Protection Forum, the Proactive and Preventative care Board and the SWL STP Quality Board.

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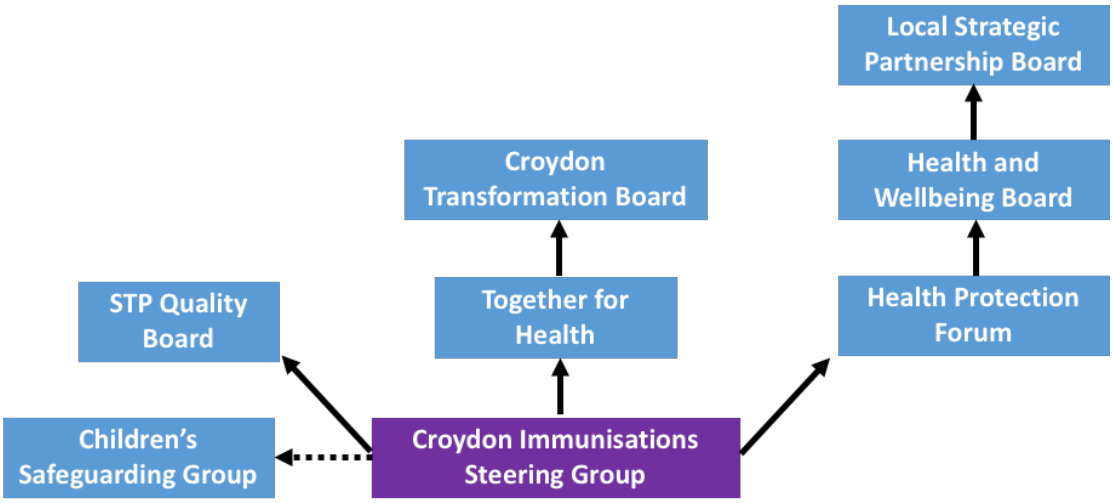
1 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/769970/UK_measles_and_rubella_elimination_strategy.pdf



2.13 The first meeting of the Immunisation Steering Group was held in April 2019 and included representatives from the following organisations:

Croydon Council Public Health	Croydon Council/CCG Children's Commissioner	Croydon Council Gateway Service
Croydon Clinical Commissioning Group	Public Health England South London Health Protection Team	NHS England London
Croydon Health Services	National Behavioural Insights Team	Croydon Council Communications representative
Homeless Health Service		

2.14 The aims of the Immunisation Steering Group are to:

- To improve immunisation rates of key immunisation (MMR, Flu, BCG, Hep B)
- To develop local action plans where necessary
- To serve as a platform for partners to identify and review current and emerging immunisations issues
- To strengthen collaborative working relationships amongst partners and support priority immunisations areas through identifying issues and barriers and generating recommendations to address these issues
- To assure the Director of Public Health, via the Health Protection Forum, that appropriate arrangements are in place to protect the health of the public, in relation to immunisations

2.15 Actions related to each of the four sections of the UK Measles and Rubella Elimination Strategy are as outlined below.

- Achieve and sustain 95% coverage in the routine childhood programme

- Achieve and sustain 95% coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch up (>5 years old) <18 years old
- Strengthen measles and rubella surveillance
- Ensure easy access to high-quality, evidence-based information

2.16 The outcomes of this steering group will be reported to the Health and Wellbeing Board Executive Group via a quarterly Health Protection Report, and where appropriate will be discussed at the Health and Wellbeing Board.

3. CONSULTATION

3.1 Feedback has been collated from members of local and regional organisations involved in the commissioning and provision of MMR as well as allied partners as part of the steering group processes.

4. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

4.1 There are no direct financial implications from this report

Approved by: Lisa Taylor, Director of Finance, Investment and Risk

5. LEGAL CONSIDERATIONS

5.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance that there are no further legal considerations arising from this report.

Approved by: Sandra Herbert, Head of Litigation and Corporate Law on behalf of the Director of Law and Governance & Deputy Monitoring Officer

6. EQUALITIES IMPACT

6.1 The measles elimination action plan aims to address inequalities and improve outcomes of all those with protected characteristics. Improved vaccination rates protects vulnerable members of society who are the most at risk if there is an outbreak of measles and may lack protection if they are unable to have vaccination due to underlying conditions.

Approved by: Yvonne Okiyo, Equalities Manager

CONTACT OFFICER:
Ellen Schwartz, Consultant in Public Health, Croydon Council
Ellen.Schwartz@croydon.gov.uk 020 8726 6000 Ext. 61644

Nerissa Santimano, Public Health Principal, Croydon Council
nerissa.santimano@croydon.gov.uk

APPENDICES:

Appendix A – Childhood immunisation programme performance
Appendix B – Measles and Rubella Elimination Action Plan

BACKGROUND DOCUMENTS:
None

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Appendix A: Childhood immunisation programme performance latest data and trend

Performance indicator	Data year	Trend	Croydon Value %	England value %
1. Children in care immunisations (Persons, <18 yrs)	2018	↓	49.9	78.4
2. Population vaccination coverage - Dtap / IPV / Hib (1 year old) (Persons, 1 yr) ○ Diphtheria ○ Tetanus ○ Pertussis (whooping cough) ○ Polio ○ Haemophilus influenza ○ type b (Hib) ○ Hepatitis B	2017/2018	↓	86.7	93.1
3. Population vaccination coverage - Dtap / IPV / Hib (2 years old) (Persons, 2 yrs)	2017/18	↓	88.8	95.1
4. Population vaccination coverage - Hib / MenC booster **(2 years old)** Haemophilus influenzae type b (Hib) and meningitis C	2017/18	↓	80.8	91.2
5. Population vaccination coverage - Hib / Men C booster **(5 years old)**	2017/18	↓	81.2	92.4
6. Population vaccination coverage - MMR for one dose **(2 years old)**	2017/18	↓	80.3	91.2
7. Population vaccination coverage - MMR for one dose **(5 years old)**	2017/18	↓	85.6	94.9
8. Population vaccination coverage - MMR for two doses (5 years old)	2017/18	↓	67.0	87.2
9. Population vaccination coverage – MenC (Persons, 1 yr)	2015/16	-	91.5	95.9
10. Population vaccination coverage - PCV (Persons, 1 yr)	2017/18	↓	87.4	93.3
11. Population vaccination coverage - PCV (Persons,2 yr)	2017/18	↓	81.2	91

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APPENDIX B: Croydon Measles and Rubella Elimination action plan

Target 1: Achieve and sustain 95% vaccination coverage in the routine childhood immunisation programme

Recommendation number	Recommendation	Responsibility	Person to provide update	Outcome
1	Relevant up-to-date comms plan formulated: materials to be put in places families visit, such as GPs, early years settings, libraries	Public health coordinating comms leads: NHSE, CCG, PHE, public health (with support from behavioural change hub)	Ellen Schwartz/ Bernadette Alves	Improve public awareness . Consistency in messaging across comms teams.
2	Look to high performing boroughs to see how they achieve high uptake	NHSE- Bernadette Johnson with support from Helen Goodrum	Bernadette Johnson	Recreate specific actions that have worked elsewhere
3	Take a targeted approach to low uptake areas	CCG commissioners and NHSE	Helen Goodrum	Increase in uptake in 'hard to reach' populations

4	Education of healthcare workers and parents	Public health coordinating comms leads: NHSE, CCG, PHE, public health (with support from behavioural change hub)	Ellen Schwartz/ Bernadette Alves	Increased education and empowerment of healthcare workers and parents
5	Create and disseminate education videos	Public health coordinating comms leads: NHSE, CCG, PHE, public health (with support from behavioural change hub)	Ellen Schwartz/ Bernadette Alves	Increased education and awareness
6	Increase accessibility of vaccination appointments within GPs	CCG commissioners and GP lead	Helen Goodrum	Increased uptake through more accessible appointments

7	Make every contact count	Public health coordinating comms leads: NHSE, CCG, PHE, public health (with support from behavioural change hub)	Ellen Schwartz/ Bernadette Alves	Empower frontline workers to check and offer MMR
8	Compelling counter-narrative for the anti-vaccination movement	Public health coordinating comms leads: NHSE, CCG, PHE, public health (with support from behavioural change hub)	Ellen Schwartz/ Bernadette Alves	Decrease the proportion of public who believe MMR and vaccination myths
9	Ensure all GPs are maintaining accurate, up to date patient lists with a view to removing “ghost” patients. Work collectively with CCG colleagues (Quality and contracting) to ensure regular review of lists and review contractual obligations with regards to data submission and removing de-registered patients from lists.	STP Commissioning Managers and CCG Quality and Contracting Leads	Bernadette Johnson	To ensure accurate reporting of uptake data to CHIS

10	Communicate public health concern and decreasing MMR coverage and uptake rates across London with all Directors of Quality, Director of Primary Care Commissioning and Directors of Public Health. Encourage collective working to ensure improvements in service delivery and attain 95% in MMR1 and MMR2 by 5 years.	PHE	Bernadette Johnson	Highlight key stakeholders to the increasing public health concern and impact decreasing rates have on population. Work collaboratively to drive improvements across the health system
11	Ensure all GP practices in each CCG area use robust call/recall systems in place to identify those eligible and invite/schedule appointments proactively.	STP Commissioning Managers and CCG Quality and Contracting Leads	Bernadette Johnson	Assurance that all GP practices are adhering to commissioning and contracting requirements for all childhood immunisations, including MMR
12	Identify GP practices that have not provided assurance that they have robust call/recall systems are in place and work collectively with CCG (quality and contracting colleagues) to establish.	STP Commissioning Managers and CCG Quality and Contracting Leads	Bernadette Johnson	Ensure GPs are adhering to commissioning and contracting requirements for all childhood immunisations, including MMR
13	Ensure GP practices are using national READ code for MMR vaccination	STP Commissioning Managers and CCG Quality and Contracting Leads	Bernadette Johnson	Ensure accurate recording of vaccine uptake
14	Ensure all GP data sharing agreements are completed and that GP practices are sharing information with CHIS	STP Commissioning Managers and CCG Quality and Contracting Leads	Bernadette Johnson	To ensure accurate reporting of uptake data to CHIS

15	Ensure all GPs have a designated immunisation lead in the practice and for the lead to proactively identify all those with uncertain or incomplete MMR status. This should include a look back of those aged <5 years who have missed MMR vaccination.	STP Commissioning Managers and CCG Quality and Contracting Leads	Bernadette Johnson	Ensure 100% offer of MMR1 and MMR2 immunisation as part of routine and catch up for those who have uncertain or incomplete MMR status
16	Designated immunisation Leads to ensure Measles Posters, Leaflets and information are accessible in the practice.	STP Commissioning Managers and CCG Quality and Contracting Leads	Bernadette Johnson	Promote MMR Immunisation and importance
17	Ensure importance of immunisation is routinely discussed with HV and information sharing with GP practice and included in commissioning of HV services	STP Commissioning Managers and LA DPH through HV commissioning	Bernadette Johnson	Ensure key messages are routinely discussed with new parents with information sharing undertaken.
18	Ensure MMR immunisation status is checked routinely as part of the school nurse health check at reception/year 1 (aged 4 to 5 years) and offer/ refer	STP Commissioning Managers and LA-DPHs through SN commissioning	Bernadette Johnson	Establish routine checking of MMR status as part of school nurse role and inclusion of recommendation from MMR service specification
19	Work with LA DPH to ensure that information on the importance of immunisations are included in school packs/letters for parents	STP Commissioning Managers and LA, RCO (DFE), Matthew Olley, Amanda Goulden	Bernadette Johnson	Empower parents and Head teachers to recognize the importance of immunisations and maintain lists of children immunized (see Health Protection in schools and other childcare settings (Chapter 5)

20	Work with Regional School Commissioners (DFE) to ensure immunisations are checked routinely prior to starting school with regular checking throughout term time.	Debbie Green, Amanda Goulden and Matthew Olley	Bernadette Johnson	Ensure routine checking is included in RSC audit- Health Protection in schools and other childcare settings (Chapter 5)
21	Work in partnership with CCG colleagues to review variance in GP practice uptake and to promote 95% uptake rates.	STP Commissioning Managers and LA DPH	Bernadette Johnson	Improve awareness and uptake rates of MMR immunisation

Target 2: Achieve and sustain 95% coverage with two doses of MMR vaccine in older age cohorts through opportunistic and targeted catch up (>5 years old) <18 years old

Recommendation Number	Age group	Recommendation	Responsibility	Person to provide update	Outcome
1	<18	Immunisation team to visit all special needs schools including PRUs	Immunistion team	Veronique Black	Uptake increased in special needs schools
2	<18	Allow young people to give their own consent- linked with the new curriculum	Immunistion team	Veronique Black	Empower young people to choose and actively seek to be vaccinated
3	<18	The new curriculum includes health education as statutory requirements- make sure this covers vaccines	Immunistion team and Zoe Barkham healthy schools programme (joint)	Veronique Black	Check curriculum and ensure schools implement effectively
4	<18	Use Palace for Life as another opportunity to provide evidence-based information	Comms plan	Ellen Schwartz/ Bernadette Alves	Increase opportunity to educate parents and carers on the importance of vaccination, increase those checking child immunisation status.

5	<18	MMR offer with HPV and school boosters	Immunisations team	Veronique Black	Increased uptake of MMR in school students
6	<18 and >18	Make every contact count	Public health coordinating comms leads: NHSE, CCG, PHE, public health (with support from behavioural change hub)	Ellen Schwartz/ Bernadette Alves	Empower frontline workers to check and offer MMR
7	<18 and >18	Investigate if the se gelatine-free alternative vaccine is in place in all GP practices as wel as schools	NHS England and CCG Commissioners	Bernadette Johnson	Increased acceptability of vaccine
8	<18 and >18	Identification of 'hard to reach' groups understanding their barriers and needs	Public health lead- with behavioural insights team (local and national)	Ellen Schwartz/ Bernadette Alves	Have knowledge of barriers to allow effective intervention
9	<18 and >18	Identify why some GPs have lower rates	Public health lead- with behavioural insights team (local and national)	Ellen Schwartz/ Bernadette Alves	Insight into practice variation
10	<18	Clinics for home-schooled children	Immunisations team, Director of Education	Veronique Black	Increases uptake of MMR in home-schooled children
11	<18	Investigate if the GP contract allows for catch up immunisations to secondary school- need to check	Bernadette Johnson	Bernadette Johnson	Increase availability of catch up opportunities for unimmunised secondary school children

12	<18	One clinic of school nursing per week- targeting New Addington	Immunisations Team, with support from Practice Variation, Public Health and Behaviour Hub	Veronique Black	Increase uptake in New Addington as an identified target area
13	<18 years old	Ensure all GPs have a designated immunisation lead in the GP practice and for the lead to proactively identify all those with uncertain or incomplete MMR status. This should include a routine catch up of those aged 5 years and older who have missed MMR vaccination.	STP Commissioning Managers and CCG Quality and Contracting Leads	Bernadette Johnson	Ensure 100% offer of MMR1 and MMR2 immunisation as part of routine and catch up for those who have uncertain or incomplete MMR status
14	<18 years old	Ensure all GPs check the immunisation status of all new GP registrants and offer MMR vaccine to complete the course.	STP Commissioning Managers and CCG Quality and Contracting Leads	Bernadette Johnson	Ensure 100% offer of missed immunisations including MMR improving uptake and coverage.
15	<18 years old	Ensure all School Aged Immunisation providers routinely check the MMR status of all adolescents (School Year 8, 9 and 10). Providers to administer MMR vaccines to complete immunisation course.	STP Commissioning Managers	Bernadette Johnson	Establish routine checking and administration of MMR in adolescents with incomplete or uncertain MMR status
16	<18 years old	Ensure SAV providers routinely report administration of MMR	STP Commissioning Managers	Bernadette Johnson	Ensure accurate and robust data reporting

		directly to the GP, CHIS on a weekly basis.			
17	<18 years old	Ensure SAV providers routinely report immunisation uptake figures to NHS England commissioners.	STP Commissioning Managers	Bernadette Johnson	Ensure accurate and robust data reporting
18	<18 years old	Work with Local Authority PH leads and SAV providers to establish local peer champions to empower and identify importance of immunisations in school settings.	STP Commissioning Managers, LA DPH and SAV providers	Bernadette Johnson	Ensure adolescents are empowered on importance of immunisation and preparation for school leaver/ university
19	>18 years old	Ensure all GPs have a designated immunisation lead in the practice and for the lead to proactively identify all those with uncertain or incomplete immunisation status. This should include a routine catch up of those aged 18 years and older who have missed MMR vaccination, those of childbearing age and new registrants	STP Commissioning Managers and CCG Quality and Contracting Leads	Bernadette Johnson	Ensure 100% offer of MMR1 and MMR2 immunisation as part of routine and catch up for those who have uncertain or incomplete MMR status
20	>18 years old	Ensure University Health Centre have a designated immunisation lead in the practice and promote immunisations including MMR and MenACWY and their importance during fresher's week	STP Commissioning Managers and CCG Quality and Contracting Leads	Bernadette Johnson	Ensure opportunistic offer of all immunisations to Improve uptake of vaccine
21	>18 years old	Work with University Health and Well Being Lead and Health Centre to establish "fresher" peer champions	STP Commissioning Managers and CCG Quality and Contracting Leads	Bernadette Johnson	Promote importance of MMR and ACWY immunisation

22	>18 years old	Work with London Universities Health and Well Being Lead to ensure Immunisation information are included in “offer packs”	STP Commissioning Managers and CCG Quality and Contracting Leads	Bernadette Johnson	Promote importance of MMR and ACWY immunisation
23	>18 years old	Signposting to MMR vaccination during pop-up clinics at universities in fresher’s week as part of Men ACWY campaign	Karen Bernard / Catherine Heffernan	Bernadette Johnson	Increased uptake of MMR in university students

Target 3: Strengthen measles and rubella surveillance

Recommendation Number	Recommendation	Responsibility	Person to provide update	Outcome
1	Find out immunisations rates by early years setting	Education team	Zoe Barkham	Identify target areas
2	Promote the process of what happens in a suspected measles or rubella case to all healthare workers- to encourge lab testing and cofirmation	PHE	Bernadette Johnson	Educate health care workers

4	Share MMR vaccination coverage by CCG and at practice level from ImmForm + COVER	STP Commissioning Managers	Bernadette Johnson	COVER and ImmForm reports
5	Discuss CCGs and practices with uptake rates lower than 95% in London and share monthly updates	STP Commissioning Managers	Bernadette Johnson	Share information with CCG quality and Contracting Leads
6	Provide read codes used for MMR vaccination in new registrants and those with incomplete vaccination from abroad are being routinely used across London	STP Commissioning Managers	Bernadette Johnson	Share information with CCG and GPs
7	Establish MMR section on London web-page with essential information and resource links	Jack Copas	Bernadette Johnson	MMR webpage NHS England web-page
8	Circulate information on ordering process for national resources/ campaign materials	STP Commissioning Managers	Bernadette Johnson	Detailed within Letter
9	Include routine MMR review as standing item agenda at Performance and Quality Boards	STP Commissioning Managers, CCGs, DPH and Providers	Bernadette Johnson	Share information across the health system
10	Communicate regular updates at NHS England/ Public Health England Assurance Boards and Director of Public Health reports	Debbie Green, Amanda Goulden, Catherine Heffernan	Bernadette Johnson	Provide assurance on progress and uptake of MMR

Target 4: Ensure easy access to high-quality, evidence-based information

Recommendation Number	Recommendation	Responsibility	Person to provide update	Outcome
1	Include information on risk to immediate family	Immunisations team and CCG Commissioners	Veronique Black	Risks made clear to the public by front line staff
2	Ensure MMR part of looked after chidren and foster parents agreement	Education Department- Shelley Davies	Zoe Barkham	Agreements checked and required changes made
3	Investigate use of real-time practice data to improve analysis and information sharing- e.g. through Solis	CCG- practice variation team	Helen Goodrum	Regular information sharing- through immunisations group
4	Regularly review data	Public health	Ellen Schwartz/Bernadette Alves	Regular information sharing- through immunisations group
5	Front-line workers equipped with key evidence-based information e.g. PHE webinars	PHE	Bernadette Johnson/Claudette Allerdyce	Healthcare staff equipped with evidence-based knowledge
6	Information packs for school starters and parents	Immunisations team and Education Team	Veronique Black	Education of parents and carers
7	Use of questionnaires for school starters	Immunisations team and Education Team	Veronique Black	Increase awareness of vaccination status

8	Use assemblies to give evidence-based information	Immunisations team and Education Team	Veronique Black	Improve pupil awareness of importance of vaccination
9	Have immunisations as a standing agenda item at head teachers meetings	Zoe Barkham	Zoe Barkham	Increase awareness in teachers
10	Use nurse immunisations update on 3rd September to promote this as a priority.	Catherine Wallace	Catherine Wallace	Improve nurse awareness of effective methods to increase uptake
11	Circulate letter outlining public health concern and partnership approach to improving MMR uptake rates in London	Matthew Bazeley/ Yvonne Doyle	Bernadette Johnson	Partnership letter
12	Work with CCG colleagues to ensure targeted communications with practices with low MMR uptake rates	STP Commissioning Managers	Bernadette Johnson	Targeted comms to promote uptake locally
13	Ensure regular MMR updates in London GP Bulletin outlining importance with essential information payment claims, read codes etc.	NHS England communications	Bernadette Johnson	GP Bulletin
14	Work with NHS England communications team to promote MMR vaccine on social media	NHS England communications	Bernadette Johnson	Regional communications to promote uptake

15	LAs to work with local communications teams to promote MMR vaccine uptake locally	Public health coordinating comms leads: NHSE comms lead (name?), CCG comms, PHE comms, local comms (with behavioural change team)	Ellen Schwartz/ Bernadette Johnson	Local communications to promote uptake
16	NHS England and DPH to send joint letter to University Health and Well-being Lead on an annual basis establishing recommended actions for improved uptake rates of MMR and Men ACWY vaccine	Joint Letter from NHS England/ LA DPH	Bernadette Johnson	Letter
17	DPH letters to schools to promote checking of immunisation status and information to parents	DPHs	Ellen Schwartz/ Bernadette Johnson	Letter and Information to be included in parent packs