

Public Document Pack

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, Executive Director of Health, Wellbeing & Adults, 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, 30 October 2019** at **2.00 pm** in **F10, Town Hall, Katharine Street, Croydon CR0 1NX**

JACQUELINE HARRIS BAKER
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22 October 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 - 10)

To approve the minutes of the meeting held on 19 June 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

TBA

6. CYP Mental Health Local Transformation Plan (Pages 11 - 48)

7. Prevention Green Paper Response (Pages 49 - 62)

8. Croydon Health and Care Commissioning Intentions 2020/21 (Pages 63 - 82)

9. Health Protection update: Immunisation Steering Group and Annual Seasonal Flu Plan (Pages 83 - 88)

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 of held on Wednesday, 19 June 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 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
Steve Phaure, Croydon Voluntary Action - Non Voting
Rachel Soni, Director of Croydon Alliance

Also Present: Councillors Clive Fraser, Sean Fitzimons and Joy Prince

Apologies: Councillor Jane Avis, Guy Van-Dichele, Robert Henderson, Dr Faisal Sethi and Michael Bell

PART A

A1/19 **Minutes of the Previous Meeting**

RESOLVED that the minutes of the meeting held on 10 April 2019 were agreed as an accurate record

A2/19 **Disclosure of Interests**

There were no disclosures at this meeting.

A3/19 **Urgent Business (if any)**

There was none.

A4/19 **Public Questions**

Mr Michael Hembest asked the Board the following question:

“In the Health & Wellbeing Strategy document under priority 4 and 5, it mentions the role of employers to improve workforces’ health. Isn’t this just wishful thinking? The days of major size employers in the borough are nearly over. Outside of the few major employers the small employers, who I think are now the majority, have scant time or resources to influence their employees other than to get them to do the job.

It’s not impossible to get influence via this channel but the opportunities are becoming fewer.”

The following written response was provided to Mr Hembest:

“Thank you for raising this important issue.

We acknowledge that it can be difficult for small organisations to invest in supporting workplace health. However, there are a number of examples of good practice where small businesses are taking steps to improve the health of their workforce. In fact we are hearing more of our small businesses citing the economic business case of supporting the health & wellbeing of their staff. It is becoming more prevalent as small businesses work to retain their existing staff.

There are also a range of free tools and resources which are often tailored to different size businesses. For example, one key programme is the London Healthy Workplace Award whereby any size organisation can work towards making their workplace ‘healthier, happier and more productive’ (<https://www.london.gov.uk/what-we-do/health/london-healthy-workplace-award>). In recognition of the different challenges experienced by small businesses, there is now a tailored approach for organisations with less than 10 employees.

There are also free health resources available to employers for use in their organisations. Here is a link to one example.

<https://www.acas.org.uk/index.aspx?articleid=1361>

Croydon also has the Good Employer Charter (www.goodemployercroydon.com) which businesses can sign up to, one component of which is workplace health. There are a number of small businesses that are part of this because they see the importance of being a good employer. Small businesses signed up to this, are invited to a range of events throughout the year, collaborating and sharing best practice to support each other on ensuring the implementation of policies and activities that support the health and wellbeing of their staff.

We promote all of these opportunities to businesses via a number of routes including at the annual Economic Summit and through our business newsletter.

We have included workplace health in our Health and Wellbeing strategy in recognition of the importance of good employment for health. The Health and Wellbeing Board will be working with the Council's Future Place Board to explore opportunities for a strategic response to workplace health for all Croydon Businesses"

A5/19 **Supporting the whole person through an integrated locality approach**

The Board considered a report which addressed and updated the Members on the developments of supporting the whole person through an integrated locality approach across the system in Croydon. The locality approaches would deliver the priorities of the Health and Wellbeing Strategy, in particular priority eight: "*The right people in the right place at the right time*".

The Director of Alliance Programme, Rachel Soni, introduced the report and explained that in Croydon the approach to health and wellbeing was rapidly evolving and an important part of that was to ensure that the different areas within the borough were provided with what was needed to maintain healthy and productive life. The aim was that when Croydon residents sought help they should be able to find the assistance they need locally with all services tailored to local needs.

The report presented included perspectives and updates on the locality approach for:

- Council's Operating Model
- Health and Care Locality Development – Integrated Community Networks + (ICN+)
- 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

It was noted that three particular areas had been selected to pilot the localities work, and these were: Thornton Heath, New Addington and South Croydon. This selection was based on a number of factors including geographical spread, inequality and the existing or planned activity taking place in these areas.

The Croydon Voluntary Action representative, Steve Phaure, explained that the report was a council operating model and he suggested that further work engaging the community alongside the council would be beneficial, particularly focusing on preventative work. He added that there were a lot of assets in the borough which needed to be utilised.

The Healthwatch representative, Gordon Kay, did a presentation to the Board regarding the two successive two-hour public events held in Thornton Heath; these were to gain insight into how the new ICN+ model of services would be received by local residents. He highlighted that the following areas were focused on:

- Understanding the model
- Widening access
- Communication
- Building community ownership and representation

The Director of Public Health, Rachel Flowers, explained that the authority had services that could be provided to prevent residents relying on the NHS. The communication within the services needed to be developed but she noted that this was the first time in her career she has seen all areas starting to work together, which was positive.

The Chair noted that the Board needed to be conscious of how they could measure success following the introduction of the localities work.

Councillor Hopley noted that there was cross-party support of the localities work. She expressed concern for the communications around the work to the public as a lot of residents were unaware of the ongoing work and how they could get involved. She requested quantitative data from officers, including; how many residents in the borough have dementia and how many residents were currently receiving social care. The Chair agreed with Councillor Hopley and echoed her comments regarding the data and explained that the Board Members needed this from the outset to monitor the impact.

Councillor Bird explained that it was positive to hear feedback that the localities approach was proving to be successful; however, the Board needed to have borough-wide data to measure success. The Vice-Chair noted that Croydon Alliance data was available and further data was being collected. The Director of Public Health added that qualitative data needed to be collected and for officers to not just focus on quantitative.

Councillor Hall stated that it was important to ensure all residents from across the borough benefited by receiving the help and support needed. He noted that it was positive to have package support for residents and hoped that the communities would be strengthened through the work. It was added that the second Community Food Stop was to be introduced to Thornton Heath following the successful pilot scheme.

In response to the queries raised by Councillor Bird the Chair explained that the scheme was to be initially introduced to the areas with greatest need within the borough. The Director of Public Health added that evidence showed that those with a lesser income were often more at need but agreed that there was deprivation in all wards within the borough.

Councillor Hopley stated that there were a lot of residents unknown to the authority who could benefit from extra support, particularly in the south of the borough; these residents were often isolated as they were not part of a close community. It was noted that developing a tailored approach was important as different wards had different needs.

Councillor Flemming advised officers to collaborate with developing community groups within the wards to ensure the work was being promoted and to also relieve the potential stigma.

The Vice-Chair noted that social isolation affected residents across the whole borough and many people did not have access to the services needed; he was hopeful that the new localities approach would improve this greatly. From his experience as a GP, he noted that the figures regarding appointments and referrals were improving and patients had explained that they were feeling happier and more supported within the community. He added, though, that communication and engagement around the ongoing work did need to be improved.

Councillor Campbell noted that officers should collaborate with local schools, places of worship and all locations which provided community services.

The Director of Alliance Programme responded to the queries raised by the Board and explained that a communication plan would be introduced and this would focus on how reports were written particularly from the service user's perspective. She also noted that the data collected would be presented to a future Health & Wellbeing Board.

RESOLVED – That the Health & Wellbeing Board:

- 1) Commented on the latest position of the localities approach, which was being developed across Croydon.
- 2) Noted the Healthwatch recommendations in 8.1 and discussed next steps for addressing them.

A6/19 **Annual Report of the Health & Wellbeing Board 2018/19**

The Public Health Consultant, Dr Jack Bedeman, introduced the Annual Report and explained that it would be presented to Full Council for approval on 15 July 2019. The report included the key work which had been completed in 2018/19, including: the Health & Wellbeing Strategy, including the set priorities and outcomes; the ongoing work with One Croydon; the collaborative work with the Local Strategic Partnership (LSP); and social prescribing.

In response to Councillor Hopley the Chair agreed that all Councillors should have a hard copy of the Health & Wellbeing Strategy and ensured they would all receive one by 15 July 2019, in time for Full Council.

The Croydon Voluntary Action representative noted that it was helpful when the head teachers attended the Health & Wellbeing Board on 27 February 2019 because it gave the opportunity for Members to hear that schools had limited resources and if there was any support which could be provided.

The Director of Public Health explained that the Health & Wellbeing Board may consider a joint working board with the Safer Croydon Partnership as this would ensure consistency across projects and plans.

The Healthwatch representative stated that there were a lot of work programmes and plans which made it difficult for a lay person to navigate; she suggested creating a working group of the Health & Wellbeing Board to go through an individual's journey and ensure it is streamlined and documented.

RESOLVED – That the Board agreed to endorse the annual report of the Croydon Health and Wellbeing Board 2018/19 and recommend its presentation to Full Council for consideration and approval.

A7/19 **Croydon's Health and Care Transformation Plan**

The Board considered a report regarding the Croydon's Health and Care Transformation Plan (HCP), which was a delivery plan for the Health and Wellbeing Strategy. The plan was about delivering an integrated system which was the primary reason for the creation of Health & Wellbeing Boards. The Plan had previously been presented and discussed at the Health & Wellbeing Board and consultation stage had now passed.

In response to Councillor Fitzsimons, who was observing the meeting, it was clarified that the Health and Care Transformation Plan had been presented to the Health & Social Care Scrutiny Sub-Committee.

In response to Councillor Fitzsimons' concerns regarding the Health & Wellbeing Board's Terms of Reference, Councillor Hall noted that revisions would need to be agreed by Full Council.

In response to the Healthwatch representative, the Director of the Alliance Programme explained that comments received from Board Members had been incorporated in the final plan.

RESOLVED – That the Board noted that the plan would be finalised and approved by the Executive Director of Health Wellbeing and Adults following conclusion of the Consultation and subject to the consultation outcomes.

A8/19 **Measles and MMR vaccination in Croydon**

The Director of Public Health introduced the report and explained there was currently a measles epidemic and 24 people had recently passed away in

Europe. During the previous wave of measles, 30 residents in the borough had confirmed measles; therefore, it was important for the Health & Wellbeing Board to look at how these figures could be improved. It was noted that 67% of children within the borough had been vaccinated and she had sent letters to all the local schools, nurseries and primary care venues within the borough with all the relevant information.

The Director of Public Health urged everybody to check whether they had been vaccinated against MMR (measles, mumps and rubella) and to ask their friends and family. It was explained that if people were unsure, they were able to receive the vaccination in their GP surgery. She added that she would distribute useful information to all Health & Wellbeing Board Members.

The Board were also encouraged to receive the flu vaccination as there was a current outbreak in Australia, so this could become a problem in the United Kingdom in winter 2019. In response to the Chair, the Director of Public Health clarified that the flu vaccinations were needed every year.

In response to the Chair, it was clarified that schools were not legally allowed to prevent children from attending to school if they were not vaccinated. The Vice-Chair added that the DfE guidance did not stipulate that schools require children's vaccination statuses.

In response to the Healthwatch representative, the Director of Public Health explained that there was a communication strategy being developed, which would focus on distributing information to the residents who were more at risk, these included; child care workers, frontline services, teachers, nurseries and children.

Councillor Hopley requested that a short, simple message was provided to Board Members and Councillors to distribute amongst their constituents. She also noted that this could be published on the website, in relevant articles, on social media and distributed to Resident Associations. The Vice-Chair added that there was a recent clip filmed in the Philippines on measles, which was shown on BBC News, which should be distributed to Board Members.

RESOLVED – That the Board agreed to:

- 1) Note the content of the report.
- 2) Encourage persons who arranged 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 included the active support and promotion of MMR vaccinations amongst individuals of all ages including patients, staff and the general population.

A9/19 **Exclusion of the Press and Public**

This was not required.

The meeting ended at 4.27 pm

Signed:

Date:

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REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) October 2019
SUBJECT:	Improving mental health and emotional wellbeing in children and young people in Croydon – four priorities including the schools mental health Trailblazer programme
BOARD SPONSORS:	Rachel Flowers, Director of Public Health Councillor Louisa Woodley, Chair of the Health & Wellbeing Board Rob Henderson, Executive Director Children Families and Education Agnelo Fernandes, Clinical Chair, Croydon CCG
BOARD PRIORITY/POLICY CONTEXT:	
Giving children and young people a better start in life is one of eight priority areas in Croydon’s joint Health and Wellbeing strategy 2018-2023. This report provides further information about plans to deliver this priority.	
FINANCIAL IMPACT:	
There are no direct financial implications arising from this report.	
There could be financial implications associated with individual commissioned activity in the future as a result of the work undertaken on the priorities detailed in this report, once identified, these will need costing and require the relevant budget approvals.	

1.	RECOMMENDATIONS
1.1	The Board is asked to note progress since January 2019 against the four priorities of Croydon’s LTP (Local Transformation Plan) for Children and Young People’s Emotional Wellbeing and Mental Health.
1.2	The Board is asked to note the progress of the Croydon Trailblazer programme within the context of the South West London Trailblazer programme.
1.3	The Board is asked to note the process by which the Board can influence the annual refresh of the Local Transformation Plan.

2. EXECUTIVE SUMMARY

- 2.1 Croydon’s Local Transformation Plan (LTP) sets out how the borough seeks to improve the mental health and emotional wellbeing of its children and young people. Its work is overseen by the Children and Young People’s Emotional Wellbeing and Mental Health Partnership Board.
- 2.2 This report provides an update on local progress in the LTP’s four priority areas, agreed by the Board in December 2018, that aim to improve the mental health and emotional wellbeing of children and young people in Croydon:

Engagement with children, young people, their families, carers and communities.

Supporting schools and colleges to promote the emotional health and wellbeing of all their pupils.

Clinical Pathways: navigating through the system with the right access at the right time in the right place.

Strategic join up and wider work: maximising the resilience of the population through working with wider services and approaches

- 2.3 As part of the **schools and colleges** priority, the report provides an update on the Croydon component of the South West London trailblazer programme, creating new Mental Health Support Teams in schools and developing whole school approaches to emotional wellbeing. There are two power point presentations, one sets out the wider SW London context of the trailblazer programme and the other highlights Croydon's achievements and the impact across the borough so far.
- 2.4 The report sets out the process by which the Board can influence the 2019/20 refresh of the Local Transformation Plan (LTP) to improve the mental health and emotional wellbeing of its children and young people. The Plan will be submitted by Croydon Clinical Commissioning Group (CCG) on behalf of Croydon's Children and Young People's Emotional Wellbeing and Mental Health Partnership Board to NHS England.

3. DETAIL

- 3.1 Croydon's five year Local Transformation Plan (LTP) sets out how the borough seeks to improve the mental health and emotional wellbeing of its children and young people. The plan was first published in 2015 - every Clinical Commissioning Group (CCG) in the country is required to develop a local plan and submit this annually to NHS England.
- 3.2 Local Health and Wellbeing Boards are asked by NHS England to sign off the refreshed plan.
- 3.3 The work of the Croydon LTP is overseen by the Children and Young Person's Emotional Wellbeing and Mental Health Partnership Board. This partnership board is a multi-stakeholder group that comprises representatives from across the borough including: health, local authority, NHS providers, public health, the voluntary sector, schools, parents and carers.
- 3.4 In October 2018, the Health and Wellbeing Board identified "improving the mental health of children and young people" as one of its three high-level children's priorities, and made a commitment to "improve services for children and young people across the whole pathway from promoting resilience and prevention through to crisis support, including a strong focus on vulnerable adolescents."

3.5 Full details are given here:
<https://democracy.croydon.gov.uk/documents/s10846/HWBB%20Report%20childrens%20priorities%20final%2012Oct18.pdf>

3.6 A Health and Wellbeing Board (HWBB) workshop on children and young people's mental health and emotional wellbeing was held in December 2018 to explore this topic and at the February 2019 HWBB meeting, the following four priorities were agreed:

Engagement with children, young people, their families, carers and communities. Those who have lived experience of mental health problems and families who support children and young people with mental health needs, to be placed at the heart of services.

Working with and **supporting schools and colleges** to promote the emotional health and wellbeing of all their pupils.

Pathways: navigating through the system with the right access at the right time in the right place. This means that children and young people who have mental health problems such as emotional disorders, eating disorder, autism and many others get the right support and help when they need it.

Strategic join up and wider work: maximise the resilience of the population through working with non-mental health services, providing information, and through improving wider determinants such as housing.

3.7 The intention is that these priorities will determine the direction of travel over the next three years and the priorities were therefore incorporated into the refresh of the Local Transformation Plan.

3.8 The **Schools and Colleges** priority area was significantly strengthened in July 2019 when South West London was awarded £4.3m for their Trailblazer bid to improve mental health in schools. This was in addition to the existing £1.8m awarded in 2018. Croydon will receive approximately £850k benefit from the total of these bids.

3.9 The next four sections of the report describe progress under each of these areas. They cover achievements, key challenges and next steps over the coming months:

Engagement with children and young people and their families

3.10 Engaging with children, young people, and their families has begun. This will support the ongoing development of services and pathways that meet the preferences and lived experiences of those who access the services we deliver.

3.11 In July 2019, a booklet was published for parents, carers and professionals, available in both paper and electronic formats. Written and illustrated by young people aged 13-20, it gives a voice to their experiences, helping to guide the adults in their lives to support them in ways they find most beneficial. The work was funded by Croydon Council the council and facilitated by the local voluntary sector provider, Croydon Drop In, and their young people's participation group.

3.12 A three year plan for engagement is in development in recognition that this must become an ongoing component of our work if real change is to occur. We are working to identify the range of engagement and participation groups already established across our mental health providers, voluntary sector organisations, and schools, as this will allow us to engage with and learn from the experiences of young people from very low to very high mental health support needs.

Mental Health support in schools and colleges

3.13 As part of the South West London Trailblazer award, Croydon was successful in bids for three trailblazer clusters: inclusion, reducing serious youth violence, and transition to adulthood. The award, announced in July 2019, means extra support for 18,000 students, their teachers and parents across 35 Croydon schools: primary, secondary, special education need schools and one of Croydon's three further education colleges. Recruitment was based on geographic and demographic profiles. Strong interest across educational establishment was generated.

3.14 The trailblazer programme in Croydon will create approximately 16 new posts, including eight new roles of Emotional Wellbeing Practitioners (EWP), who will be supported by a one year university course and clinical supervisors. With a senior mental health practitioner as team leader, they will work with teachers, children and young people, and parents to develop whole school approaches to improving support for emotional wellbeing and mental health, that will build emotional resilience, improve inclusion, leading in turn to a reduction in issues such as bullying, youth-on-youth violence, and the need for referral onto specialist mental health services.

3.15 Eight schools volunteered to be early adopters. They joined a South West London forum and over the past eight months have:

- Developed the role of Designated Senior Lead for Mental Health in each school, to support this long-term area of work;
- Undertaken an audit of their policies and systems to understand their existing support for emotional wellbeing and mental health of their population – updated these policies;
- At least two staff from each school have completed Mental Health First Aid training;
- Established a supportive network ready to provide peer-to-peer support, share ideas, and develop solutions to issues as they are identified throughout the two-year life cycle of the Trailblazer award.

3.16 The first four Emotional Wellbeing Practitioners are in post. They commenced the university course in October. The second four Emotional Wellbeing Practitioners will commence their course in January 2020. Recruitment for all other trailblazer staff is underway.

3.17 It is anticipated that further opportunities will be available in the coming years to submit further bids to expand this programme into more Croydon schools and

colleges. At this time, our vision is that all our children and young people will benefit, based on the formal evaluation of the initial Trailblazer locations.

3.18 In addition to the trailblazer work described above, other initiatives are underway across our wider school and college population, including:

- Promotion of the new relationship and sex education (RSE) curriculum - in readiness for the implementation of the statutory RSE guidance from September 2020.
- Healthy schools programmes - providing training for schools and parents on emotional health and wellbeing, and developing mental health policies within schools.
- Support Engagement and Delivery in Schools (SEaDS) programme - provides a mental health Link Worker in schools.
- CUES ED programme - delivers lessons and activities to primary school children to build their emotional wellbeing and resilience.
- Suicide prevention training - to raise awareness amongst professionals working with young people.
- Mental Health First Aid training - to enable professionals and volunteers working with children and young people to more effectively identify, support and signpost children experiencing mental ill health and promote emotional wellbeing.
- Croydon Recovery Model to build community resilience in the Fieldway and New Addington area through providing mental health first aid training to professionals and volunteers living and working in the area.

Improving Clinical Pathways

3.19 Accessing the right care at the right time is critical to improving the lifetime experiences and opportunities of children and young people with emotional wellbeing and mental health needs. However, the landscape is complex, including services delivered locally and regionally, in the community and in hospital, by NHS providers, private providers and the voluntary sector.

3.20 Mapping of four clinical pathways has been undertaken, covering eating disorders, crisis support, intervention for psychosis, and emotional disorders. This has identified the pathway from referral to discharge within the clinical specialism, and is supporting internal improvements within these service areas. Other pathway priorities include transitions to adult services and improving the pathway for those with neurodevelopmental disorders such as autistic spectrum disorders.

3.21 The next stage will be to expand the mapping to the time before a clinical referral is made, and to the time after discharge has occurred. This will support understanding of what support is available, from universal services, through clinical interventions, to maintenance and lifetime informal support.

3.22 Through this work, gaps will be identified. We will work with partners across the wider children's health and social care field to determine solutions.

- 3.23 From January 2020, the existing multi-agency single point of contact (SPOC) service will expand to include emotional wellbeing and mental health. Through training of staff and development of clear triage processes, a single referral conversation can result in multiple agencies being alerted to the needs of an individual and their family. For mental health services, this is expected to result in fewer ‘inappropriate’ referrals because the right service will be identified at the start. This will be especially useful when the identified emotional wellbeing need does not reach the threshold for requiring a specialist mental health intervention. Mental health practitioners will join specialists from social care, early help, health visitors, education, safeguarding, police, and housing services.
- 3.24 A project is underway to re-design the mental health service provision for children who are looked after by the local authority. Taking our growing understanding of the impact of adverse childhood experiences, the team of specialist mental health practitioners will be co-located with the children looked after social care service at Bernard Weatherill House. Rather than waiting for a child or young person to display symptoms of significant mental ill health, the team will be focused on early intervention and prevention, to support successful foster care and permanent placements. Working across the whole family, this work will be able to support placements for babies and toddlers, as well as older children and young people.
- 3.25 Work has been undertaken to explore and address perinatal mental health issues in the borough. Experiences early in life lay down the foundations of life-long mental health and wellbeing. An integrated, whole-system approach was used to identify leaders and levers within the perinatal mental health system, then map and assess the strengths and weaknesses of current service provision. The work culminated in a workshop attended by approximately 100 delegates and the resulting recommendations are being taken forward by a multidisciplinary group.

Strategic join up with other aspects of health and social care

- 3.26 There have been significant changes in the wider system over the last few months, with a view to bringing elements of children’s health and social care closer together such that the outcomes for children and young people are improved. Exploration of how the successful partnerships within One Croydon Alliance can be developed to support children and young people is underway.
- 3.27 Transformation of how we think about the boundaries between services is underway, with a shifting approach towards an integrated place-based locality model. This will create a stronger focus on the wider determinants, such as housing, employment and education that have a profound impact on our mental health and emotional wellbeing.
- 3.28 The Health and Wellbeing Strategy and the Health and Care Plan have key priorities that include: mental health, a good start in life, and improving the social, economic, and environmental circumstances in which we live. There is growing recognition of the importance of an all-ages preventative approach to improving mental health demonstrated through the council’s corporate plan commitment to all-ages Mental Health Strategy.

- 3.29 These changes in the system create a stronger environment to integrate pathways and promote resilience within the population. Work has commenced to develop an all-ages mental health strategy. This will incorporate the wider strategic work for children and young people.
- 3.30 Progress in the above four areas is included in the draft refresh of Croydon's Local Transformation Plan (LTP). When complete, the refreshed plan will provide an overall summary of Croydon's efforts to improve the mental health and emotional wellbeing of children and young people in Croydon. It will give an overview of what has worked well over the last year, what's been delivered, and where Croydon is seeking to make improvements.
- 3.31 A working draft of the LTP will be submitted to NHS England on 31 October. This draft will be circulated to Croydon CCG Governing Body and Health and Wellbeing Board members for comment and review. The final version of the Plan will come to the Board meeting in January 2020 for final sign off.

4. CONSULTATION

- 4.1 This report is an update on progress of activities undertaken by the Children and Young People's Emotional Wellbeing and Mental Health Partnership Board.
- 4.2 As described in the report, consultation and engagement with children, young people, their families and carers, will form part of our ongoing delivery.

5. SERVICE INTEGRATION

- 5.1 The Children and Young People's Emotional Wellbeing and Mental Health Partnership Board is designed to support joined up delivery. One of the four key workstreams is 'strategic join up'.

6 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 6.1 There are no direct financial implications arising from this report
- 6.2 There could be financial implications associated with individual commissioned activity in the future as a result of the work undertaken on the priorities detailed in this report, once identified, these will need costing and require the relevant budget approvals.
- 6.3 The Children and Young People's Emotional Wellbeing and Mental Health Partnership Board, which covers Croydon Council, Croydon CCG, and South West London Health & Care Partnership, will contribute to the development of any investment proposals arising from this report.

Approved by: Josephine Lyseight, Head of Finance on behalf of Lisa Taylor, Director of Finance, Investment and Risk and S151 Officer, Croydon Council

7 LEGAL CONSIDERATIONS

- 7.1 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. Any legal implications associated with individual commissioned activity in the future as a result of the work undertaken on the priorities detailed in this report will be considered as they arise.

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

8 EQUALITIES IMPACT

- 8.1 This report asks the Board to review progress against priorities chosen to improve the mental health and wellbeing of children and young people in Croydon. Evidence shows that many people with protected characteristics are disproportionately impacted by poor mental health. In addition, children and young people with poorer mental health are more likely to be overweight, achieve poorer educational outcomes and engage in risky behaviours. Delivery of these priorities will therefore provide more intense support to those with protected characteristics and improve the outcomes for children and young people experiencing low mental health.
- 8.2 A range of health inequalities are addressed through the delivery of the priorities for example a key element of the school trailblazer funding focusses on targeted work with children and young people that are looked after or are part of the youth justice system. A number of programmes are commissioned to provide additional mental health support for vulnerable young people such as unaccompanied young refugees and asylum seekers.

Approved by: Yvonne Okiyo, Equalities Manager

CONTACT OFFICERS:

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Head of Integrated Commissioning, Children & Maternity
Croydon Council & Croydon CCG
Michelle.Quinn@croydon.gov.uk
07528215020

APPENDICES:

Appendix 1 – Children and young people’s mental health programme – PowerPoint
Appendix 2 – Mental Health Support Teams in schools (MHST) NHSE Trailblazer – PowerPoint

BACKGROUND DOCUMENTS:

None



South West London
Health & Care
Partnership

Children and young people's mental health programme

**Mental Health Support Teams in schools
(MHST)
NHSE Trailblazer**



Mental Health Support Teams in schools

NHS Long Term Plan

“an ambition to support an additional 345,000 more children and young people with their mental health through CAMHS, community mental health services, as well as support in schools and colleges by 2022/23”

Trailblazer History

- April 2018 expression of interest opens
 - SWL submits a successful bid – proposes 3 boroughs commence in 2018/19 and 3 boroughs are fast followers in 2019/20
- April 2019 expression of interest opens
 - SWL submits a successful bid – takes learning to date and proposes 3 fast follower and 4 additional cohorts

Mental Health Support Teams pilot clusters in all SWL boroughs



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- Only area to submit a cross-borough bid
- Successful bid in 2018/19:
 - cluster groups in Merton, Sutton, Wandsworth
 - 24,000 students
 - £1.8m investment
- Successful bid in 2019/20:
 - cluster groups across all 6 boroughs
 - 56,000 students
 - £4.3m investment
- Total impact
 - 80,000 students
 - £6.1m investment pa for 2 years

Croydon Trailblazers Sites – school types

1 college

Croydon College

8 secondary
schools

St. Mary's Catholic High School

Meridian High School

Royal Russell

Harris Academy Purley

Harris Academy Sth Norwood

Norbury Manor Business & Enterprise

St Andrew's

The Quest Academy

19 primary
schools

Elmwood Infants

St Marys Infant School

Winterbourne Infants

Winterbourne Junior Girls

All Saints Primary

Applegarth Academy

Broadmead Primary

Chestnut Park

Gilbert Scott Primary

Kensington Avenue Primary

Kingsley Primary Academy

Norbury Manor Primary

Rockmount Primary

The Crescent Primary

The Minster Junior

The Woodside Academy

West Thornton Primary Academy

Whitehorse Manor Junior

Winterbourne Boys

7 special schools

Priory School

Beckmead Schools & College

Bramley Bank

Chaffinch Brook

Tharreo House

18,000 local students

35 local schools

early implementer sites
commenced early 2019

Croydon Trailblazers Sites – cluster groups

Colleges (6 borough)

Croydon College
Kingston College
Merton - South Thames College
Richmond College
Sutton – Carshalton College
Wandsworth - South Thames College

Croydon 1

Applegarth Academy
Elmwood Infants
Gilbert Scott Primary
Kensington Avenue Primary
Meridian High School
Norbury Manor Business & Enterprise
Priory School
Royal Russell
St Marys Infant School
St. Mary's Catholic High School
The Crescent Primary
The Quest Academy
West Thornton Primary Academy
Winterbourne Infants
Winterbourne Junior Girls

Croydon 2

All Saints Primary
Beckmead Schools & College
Bramley Bank
Broadmead Primary
Chaffinch Brook
Chestnut Park
Harris Academy Purley
Harris Academy Sth Norwood
Kingsley Primary Academy
Norbury Manor Primary
Rockmount Primary
St Andrew's
Tharreo House
The Minster Junior
The Woodside Academy
Whitehorse Manor Junior
Winterbourne Boys

early implementer sites
commenced early 2019

Mental Health Support Team composition & funding

Role	AFC Banding	WTE	
Admin	4	0.5	
Education Wellbeing Practitioner	5	4	1 year university training provided; HEI funded
Supervisor/Practitioner	6	2	Training by HEI provided
Supervisor/higher level therapist	7	1	Backfill training support available via 'recruit to train'
Team Leader	8a	0.5	
Total		8	£408k inc OLW

Funding per cluster to support 8,000 students

- Croydon cluster 1 = SLaM
- Croydon cluster 2 = Off The Record & Croydon Drop In
- College cluster = tba
- Funding paid direct to the Mental Health provider
 - Administered by SWL

Croydon Trailblazers – progress to date

Early Implementers (8 schools)

- Mental Health First Aid training for staff
- Completed Audit of mental health relevant policies & practices
- New policies in place
- Established a supportive network to share ideas & develop solutions

Cluster 1 (15 schools)

- 4 x Education Wellbeing Practitioners commencing university course October 2019
- Induction to school setting November 2019
- Anticipated to commence work with students Term 2
- Recruitment to supervisor and team leader roles has commenced

Cluster 2 (19 schools)

- Recruitment to all roles to commence in October 2019
- 4 x Education Wellbeing Practitioners commencing university course January 2020
- Induction to school setting February 2020
- Anticipated to commence work with students Term 3

College cluster (6 colleges)

- Led by SWL
- Local mental health providers have submitted an expression of interest to become the nominated provider
 - Off The Record have submitted

Weekly mobilisation meetings

- Commissioners & Providers
- Takes learning from 2018/19 sites
- Coordinating requirements from NHSE
- Coordinating share recruitment plan
- Lead for implementation project plan

Finances

- SWL coordinating submissions to NHSE
- Plan to only release funds to providers once staff are in place
 - Unclear how excess funds may be distributed later

Schools

- Lead Headteacher meetings – each term
- Coordinate sharing resources across school sites

2020 Trailblazer bid

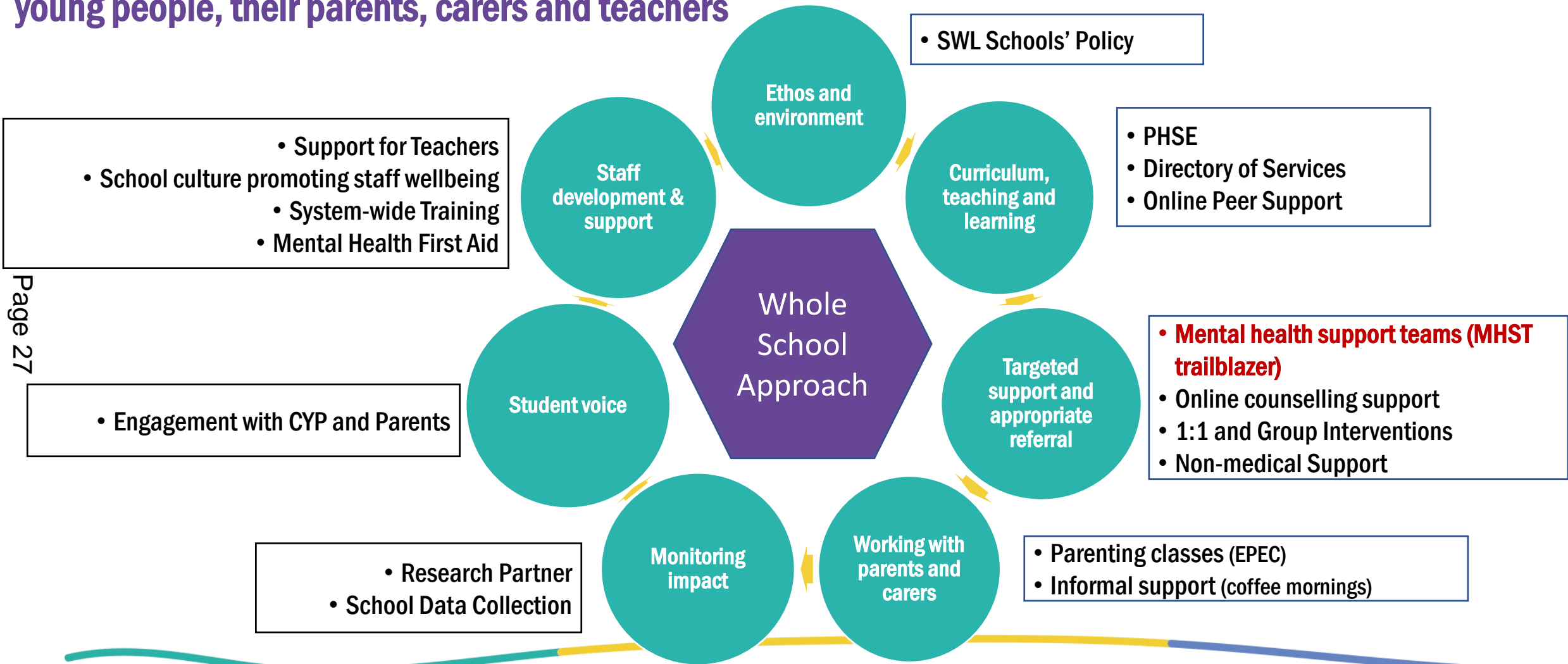
- Potential to increase reach of programme from 1/3 of Croydon schools to over 1/2 through another bid
- Await communication from NHSE to determine funding opportunities beyond initial 2 years

Evaluation

- Separate to NHSE Access to Service Target (70,000 more CYP access services by 2020/21)
- Awaiting data requirement (additional 345,000 more children & young people ... as well as support in schools and colleges by 2022/23)

Trailblazer as part of the Whole School Approach

Whole School Approach... supporting children and young people, their parents, carers and teachers



Whole School Approach: SWL achievements to date

Support for parents

- Parent workshops being developed
- Empowering Parents, Empowering Communities (EPEC) – commissioned across 6 boroughs. Trainers have completed hub familiarisation training

Cross-sector governance arrangements

- Memorandum of Understanding signed by most schools (and governors)
- Governance arrangements for programme agreed with TORs developed
- Budgets agreed at Finance Committee in Common

Review and evaluation

- CORC surveys being undertaken for baseline (years 5 and 8 across the clusters)
- CAMHS data to map emotional wellbeing needs
- Starting to collect delivery data for MHSTs

Digital offer

- Kooth online counselling service has gone live on the 1st September 2019 in the pilot schools
- Digital Service Directory go live October 19

Voice of children and young people

- Engagement framework for the programme that has been agreed by cluster schools and partnership steering group
- CYP engagement in cluster schools action plans
- CYP engagement for digital offer
- Commissioned insight work across 6 boroughs on mental health language to develop and test comms materials
- Developed a campaign to promote digital offer

Schools, teaching and curriculum

- All schools have undertaken an audit to assess their “as is” position and cluster action plans have been developed off the back of these.
- Each cluster group has considered what additional resources are valuable e.g. to support PHSE.
- Wide-range of products available.
- Wandsworth – PATHs, Merton – Jigsaw.
- Fantastic Fred will be trialled in 5 clusters (Term 1)

Support for teachers

- Youth MH First Aid rolled out in cluster schools
- Cluster schools developing range of supplementary support e.g. mindfulness and yoga

SWL – learning so far

- Focus on one thing – it has to be the right thing
- Looking at the root cause might change your focus
- There is wide variation and multiple parallel work streams
- Working across a large complex system is slow and difficult
- Engaging with CYP and stakeholders makes it slower but is more effective
- Senior leadership commitment matters
- Milestones & a project approach help
- Working with schools is complex and different
- Building relationships and trust are critical
- Viewed as novel and innovative – working as a unified region has helped our success in accessing external transformation monies



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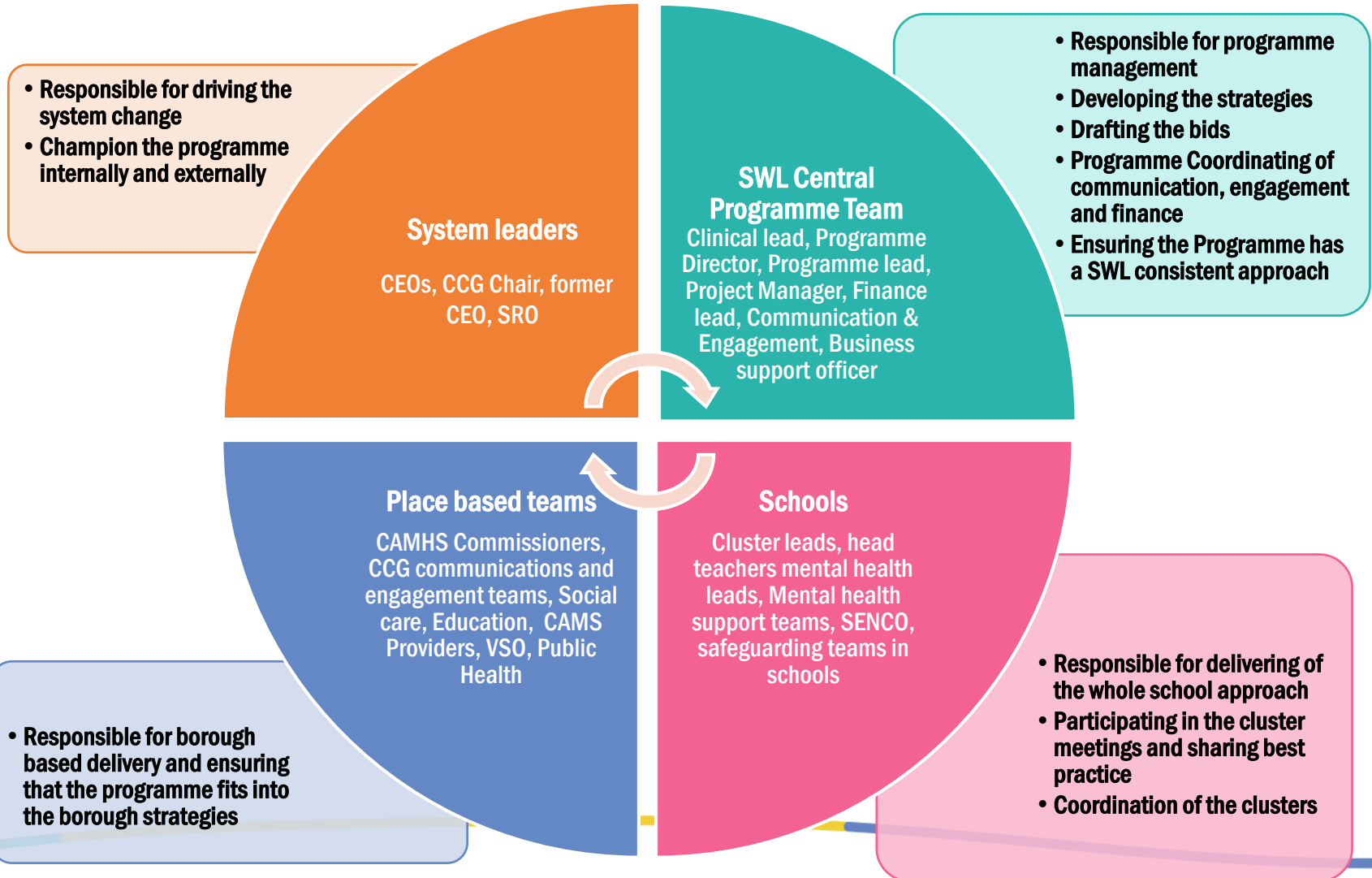
Children and young people's mental health programme



Our programme matrix team

- Our programme team is made up of people from different teams and organisations.
- We have been successful because we work as matrix teams across teams and organisational boundaries
- We have invested time and effort in understanding our different organisational cultures and languages
- We have agreed on a common strategy for delivering the whole school approach and pooled CCG funding together with new government funding to deliver the programme
- We have based our programme on the Children and young people voice which has helped us come together and focus on finding the solutions to the issues that matter to our children and young people

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Who are our system leaders for the programme?

Dr Andrew Murray, Chair, NHS Merton CCG

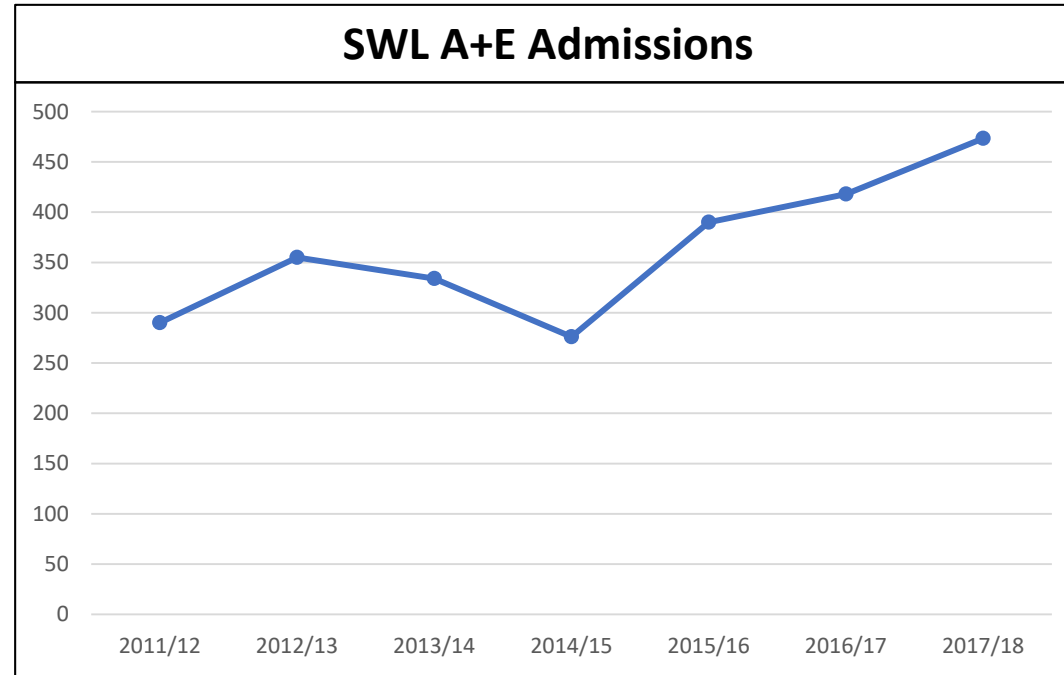
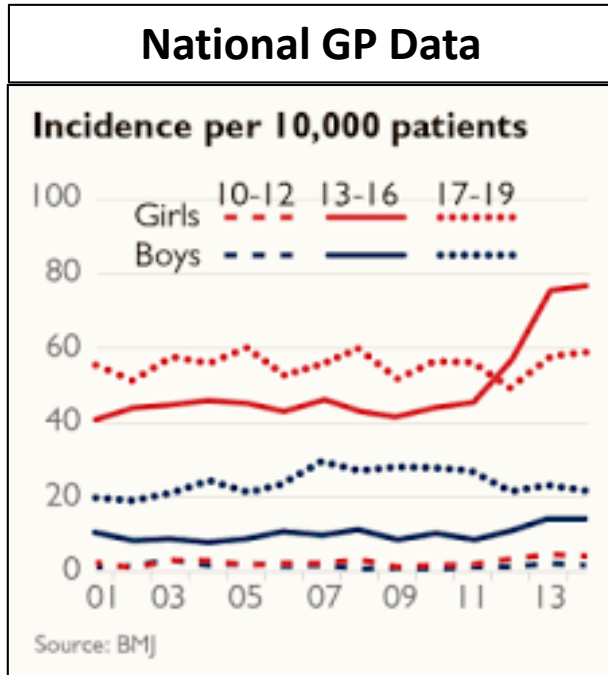
Ged Curran, Chief Executive, London Borough of Merton

John Goulston, former Chief Executive, Croydon Health Services NHS Trust

David Bradley, Chief Executive, South London and Maudsley NHS Foundation Trust

Children and Young Peoples Mental Health and Wellbeing:
Reducing self-harm in children and young people in South West London

Rising incidence of self-harm in adolescents...



Project approach

Input from children and young people to inform strategy

Workshop one:

- set context
- feedback key messages from CYP
- agree prime root cause
- brainstorm initial thoughts on whole system strategy

Workshop two:

- agree SW London strategy to reduce levels of self-harm in our CYP and
- agree how to take forward (leadership, resources and funding)

System ambition to reduce prevalence of self harm by 20% in three years across South West London (as measured by attendance at hospital emergency departments)

Multi-agency participants in workshops to identify the root cause and agree the strategy...

Workshop 1 on 28th February 2018,
50 SWL multi-agency participants
completed a **fish bone analysis** in groups.

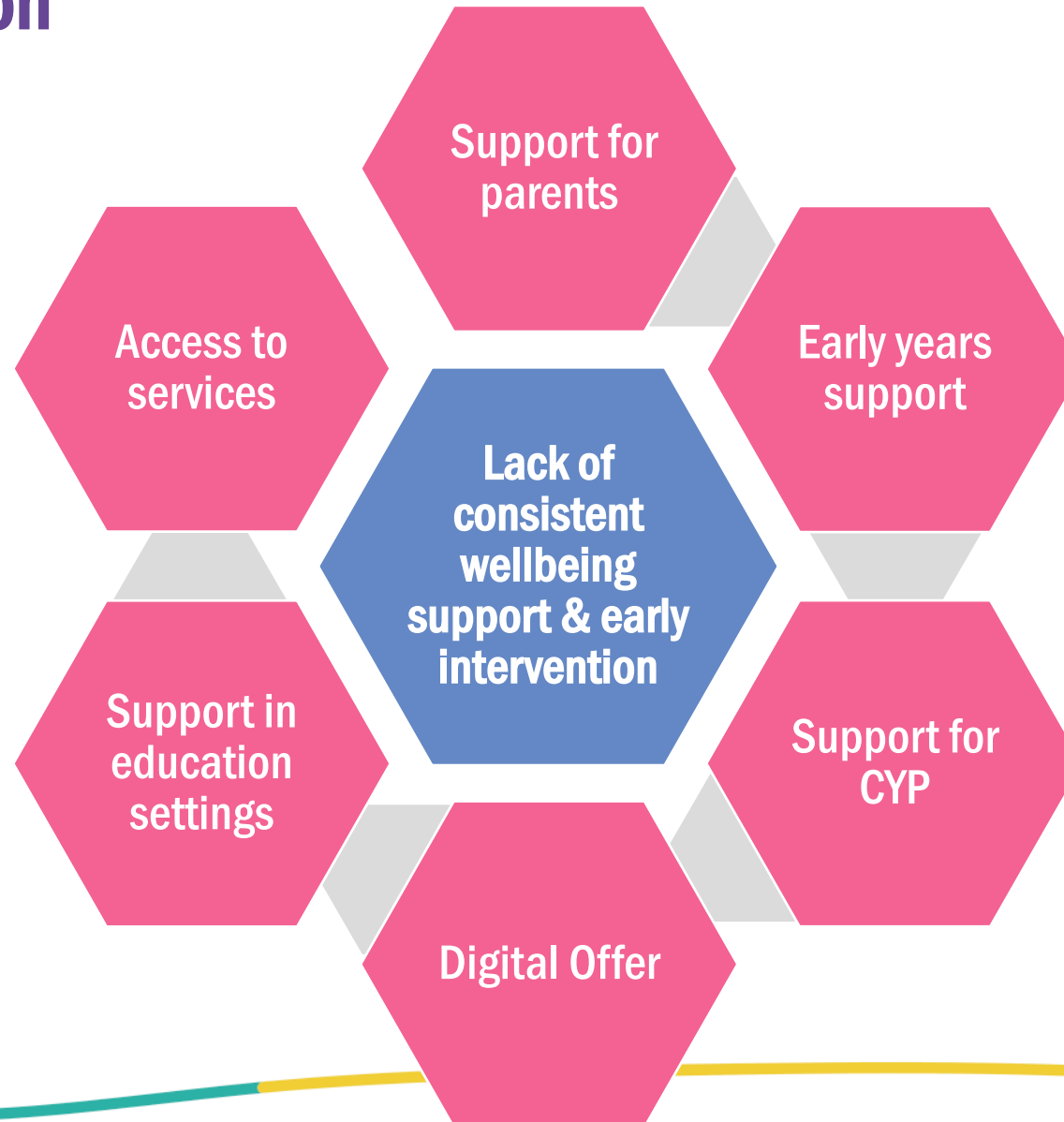
Our Prime Root Cause:

**“There is not consistent
early and effective support for
emotional wellbeing in our
children and young people”**



Strategy generation

Workshop 2: 34 ideas
then grouped by theme to
enable easier comparison



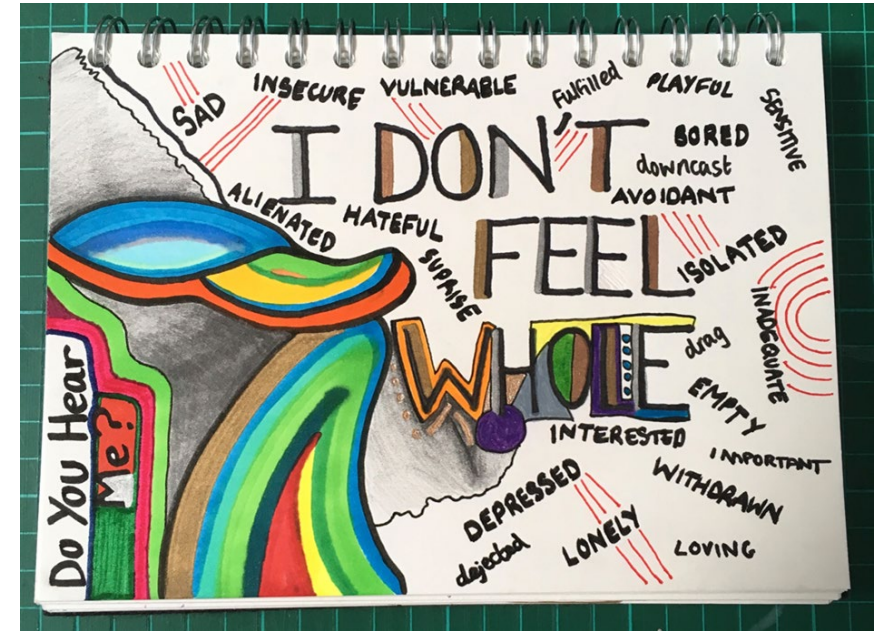
Tested with Survey of 1,252 children and young people, their parents and carers and teachers

Scoring by CAMHS Commissioners using standard criteria

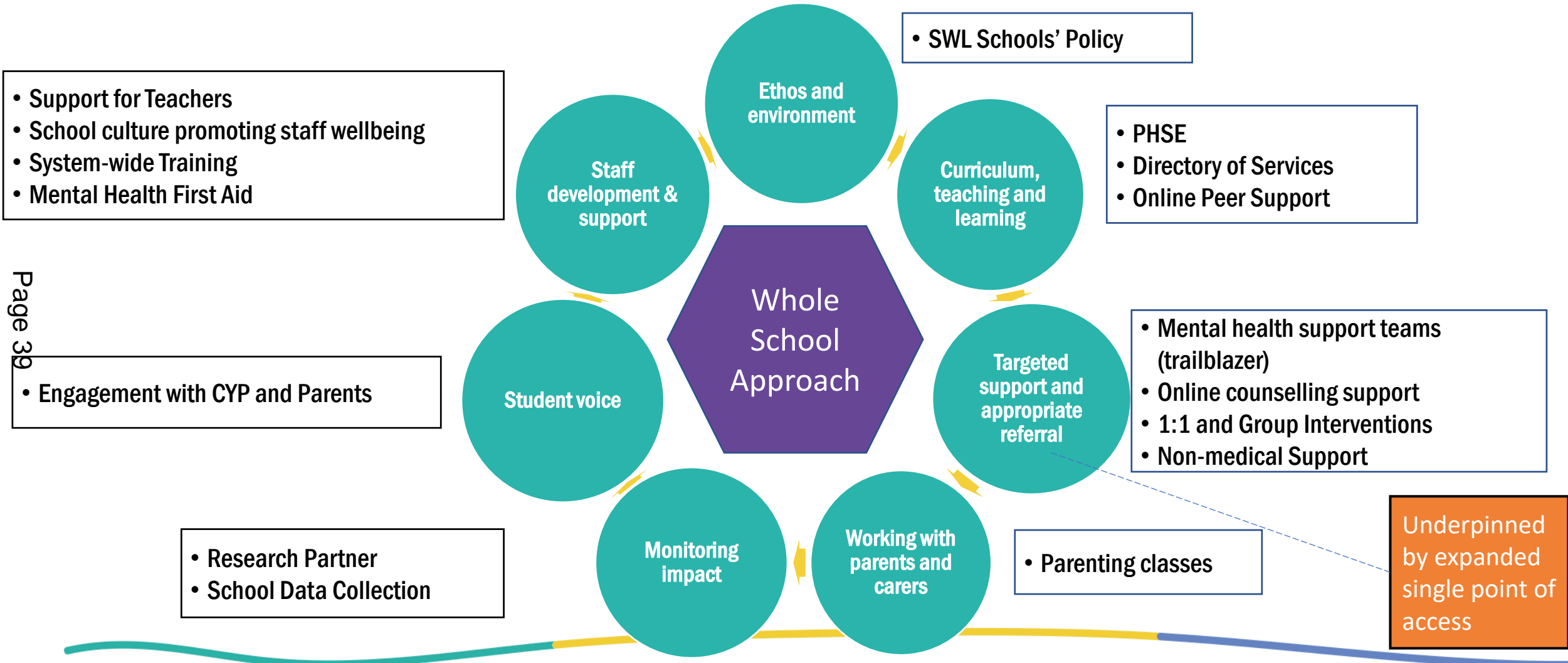
Early engagement with children and young people

Root causes of self-harm and poor emotional wellbeing and testing potential solutions:

- In the summer of 2018 we engaged children and young people and parents and carers, as well as teachers and schools.
- We accessed children and young people primarily through voluntary sector organisations and schools in each of borough. We ran 8 meetings and we spoke to 42 young people, and had over 1200 responses to our online survey.
- The engagement not only increased understanding of where self-harming behaviours originated, but also:
 - Widened the scope of the programme – towards broader focus on resilience and mental wellbeing rather than just tackling the immediate issue of self-harm
 - Prioritised interventions that children and young people, parents and carers felt would be helpful for them – commissioning of online, self-refer counselling was one of these



Whole School Approach... supporting children and young people, their parents and carers and teachers



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Whole School Approach – pilot clusters in place in all of our boroughs



- Cluster group identified for each borough
- 1 lead school, 1-3 other secondary schools, 3-5 primary schools. Some include a special school
- Croydon cluster includes one private school
- Student population of 8000 per cluster. Cluster leads are:
 - St. Mary's Catholic High School, Croydon
 - Tolworth Girls School, Kingston
 - Ursuline High School, Merton
 - Christ School, Richmond
 - Greenshaw High School, Sutton
 - Southfields Academy, Wandsworth

Current Trailblazers - 2018/19

Sutton

Greenshaw High
Green Wrythe Primary
Muschamp Primary
Tweeddale Primary
Overton Grange
Avenue Primary Academy
Carew Academy Secondary
Cheam High School
Sutton Tuition and Reintegration Service
Wallington Primary
Culvers House Primary
St Philomena's
Stanley Park High
Glenthorne High
Robin Hood Junior
Nonsuch High School for girls
All Saints Carshalton Primary
Bandon Hill - Meadow Field /Oakfield

Merton

Ursuline High RC Secondary
Sacred Heart Catholic Primary
St John Fisher RC Primary
St Thomas of Canterbury
St Peters and St Paul's Catholic Primary
St Teresa's Catholic Primary
Holy Trinity Primary
St Mary's Primary
Gorringe Park Primary
The Sherwood Primary
Links Primary
Hollymount Primary
Raynes Park Secondary
Melrose
Smart Centre
Wimbledon College Secondary

Wandsworth

Southfields Academy Secondary
Albemarle Primary
Riversdale Primary
Southmead Primary
Ronald Ross Primary
Our Lady Queen of Heaven Catholic Primary
St Joseph's Primary

West Hill Primary School
Burntwood Secondary School
St Cecilia's Secondary
Allfarthing Primary
Beatrix Potter Primary
Earlsfield Primary
Swaffield Primary
Linden Lodge
Sheringdale Primary

Current Wave 1 – 2019/20 Trailblazers

Richmond

Hampton Hill Junior
Orleans Park Secondary
The Russell Primary
Christ's Secondary
Darell Primary and Nursery
East Sheen Primary
Greycourt Secondary
Lowther Primary
Sheen Mount Primary
Richmond Park Academy
Meadlands Primary
Strathmore
Holy Trinity Primary
Hampton High

Croydon

Applegarth Academy Secondary
Chestnut Park Primary
Elmwood Infants
Gilbert Scott Primary
Kensington Avenue Primary
Meridian High
Norbury Manor Primary
St Mary's Catholic High
St Mary's Infants
The Crescent Primary
The Minster Junior
The Quest Academy
West Thornton Primary
Winterbourne Junior Girls
The Royal Russell Independent School

Kingston

Burlington Infants
Coombe Boys Secondary
Malden Manor Primary
Christchurch Primary
Grand Avenue Primary
Hollyfield Secondary
King Althelstan Primary
Lovelace Primary
Tolworth Girls Secondary
Tiffin Girls Secondary
Dysart School
Ellingham Primary

Wave 2 - 2019 Trailblazers

Wandsworth

Chesterton Primary
Harris Academy Battersea
Falconbrook Primary
Griffin Primary
Holy Ghost Primary
Honeywell Infants
Honeywell Juniors
Hornsby House Primary
St John Bosco College Secondary
Christ Church Primary
Finton House Primary
St Georges CofE Primary
Belleville Primary
St Mary's RC Primary
Sacred Heart RC Primary
Dolphin Primary School
Shaftsbury Park Primary
ARK – John Archer Primary
Alderbrooke Primary
Wix Primary
Westbridge Primary

Merton

Perseid School
Cricket Green School
Hatfield School
West Wimbledon School
Stanford
Harris Academy Primary

FE

South Thames College - Merton
Carshalton College
Richmond College
Croydon College
Kingston College
South Thames College - Wandsworth

Sutton

Foresters Primary
Sherwood Park
Sherwood Park Hill
Eagle House Secondary
Link Primary
Link Secondary
Glenthorne High Secondary
Wandle Valley
Brandon Hill Primary
Brooksways School
Stanley Park High Secondary

Croydon

All Saints Primary
Harris Academy Purley
Harris Academy South Norwood
Kingsley Primary
St Andrews Secondary
Chestnut Park Primary
Winterbourne Boys Academy
Woodside Academy
St Joseph's College Secondary
Broadmead Primary
Whitehorse Manor Junior
Rockmount Primary

Successful bid submitted to be trailblazer for Green Paper

- South west London was the only area to submit a cross – borough bid. This was viewed positively by NHS England and the Department of Education
- Successful bid in 2018/19 for cluster groups in Merton, Sutton and Wandsworth – between them will support an additional 24,000 children and young people with an additional £1,8m investment
- In addition in 2019/20 we have been successful in a bid for £4,3 million for cluster of schools supporting an additional 56,000 Children and young people. This bid focused on reducing inequalities in health in Croydon, Sutton, Merton, Kingston, Richmond and Wandsworth and a cross borough cluster for further education colleges across all 6 boroughs.
- Mental Health Support Team for school clusters in the 2019/20 wave 1 and 2 bid are currently being mobilized



Croydon Wave 1 and 2 Trailblazer Site

	Health needs assessment: Croydon	Focus of team	Key strategic partners	Integration with current provision
Croydon (Wave 1 and 2)	<ul style="list-style-type: none"> Largest borough in South West London. More than 100,000 people age 0-19 accounting for 1 in every 4 residents. Diverse population with 61.9% of the 5-19 population from a BAME group - expected to rise to 69.5% by 2026. 15% of Croydon's school age children have a special educational need (London average 13.6%) Deprivation: North and East Croydon are the most deprived – with 3 areas being in the top 5% most deprived in the country (Index of Multiple Deprivation): south of West Thornton Ward, south of Broad Green Ward, and the south of New Addington South Ward. Inequalities: estimated 1 in 5 of our 0-19 population living in poverty. Almost 1 in 5 (19.8%) of Croydon's school population are eligible for free school meals, three times higher than the England average. Highest number of recorded youth violence offences in London. Persistent absenteeism is higher in Croydon at both primary and secondary level than in London (9.1% in Croydon vs 8.3% in London at primary level, 12.9% in Croydon vs 11.9% in London at secondary level). 	<p>Team 1 (Wave 1): Promoting Inclusion and emotional resilience</p> <ul style="list-style-type: none"> Aim to reduce absenteeism and exclusions of primary school age children by increasing their emotional resilience ensuring that they are ready to transition from year 6 to 7. Aim to see long term reductions in the number of children who are referred to CAMHS tier 3. We will take a locality approach expanding the whole school cluster to include CYP from 3 of our most deprived LSOA areas focusing on the central west, south central and north west social care localities. This will enable us to integrate the MHST work with social care, education and health services. We know that these areas have the highest CAMHS referrals and we will work with our existing CAMHS provider to host the MHST to ensure that there is a cohesive step down and step up mental health response. <p>Team 2 (Wave 2): Reducing Serious Youth Violence</p> <ul style="list-style-type: none"> The MHST will build on the borough's adoption of a "Public Health Approach to Addressing Violence" which focuses on preventing violence before it occurs and a commitment to build a collaborative, partnership Inclusion Intervention offer in schools. It will also support the Borough's approach to 'trauma informed training' across statutory and voluntary agencies. This MHST will use the recommendations from the LSCB vulnerable adolescents thematic to inform the development of their whole school approach. We have commenced work to identify schools in the three localities that contain the highest levels of serious youth violence, violence with injury, knife crime and gun crime – the North East, North West and Central West localities - with a focus on schools in these areas with high levels of inequalities. Some of our work will focus on the feeder primary schools to ensure we build emotional resilience in those children who are more likely to engage in crime. 	<ul style="list-style-type: none"> SLAM Off the Record Croydon drop in 	<ul style="list-style-type: none"> Open Access and online Counselling services provided by two voluntary sector organisations i.e. Off the Record and Croydon Drop In. For children and young people up to 18 years old experiencing mild to moderate emotional and mental health difficulties. Place2Be also provides one to one counselling support in schools. Place2Be provides emotional and therapeutic services in primary and secondary schools, building resilience through talk, creative work and play. SEaDS (Support, Engagement and Delivery in Schools) works in partnership with the Early Intervention Service delivered in primary and secondary schools by SLAM, which supports young people, parents and staff in schools. The service promotes the mental health and psychological wellbeing of children and young people in the school environment. Mental health assessment, intervention and therapeutic support is provided to children and young people with mild to moderate mental health difficulties and disorders. EPEC parenting We will integrate our provision with our Youth Offending Team and early intervention teams making sure we have a step up and step-down approach as part of our early intervention. We will develop integrated pathways with our diversion and liaison worker with the aim of reducing our first-time entrants into the criminal justice system and our serious youth crime victims Centre of Change Project is a voluntary sector service providing counselling services, mentoring, group sessions, offering support and advice to young people. The service also provides information and advice on education and sexual health, music workshops, dancing sessions and boxing. For young ex-offenders, at risk of offending, offenders aged from 4 to 25.

Our achievements to date

Leadership and management

- SWL's prevention priority – visibility across SWL at Board level and resources identified by CCGs to support
- Oversight of programme by Health and Wellbeing Board
- Cross sector HCP leadership in place
- Dedicated clinical lead for programme
- Whole system steering group established
- Ring-fenced HCP programme team established
- Cluster leads in each borough leading group of schools in Whole School Approach
- Designated MH leads in all schools

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Additional targeted support for children

- Mental health support teams (MHSTs) mobilised in 3 boroughs
- In non-trailblazer boroughs schools are also benefitting from additional support
- Emotional wellbeing practitioners have started to deliver support to children

Support for teachers

- Youth MH first aid rolled out in cluster schools
- Cluster schools developing range of supplementary support e.g. mindfulness and yoga



Our achievements to date continued

Support for parents

- Parent workshops being developed
- Empowering Parents, Empowering Communities – commissioned across 6 boroughs. The trainers have completed hub familiarisation training

Cross-sector governance arrangements

- Memorandum of Understanding signed by most schools (and governors)
- Governance arrangements for programme agreed with TORs developed
- Budgets agreed at Finance Committee in Common

Review and evaluation

- CORC surveys being undertaken for baseline (years 5 and 8 across the clusters)
- CAMHS data to map emotional wellbeing needs
- Starting to collect delivery data for MHSTs

Digital offer

- Kooth online counselling service has gone live on the 1st September 2019 in the pilot schools
- Digital Directory of Service go live October 2019

Voice of children and young people

- Engagement framework for the programme that has been agreed by cluster schools and partnership steering group
- CYP engagement in cluster schools action plans
- CYP engagement for digital offer
- Commissioned insight work across 6 boroughs on mental health language to develop and test comms materials
- Developed a campaign to promote digital offer

Schools, teaching and curriculum

- All schools have undertaken an audit to assess their “as is” position and cluster action plans have been developed off the back of these.
- Each cluster group has considered what additional resources are valuable e.g. to support PHSE.
- Wide-range of products available.
- Wandsworth – PATHs, Merton – Jigsaw.
- Fantastic Fred will be trialled in 5 clusters in September 2019

What we have learnt so far

- Focus on one thing and pick the right thing
- Looking at the root cause might change your focus
- There is wide variation and multiple parallel work streams
- Working across a large complex system is slow and difficult
- Engaging with CYP and stakeholders made it even slower but was effective
- Senior leadership commitment matters
- Milestones help
- Working with schools is complex and different
- Relationships and trust are critical
- Viewed as novel and innovative – this has helped our success in accessing external transformation monies

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REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 30 October 2019
SUBJECT:	Prevention Green Paper Response
BOARD SPONSOR:	<i>Rachel Flowers, Guy Van Dichele</i>
BOARD PRIORITY/POLICY CONTEXT:	
<p>This report covers the One Croydon response to the Prevention Green Paper, 2019, which outlines the vision for proactive, predictive and personalised prevention to address slowing increases in life-expectancy and the social gradient to healthy life-expectancy.</p> <p>This aim of the Prevention Green Paper is in-line with Health and Wellbeing Strategy Vision 'Croydon will be a healthy and caring borough where good health is the default not the exception and those that experience the worst health improve their health the fastest', and the strategic priority 7. 'A stronger focus on prevention'.</p>	
FINANCIAL IMPACT:	
<i>None</i>	
1. RECOMMENDATIONS	
1.1 To note the Croydon response to the Prevention Green Paper (Appendix 1)	

2. EXECUTIVE SUMMARY

- 2.1 The Government published the Prevention Green Paper on 22 July 2019 for public consultation.
- 2.2 The paper sets out the Government vision for proactive, predictive and personalised prevention to address slowing increases in life-expectancy and the social gradient to healthy life-expectancy.
- 2.3 The Government have asked for responses to 21 questions related to actions within the Green Paper.
- 2.4 One Croydon have collectively agreed a response to the consultation questions, which was submitted on the 17 October 2019.

3. DETAIL

- 3.1 The Prevention vision was outlined by the Health Secretary at the Annual Meeting of the International Association of National Public Health Institutes on 5 November 2018 and published in the document '[Prevention is Better than Cure](#)'. This document set out an intent to put prevention at the centre of the nations health and set out the case for change and the vision for preventing health problems arising in the first place and for supporting those in the community with existing health conditions.

- 3.2 In July 2019 the Government published the Prevention Green Paper setting out Government proposals for realising this vision and to seek views on these proposals.
- 3.3 In the paper, the Government commits to putting prevention at the heart of decision making working across Government and with local health and care partners, individuals and communities. They propose a broad range of actions to address key challenges and capitalise on opportunities. These include tailored lifestyle support, personalised care, greater protection against future threats and targeted support. Actions include setting a new 2030 smokefree ambition, a review of the NHS Healthchecks programme, an enhanced NHS role in prevention and launching a mental health prevention package.
- 3.4 Since publication, the Government has been seeking views on these proposals through a formal Government Consultation comprising 21 questions.
- 3.5 One Croydon partners, lead by Public Health agreed to formulate a collective response on behalf of Croydon. A final draft was sent to Health and wellbeing Board members for comment at the end of September and was presented to the One Croydon Strategic Development Board on the 10 October 2019.
- 3.6 The response in Appendix 1 was submitted by the deadline of the 17 October 2019.

4. CONSULTATION

- 4.1 The Health and Wellbeing Board and One Croydon Alliance have been consulted in shaping the response to the paper.

5. SERVICE INTEGRATION

- 5.1 *N/A*

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

There are no direct financial implications in this report

Approved by: Josephine Lyseight, Head of Finance on behalf of Lisa Taylor, Director of Finance, Investment and Risk and S151 Officer, Croydon Council

7. LEGAL CONSIDERATIONS

- 7.1 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.
- 7.2 *Approved by: Sandra Herbert, Head of Litigation and Corporate Law on behalf*

8. HUMAN RESOURCES

8.1 There are no direct human resources implications from this report

9. EQUALITIES IMPACT

9.1 The prevention green paper sets out to improve health and wellbeing through increased prevention and reducing inequalities will be a key aspect of achieving this.

9.2 It puts prevention at the heart of decision making working across Government and with local health and care partners, individuals and communities.

9.3 The Croydon response to the Green paper consultation advocates for a focus on inequalities and the factors that impact on health. For example:

- There are many opportunities during the course of life, from conception onwards, to reduce inequalities or provide protective factors on an individual, community or place basis. There are, therefore, many policies that impact positively on those disproportionately impacted by the inequalities that being poor or excluded brings and we recommend that all policies that affect the wider determinants (education, employment, housing, transport, community cohesion etc) should be reviewed systematically so that they maximise health and minimise health inequalities.
- There should be the opportunity of providing health checks for those communities disproportionately impacted by hypertension, type 2 diabetes and increase risk of CVD before the age of 40 and a standardised national on-line health checks for the “worried well” .
- Public awareness campaigns, and education programmes in schools, workplaces and communities are essential to support breastfeeding mothers. These must be co-produced with new mothers to avoid alienation. Promotion must be backed by multi-faceted support.
- We welcome the wider systems approach in the Obesity Trailblazer programme and a whole systems approach to supporting families.

9.4 Approved by: Yvonne Okiyo, Equalities Manager

CONTACT OFFICER: Rachel Flowers, Director of Public Health
Rachel.flowers@croydon.gov.uk

APPENDICES:

Appendix 1 – Croydon Response to Prevention Green Paper

BACKGROUND DOCUMENTS:

None.

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Response ID ANON-CSJB-7YZD-G

Submitted to **Advancing our health: prevention in the 2020s**Submitted on **2019-10-11 16:10:16****From life span to health span**

Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups? Please restrict your answers to 250 words.

Medium text box for you to provide your answer to the question How can we design and implement health and social care policies that do this?:

Evidence shows that social, economic and environmental factors account for approximately 50% of health outcomes. Therefore we would strongly recommend that it is not just the health and social care policies but the wider policies that impact on education, employment, housing and transport that are reviewed. This should be informed by the extensive work of Michael Marmot looking at the life course as well as the importance "proportionate universalism".

There are many opportunities during the course of life, from conception onwards, to reduce inequalities or provide protective factors on an individual, community or place basis. There are, therefore, many policies that impact positively on those disproportionately impacted by the inequalities that being poor or excluded brings and we recommend that all policies that affect the wider determinants (education, employment, housing, transport, community cohesion etc) should be reviewed systematically so that they maximise health and minimise health inequalities. We would also recommend a focus on ensuring the best and most equitable start in life by reviewing policies related to this, as well as policies to enable an increase in the public health workforce to support action in this area.

Intelligent health checks

Do you have any ideas for how the NHS Health Checks programme could be improved?

Medium text box to enter your answer to the question Do you have any ideas for how the NHS Health Checks programme could be improved?:

There is currently a debate about the efficacy of the current model. We would recommend an evidence based model that is targeted and triaged with an expanded offer and tightened follow up pathway including sign-posting to healthy lifestyle services .

There should be the opportunity of providing health checks for those communities disproportionately impacted by hypertension, type 2 diabetes and increase risk of CVD before the age of 40 and a standardised national on-line health checks for the "worried well" .

This is one area that has been impacted by the year on year reduction of the ring-fence grant and while we welcome the current inflation plus 1% increase the several years of budget reduction has been a challenge to the delivery of this service. This must be funded appropriately, going forward. We would also recommend a review of the way in which success is measured to reflect a more targeted response.

Upload :

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Supporting smokers to quit

What ideas should the government consider to raise funds for helping people stop smoking?

Medium Text box for the question What revenue raising options should the government consider to fund stop smoking support services?:

We endorse the view of the Smokefree Action Coalition (SFAC), an alliance of over 300 leading health organisations committed to reducing the harm caused by tobacco, and are delighted to see the ambition to go 'smoke-free' in England by 2030 set out in the Prevention Green Paper.

This goal is, however, to quote the Green Paper, "extremely challenging", particularly if it is to be delivered while at the same time eliminating inequalities. The current tobacco control strategy will not be sufficient, so we also welcome the commitment to set out further proposals for achieving a smoke-free 2030 at a later date. Adequate funding will be essential, so we were pleased to note that the Government will be considering options for revenue raising including the 'polluter pays' approach and the possibility of raising funds under the Health Act 2006 and would recommend that this is further explored and implemented. Since public health moved to local authorities, period budget cuts have led to reduced services. We would recommend the funding should be pooled from both local authorities and the NHS budget to facilitate a joint response to supporting people to quit.

Eating a healthy diet

How can we do more to support mothers to breastfeed?

Medium text box for you to answer the question How can we design and implement health and social care policies that do this?:

Making breastfeeding the cultural norm for infant feeding requires a focused, co-ordinated, sustained approach across policies, services and systems. We support UNICEF's call to establish a National Infant Feeding Strategy Board to drive this.

Public awareness campaigns, and education programmes in schools, workplaces and communities are essential. These must be co-produced with new mothers to avoid alienation.

Breast feeding is linked to socio-economic factors and ethnicity, therefore, additional support for groups least likely to breastfeed is needed which requires multi-faceted support. We must provide coaching and psychological support for mothers who struggle to breastfeed. Families require consistent, evidence-based

breastfeeding advice from healthcare professionals with the time and skills to support them, from pre-conception to early postnatal and beyond. Health services must implement Level 3 Baby Friendly standards. Pregnant women should receive continuity of care, preferably case-loading, from antenatal to discharge from maternity care. Continued, immediate and accessible community support is fundamental, including from health visitors, local drop-in groups, specialist services (e.g. lactation consultants, tongue-tie clinics) and 24-hour helplines. All these services need adequate funding to function effectively and have been compromised by cuts to NHS/LAs.

Protecting and supporting breastfeeding must be embedded into wider policy areas e.g. town planning and environmental sustainability. The WHO Code must be fully enshrined in law to cease aggressive marketing of breastmilk substitutes. Government should revisit parental leave and flexible working legislation to encourage partners supporting mothers, and mothers can combine employment and breastfeeding later. Government must lead by example by introducing maternity/paternity leave for MPs, and permitting breastfeeding in all government buildings including the House of Commons chamber and committees.

How can we better support families with children aged 0 to 5 years to eat well?

Medium text box for you to answer the question How can we better support families with children aged 0 to 5 years to eat well?:

We welcome the wider systems approach in the Obesity Trailblazer programme. The evidence points to a whole systems approach that include both behavioural and environmental components and a whole family approach, this should also be complemented by physical activity:

Food Poverty

The Government must recognise the impact of poverty on the ability to eat well and address food poverty in families

Pre-Conception and Pregnancy Good health

To ensure the best start. Families require support before they are trying to conceive.

Community Support

Invest in health visiting and children's centres so new parents receive free, early years feeding advice from professionals.

Education

Education is paramount at the earliest opportunity in schools, as these children will be parents of the future. Academies should not be exempt from school food standards.

Early Year Settings

Implement a mandatory Early Year Food Plan (similar to school food plan), ensuring all children are provided with healthy food in EY settings. Make schemes such as HEYL compulsory for all EY providers.

Reduce dependence on bought products

Encourage cooking food at home as the preferred option.

Healthy Start

Increased funding for the Healthy Start Programme would enable Croydon to include support and guidance around nutrition and exercise. A national redesign of the scheme is required to eliminate barriers to signing up.

Oral Health

Increase support for dental visits at age 1

Weight Measurement

Make national reporting of child weight at the 1 and 2 year checks compulsory.

Wider Environment

Promote healthy food messaging and access, e.g. food establishments offering children's meals to include at least one healthy option; small retailers to stock healthy snacks; ban advertising HFSS foods before 9pm watershed; support healthy catering commitment nationally and have business rate reduction incentives. We would recommend increased taxation on unhealthy foods and limiting takeaway outlet licences.

Support for individuals to achieve and maintain a healthier weight

How else can we help people reach and stay at a healthier weight?

Medium text box for you to answer the question How else can we help people reach and stay at a healthier weight?:

It is vital that the recommendations from the Foresight report, responsibility deal and the PHE whole systems approach are implemented to support people to reach/stay a healthy weight.

Poverty

Poverty is a risk factor for being overweight. Models should follow the one stop shop approach adopted in Croydon.

Measurement

More time points where weight is reported nationally. Make this part of QOF. Or add to the NCMP programme with another measurement point at 16.

Management Programmes

Expand resources for weight management programmes for teenagers and women who are pregnant or wish to conceive, providing support during pregnancy and after for weight loss and healthy eating.

Everyday Physical Activity Environment

There should be a greater emphasis on increasing routine activity each day. We should also redesign the environment to encourage physical activity and food growing i.e. green walls, roof gardens and fruit trees in urban areas. We would also recommend more locality based offers.

Behavioural

Nudge theory - work with retailers promoting healthy food at eye-level – offer business rate reductions.

Workplace

Offer healthier food – free fruit (increases consumption). Implement healthy food policies for events. Use social value aspects of contracts. Make the healthy workplace charter compulsory.

Social Prescribing

All professionals should refer

Food Flagship Schools

Introduce Food Flagship Schools

Wider Environment

Healthy food should be accessible in all areas of life, e.g. healthy options included when dining out; healthy, affordable snacks and fast food available when out; restrictions on advertising of HFSS food; nudges such as removing sugary snacks from till points.

Staying active

Have you got examples or ideas that would help people to do more strength and balance exercises?

Examples of strength and balance exercises?:

Public relations campaigns

There should be greater efforts to promote public health awareness campaigns on the benefits of physical activity. We have noted that, due to funding constraints, there has been a significant reduction in PH campaigns in recent years.

Transport

Enabling older people to get out of the house provides opportunities for physical activity; this is also good for loneliness of individuals and carers. A review of cuts in day care provision and transport is required.

Promotion

Greater promotion about the range of day to day activities an individual can do in their own home. For example, providing an exercise band so stretches can take place in a chair, using tinned products as weights and continuing to move around the house as much as possible. Strength and balance exercises can be encouraged through use of digital technology to create virtual exercise sessions and online groups.

Behavioural Nudges

Utilising the research around behaviour nudges to help promote physical activity into the daily routine.

Buddying Up

Developing a scheme that enables individuals to 'buddy up' with someone similar – activities can include going for a walk, chair based exercise class, gardening.

Social Prescribing

Professionals referring individuals to community activities such as the walking for health scheme.

Meals on Wheels

Provide an add on offer (where appropriate) i.e. provide information on gentle exercises that can be done in the home or a specific activity provided i.e. 10 minute meal move – 10 minutes of moving around before their meal.

Can you give any examples of any local schemes that help people to do more strength and balance exercises?

Medium text box for you to share your answer to the question Can you give any examples of local schemes that help people to do more strength and balance exercises?:

Croydon is ensuring there is join up between clinical and lifestyle services particularly in relation to falls. It recognises that while clinical interventions are part of the solution to reducing falls, active and healthy lifestyles supported by the community are vital. Croydon is rolling out social prescribing with the aim of connecting the public with a wide range of support groups and activity/exercise clubs, promoting healthy living and self-care. Connecting the falls service with these initiatives is a key part of the preventing falls from occurring. In Thornton Heath this has included Zumba, Mums that Run, Parkrun, Good Gym and Falls Prevention through Age UK.

Croydon is also using its Local Voluntary Partnership which gives access to small grants for community groups to increase the range of opportunities for people to be active. Recent examples of programmes that have received funding include:

- Sitting type exercises for over 50s and food growing in community gardens and allotments.
- Pilot programme looking at the impact of personalising people's walking frames and whether it makes a difference to activity levels for people with dementia.

Taking care of our mental health

There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?

Medium text box for answering the question How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the Green Paper?:

We support the recognition that tackling risk factors and investing in protective factors is crucial to ensuring good mental health and would like to see greater awareness raising of the factors that can support good mental health and greater support for mental wellbeing e.g. 5 ways to wellbeing, good thinking app.

We welcome the focus on the first 1000 days and the impact of traumatic experience throughout the lifecourse and would recommend that the government reviews the protective factors that help people mitigate these impacts. Earlier intervention in a non-medical setting may see better results, especially in education, where greater teaching on how to make wise decisions early on in school and raising awareness of the signs of mental health will assist early intervention. There are key life transitions, e.g. retirement, where further support is required. The LA and voluntary sector are key to providing this support and need to be adequately funded.

We advocate for a mental health in all policies approach and the need for a review policies impacting on the wider determinants of mental ill-health - austerity, poverty and the promotion of parity with physical health, with SMI considered as a long term condition.

To address stigma we champion a review language used around mental health to eliminate discriminatory terms and stereotypes and promote positive role modelling behaviours. Some groups are disproportionately impacted including LGBT+ and people with learning disability, an inclusive approach is needed as well as additional support for these groups.

The government should consider a focus on the role of social media in mental health including body shaming.

The Government has a role in encouraging businesses to engage with employee mental health needs. The influence of work life balance on mental health must also be promoted.

Data collection and reporting on mental health is poor, we need greater intelligence on those that are at risk of poor mental health. Utilising non-health data such as financial and social media data can be utilised to predict poor mental health.

Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?

Medium size text box for you to provide your answer to this questionHave you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?:

The use of technology is important for preventing mental ill health. The King's Fund has presented evidence of the use of video calling/ online services to increase access to therapy – particularly talking therapies, peer support, and psychoeducation (see, for example, Elefriends, Big White Wall, ChatHealth (young people text services), iaptus, Deaf4Deaf – a Deaf led counselling service provided by video calling). These services are however not used as widely as they could be, and local areas will need to be encouraged to increase uptake. Further, whilst there is evidence of the benefits of telehealth for improving poor mental health, further investment into telehealth services should be considered.

In London, the Good Thinking app is a free online resource for people who would not ordinarily access services i.e. those with mild –moderate mental health problems in London. This should be promoted as widely as possible to ensure people are aware of this and other apps. The government should also seek to stimulate industry to create access to more free apps for meditation, online therapy, CBT e.g. headspace. Other apps that should be promote include Headspace, Calm Harm, Sleepio and Moodgym online CBT.

Use of technology to predict risk factors for suicide would be welcomed, better digital infrastructure for sharing intelligence on suicides from a range in sources would support local action plans.

Research on how to use social media positively to promote mental wellbeing and to prevent negative impacts should be commissioned as a priority to support the development of campaigns, policies and initiatives.

The government should ensure that any use of technology to prevent mental ill health doesn't entrench discriminatory structural stereotypes with regards to gender, race.

Sleep

We recognise that sleep deprivation (not getting enough sleep) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?

Medium text box for you to share your answer to the question What would help people get 7 to 9 hours of sleep a night?:

The wider determinants of poor sleep include poverty, poor housing and inflexible employment, and therefore, any Government strategy to improve sleep needs to be mindful of the social and economic factors that are at play. There is little evidence to suggest that the public are adequately informed regarding the links between poor sleep and ill-health, with continuing poor access to free sleep and meditation support.

We would recommend:

- Guidance for employers and shift workers on flexible working
- Access to a range of free and quality meditation apps
- Promotion of habits that enable good health, in particular with more funding for local health and wellbeing services to promote a reduction in screen time.

- Guidance for health and care providers to include sleep in care planning
- A public health awareness campaign to improve the public understanding of links between poor sleeping habits and poor health. This should include advice on improving sleep quality e.g. avoidance of screens in the bedroom
- Improved access to sleep support for those with chronic sleep disorders
- A focus on sleep in the new healthy child programme

Prevention in the NHS

Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

Medium text box to provide answer to the question Have you got examples or ideas for services and or advice that could be delivered by community pharmacies to promote health?:

We welcome the renewed commitment to the Healthy Living Pharmacy approach and the recognition of the role community pharmacy can play. We note that the new pharmacy contract states that all contractors must now promote health and wellbeing self-care. This can include providing advice on areas including antibiotic resistance, alcohol awareness, diabetes, seasonal flu, healthy eating and obesity support, men's health, oral health, physical activity, self-care, sexual health, smoking and substance misuse. PHE has recently distributed information cards to pharmacy teams to inform them on how to support older people to improve the quality of their lives. These focus on dementia, falls prevention, improving public mental health, malnutrition, physical activity and social isolation. This work should be supported.

Areas where One Croydon would like to see a community pharmacy role include:

- Health checks and lifestyle advice for 20 to 40 year olds
- Championing Hep C screening for users of needle exchange programmes
- NHS Health checks
- National promotion campaign to inform patients of the available minor ailments services available in pharmacies
- Diabetes Prevention
- Support for new mums e.g. advice and support on breastfeeding
- Active promotion of all screening and immunisation programmes
- Healthy lifestyle support e.g. smoking cessation, weight management
- Pre-pregnancy planning advice and signposting for women with diabetes or a history of gestational diabetes (to prevent avoidable complications).

The Pharmacy contract would need to fund these additional roles to ensure sufficient funding to employ staff.

Children's oral health

What should the role of water companies be in water fluoridation schemes?

Medium text box for answering the question What should the role of water companies be in water fluoridation schemes?:

Evidence reviews confirm that water fluoridation is an effective, safe public health measure to significantly reduce tooth decay levels. The Government's Arm's Length body Public Health England recommends sugar reduction and water fluoridation as the two most effective interventions against tooth decay. There is also evidence that tooth decay is connected to an increased risk of cardiac health issues in longer life so there is a wider protective factor

As water fluoridation has been introduced by some but not all water providers the result is variation in tooth decay across the country.

We would therefore, recommend that government should use its levers to encourage and facilitate water fluoridation across the country, retaining decision making powers at local level.

In Croydon, we are proactive tackling oral health through a multi-agency approach including tooth brushing. Oral Health activity at local level needs to be appropriately funded to enable local areas to roll-out evidence based oral health interventions for both children and older people.

Musculoskeletal conditions

What would you like to see included in a call for evidence on musculoskeletal (MSK) health?

Medium text box for answering the question What would you like to see included in a call for evidence on musculoskeletal (MSK) health?:

We support a focus on research in this area. We would like to see international evidence on the impact of access to physiotherapy, acupuncture and chronic pain management strategies. We would also like to see evidence of awareness of MSK and the role of physical activity among the public; evidence on universal approaches to MSK; and evidence based workplace activities.

The evidence is important, however it is the impact on health (physical and mental wellbeing) that needs to be considered as well as the role that workplaces and employers play around duty of care and the Health and Safety at Work etc Act 1974. Psychological aspects must be considered at an early stage, and integrated with weight management strategies.

We would wish to ensure that all data/evidence gathered is disaggregated by gender and other key variables such as ethnicity and consider health inequalities to ensure that different life experiences and perspectives are fully captured and available to inform service design. We would also like data to be presented nationally on MSK by occupation and age at small area level to facilitate targeted interventions.

Creating healthy spaces

What could the government do to help people live more healthily:

In homes and neighbourhoods:

We welcome the increase in the public health ring-fenced budget after several years of reductions. The evidence is clear that public health prevention saves far more for the tax payer than the cost of the programmes themselves and local health and care systems are best placed to use their levers to improve the factors impacting on ill health. In Croydon, for example the system is working together on the national schools superzone project to test out local levers for health.

We recommend:

- Greater local planning and housing levers to facilitate local action
- National controls to require private landlords to ensure housing is fit for habitation and meets quality housing regulations
- Lift the freeze on housing allowance to enable people to cover their rent
- Increase the provision of good social housing
- Increase financial and logistical support for the public health approach to reduce violent crime, and improve the first 1000 days of life primary schools
- Increased use of Citizens' Assemblies. Residents know more, engage more and can do more than distant officials. It fosters a sense of control and ownership

When going somewhere:

- Increased financial and logistical support invested into creating safer neighbourhoods focussing on transport, violence and lighting.
- Subsidise public transport and disincentivise car travel
- Minimum air quality standards must be met
- Reduced provision of new fast food store licences to improve the food environment
- A public health approach toward violence against women and girls
- Social measures to combat sexism (including street harassment) and racism

In workplaces:

- The mandatory enforcement of the healthy workplace charter, alongside financial support to aid implementation.

In communities:

We recommend:

- Funding to support a public health approach to violence, to include both gang violence and violence against women and girls
- A greater focus on personal development and relationship-building to facilitate collective action at street and neighbourhood levels that builds peer-support, community connections and sustains people in life-changing social and health activities.
- Restricted licencing for proprietors selling fast food, alcohol and cigarettes, alongside limitations on gambling and advertising of unhealthy food.
- Minimum unit pricing for alcohol
- Incentivising local shops to stock affordable healthy foods
- Support for youth clubs

Active ageing

What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

Other

If other, please specify:

The answer varies for different individuals

Please list any actions we could take that are not listed above:

Supporting the aging process ultimately relies on individuals having the autonomy to make choices for themselves. The basic structure of what we mean by a 'good old age' varies enormously between and within cultures, regions and generations. It is important to understand what 'growing old well' means to different groups.

We must place a stronger emphasis on addressing the wider determinants of poor health. Growing old well will fundamentally rely on lifting the elderly out of poverty.

When the elderly feel safe in their environments it supports their social connectivity and reduces isolation. This profoundly effects both their happiness and health outcomes, and can be facilitated by relatively basic changes, such as ensuring all elderly members of society have their own front door. Age-friendly environments that ensure communities are accessible for older people is key. Croydon is working towards making the borough "dementia friendly" through training more than 1,000 staff to become Dementia Friends, and making sure buildings are dementia friendly.

We should in particular focus on supporting intergenerational interactions for the benefit of all ages of society and reduce isolation.

We would call on the Government to ensure the increased demand for adult social care services is adequately resourced through fair and sustainable system wide funding solutions to enable coordinated action across the NHS and Local Government.

Prevention in wider policies

What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3

1:

Evidence from the WHO office for Europe and the Health Education Network indicates that policies across early child development, social protection and the living environment are likely to have the greatest impact on the social determinants of health and health inequalities in the UK. Policy options should focus on early childhood poverty and education, affordable housing and regulatory mechanisms to improve air quality and mitigate the local effects of climate change. Early Child Development: Redistribute resources towards early childhood education and care (ECE transport and housing) to increase coverage and quality, especially amongst deprived groups. Encourage strong parental and community involvement in ECEC provision with improved training/standards/monitoring and home visits for disadvantaged families. Ensure social safety nets protect families at risk of poverty and promote community resilience.

2:

Improving social protection: • Increase investment in social transfer schemes as outlined by the international labour organisation. Focus on ensuring the system is simple and widely accessible

3:

Improving the living environment: Reinforce tenants' rights against eviction, Establish and support minimum housing standards, especially in poorer areas, Improve the availability of affordable housing, Urban planning focusing on promoting cleaner, more energy efficient transport between high population density areas to reduce local pollution, Integration of relevant public services to enable seamless support. Taken together, we would recommend implementation of the 2030 agenda for sustainable development, including the policy options outlined above.

Value for money

How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?

How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda? :

There are a number of ways we could better employ existing assets to promote prevention. We should first focus on better utilisation of space including empty buildings, secondary buildings and office space on weekends. This could include enabling local community use of local facilities, such as school sports halls outside of school time.

Open space in the community could also be used for growing food and encouraging exercise. Secondly we should engage in better deployment of our human assets. This should involve community champions, community development and timebanking, whereby community participants 'deposit' their time by giving practical help and support and are able to 'withdraw' their time when they need something done themselves. We can also make use of collective brain and hive mind programmes, as well as more tailored place based commissioning.

In Croydon, the social prescribing programme has been making use of existing assets, importantly voluntary sector resources to support health.

Local action

What more can we do to help local authorities and NHS bodies work well together?

Text box for the question What more can we do to help local authorities and NHS bodies work well together?:

Closer alignment of the local authority, NHS and voluntary sector is required for the sustainability of the system as a whole. In Croydon, the One Croydon Alliance has demonstrated the benefits of a collective approach to the improving the health of older people. Local collaborative action would be supported by greater alignment and uniformity of government policy affecting each part of the system. There needs to be a review of commissioning and procurement processes and tariff based system to ensure they are fit for purpose in a more closely aligned health and care system. We would also suggest that local government funding in each area should be entirely transparent, with clear indications of the total amount spent, the exact distribution of the funds, and the proportion allocated for organisations focussed on primary prevention.

Recommendations:

- Align government policy across NHS bodies
- Assimilate the budget into a communal pool
- Devolve power to the most local practicable level, include passing control of budgets over to localities
- Streamline the levels of control over budgets, engaging in capacity building for local leaders
- Focus on primary prevention
- Transparency regarding how funding is distributed

Sexual and reproductive health

What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?

Number 1:

• Embedding a prevention life course approach to dealing with poor sexual and reproductive health into health and wellbeing initiatives and to optimise timely targeted interventions (such as C Card Scheme, STI screening) including a national long term campaign particularly about safer sexual practices for all and consent and healthy relationships.

Number 2:

• Menopause for both men and women

Number 3:

• Reproductive and Preconception health for both men and women, this should include providing free condoms within all relevant NHS institutions such as GP Practices, Health Centres and pharmacies as well as promoting compulsory education within schools.

Next steps

What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

What other areas (in addition to those set out in this Green Paper) would you like future government policy on prevention to cover?:

One Croydon welcome the commitment to prevention but believe the ambitions need to be much bolder to achieve the changes in healthy life-expectancy and narrowing of health inequalities required. The Government states it will improve health impact assessments and this will be crucial in understanding how and which government policies are undermining health and widening health inequalities.

Specifically, we advocate for:

- A more comprehensive strategic approach to address social and economic factors. We would like detail on an embedded cross-government assessment of the effect government policies have on the wider determinants, including the effect of reduced LA funding on poverty, education, communities and housing and ultimately health inequalities.
- A greater recognition of the importance of environmental factors and climate change on population health now and in the future and a commitment to bold action addressing the climate emergency
- A strong strategy for improving the health of older people and preventing frailty
- A commitment to adequate funding for prevention including but not specific to public health services such as sexual health, substance misuse
- Stronger policy action on alcohol including minimum unit pricing, improved alcohol labelling and alcohol marketing regulation
- Coproduction of preventative programmes/campaigns with local residents. This is of vital importance as involvement of local residents in the design and delivery will improve the likelihood of programmes being well received.

About you

What is your name?

First name:

George

Surname:

Miller

What is your email address?

Email:

george.miller@croydon.gov.uk

In what capacity are you responding?

Other

If other, please specify:

Responding on behalf of Croydon Local Authority and One Croydon

How did you hear about this consultation?

GOV.UK or other government website

If other, please specify:

Is it okay for the Department of Health and Social Care to contact you in relation to your consultation response?

Yes

Is it okay for the Department of Health and Social Care to use your email address to send you updates about other Department of Health and Social Care consultations?

Yes

How satisfied were you with using the digital online consultation form?

Very satisfied

How could we improve this service?:

About you as an individual

What is your gender?

Male

If other, please specify:

How old are you?

25 – 34

Where do you live?

England

If other, please specify:

Are you a parent or guardian for a child under the age of 16?

No

Number of children:

What is your ethnicity?

White

If other, please provide details of your ethnic background:

Do you consider yourself to be disabled?

No

Do you have a long term condition?

No

About you and your organisation

What is the name of your organisation

Name of organisation:

Croydon Local Authority (One Croydon)

Type of business/organisation:

Local Authority

What is your role

What is your role in your organisation:

Public Health Registrar

Where is your organisation based

Please enter the first part of your work post code :

CR0 1EA

England

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Agenda Item 8

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 30th October 2019
SUBJECT:	Croydon Health and Care Commissioning Intentions 2020/21
BOARD SPONSORS:	Guy Van Dichele Executive Director, Health, Wellbeing and Adults Agnelo Fernandes Clinical Chair, Croydon CCG
BOARD PRIORITY/POLICY CONTEXT: <p>This statement of intent sets out One Croydon's Health and Care Plan delivery plans for 2019/20 – 2020/21, as well as the CCG's commissioning intentions and joint commissioning intentions with Croydon Council.</p> <p>It supports the implementation of national, London and South West London priorities as well as our local Health and Well Being Strategy and the Croydon Health and Care Pan.</p>	
FINANCIAL IMPACT: <p>There are no direct financial implications arising directly from this report. There will be financial implications associated with individual commissioned activity, once identified these will need costing and require the relevant budget approvals.</p>	
1 RECOMMENDATIONS <p>The Health and Wellbeing Board is asked to:</p> <p>1.1 Note the report, appendices and the areas where the Council and CCG are considering joint commissioning.</p>	

2 EXECUTIVE SUMMARY

- 2.1 This report and Appendix 1 sets out One Croydon's Health and Care Plan delivery plans for 2019/20 – 2020/21, as well as the CCG's commissioning intentions and joint commissioning intentions with Croydon Council.
- 2.2 It supports the implementation of national, London and South West London priorities as well as our local Health and Well Being Strategy and the Croydon Health and Care Pan.
- 2.3 Health and care in Croydon have been on a journey to sustainably transform health and care services in Croydon for several years. The One Croydon Alliance, formed in April 2017, created a step change in how partners work together to achieve this. The initial focus of the One Croydon Alliance was people aged over 65; however, in April 2018 the Alliance agreed to build on the approach and extend the One Croydon Alliance Agreement for a further nine years and extend its scope to the whole population. This is the foundation for an Integrated Care System for Croydon and sets a context for changes in what and how services are commissioned and delivered.

- 2.4 The Croydon Transformation Board has developed the One Croydon Health and Care Plan which sets out the ambition for system wide, whole population transformation of health and care. The Croydon's Health and Care Plan can be found in Appendix 2 (to follow) and online <https://www.croydonccg.nhs.uk/get-involved/Pages/Croydon-Health-and-Care-Plan.aspx>
- 2.5 In order to integrate our health and care services and thereby provide seamless, integrated services for our local population, health and care organisations are coming together to remove the organisational barriers that have historically slowed service integration progress. As part of this journey the CCG and Croydon Health Services NHS Trust have appointed a single place-based leader, and in October there will be a single executive team across the two organisations. By April 2020 the aim is for a Croydon Health and Care Board to be in place.
- 2.6 The One Croydon Health and Care Plan is leading to changing the way health and care work together. This document therefore sets out some significant changes to the way we approach the delivery of our plans.

3. DETAIL

- 3.1 The Health and Care Plan sets out our system wide, whole population approach to integrating services.
- 3.2 The immediate priorities are:
- To unlock the power of communities and to prevent issues becoming problems. We will develop integrated service in the community to address those community need, helping to prevent unnecessary admissions into hospital and enable the discharge of those in hospital safely and in a timely manner and
 - to ensure Croydon has sustainable modern acute local mental and physical health provision
- 3.3 Our focus for 2020/21 is to continue to:
- **Mental health – co-location of mental health wellbeing hubs** - Will provide accessible and effective community-based support and treatment for service user referred and for self-referrals, which comprises of less intensive support and an alternative to acute provision and A&E.
 - **Child and Adolescent Mental health** – We will implement the emotional wellbeing and mental health local transformation plan (LTP) including support teams in schools.
 - **Reduce Unnecessary Admissions** – The development of our Integrated Community Network Plus which is being piloted during 2019/20 and will roll out across Croydon, the expansion of Community Intermediate Care Service (CICS) and continence service transformation will support unnecessary admissions through preventative models of care being further developed.
 - **Elective Activity: Reduce overall elective activity, but increase overall activity at CHS, by reducing activity in other providers** – It is important for Croydon Health Services NHS Trust to become the local provider of choice for patients. This will make large-scale pathway development easier due to the higher volumes of activity going through a single provider/single pathway model.
 - **Reduce Unnecessary Outpatients** – Identifying alternative outpatient arrangements and technological solutions to improve elective care services and

referral pathways will support the reduction of unnecessary outpatient appointments and increase their effectiveness. Improving access to elective care services, enabling shorter waits for planned care and ensuring patients receive diagnosis, treatment and care in the way that is most appropriate for them, first time, every time; and enhance clinical quality in elective care, leading to improvement in patient outcomes and improved quality and quantity of life.

- 3.4 Our health and care delivery plans and commissioning intentions are set out later on by our Health and Care Plan programme.

4. CONSULTATION

- 4.1 The Council and CCG commissioning intentions set out in the report, in the main, are the continuation of our current plans as set out in Croydon's Health and Care Plan, which involved significant engagement.

5. SERVICE INTEGRATION

- 5.1 The plan reflects health and care's journey towards integration. These intentions set out the plans for 2020/21

6 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 6.1 There are no direct financial considerations arising from this report.
- 6.2 All commissioning activity will need costing and relevant budget approval before any contracts are committed to. Council services will need to be approved by the Contracts and Commissioning Board and depending on budget value, signed off by the relevant Cabinet Member, or Cabinet.

Approved by: Josephine Lyseight, Head of Finance on behalf of Lisa Taylor, Director of Finance, Investment and Risk and S151 Officer, Croydon Council

7. LEGAL CONSIDERATIONS

- 7.1 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

8. EQUALITIES IMPACT

- 8.1 An equality analysis of the Croydon's Health and Care Plan (HCP) was undertaken. It concluded a full equality analysis would not be required. The HCP builds on current organisational strategies and service strategies. Emerging groups who may be at risk of health inequalities would be included and targeted within the HCP when and as necessary.

8.2 Equality Impact Assessments will be completed when producing individual commissioning plans to ascertain any potential positive or negative impact on groups that share a protected characteristic and to ensure the duties in the Equality Act are fully met.

Approved by: Yvonne Okiyo, Equalities Manager

CONTACT OFFICER: Fouzia Harrington: AD: Strategy and Planning, Croydon Clinical Commissioning Group, 0203 458 5245

APPENDICES:

Appendix 1: Health and Care Commissioning Intentions

Appendix 2: Croydon Health and Care Plan (to follow) – *The final Croydon Health and Care Plan will be launched on the 23 October 2019. It will be available at*

<https://www.croydonccg.nhs.uk/get-involved/croydon-health-and-care-plan/Pages/default.aspx>

BACKGROUND DOCUMENTS:

None

**Croydon's Health and Care Commissioning Intention 2020/21
30 September 2019**

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1. Our strategic approach

This statement of intent sets out One Croydon's Health and Care Plan delivery plans for 2019/20 – 2020/21, as well as the CCG's commissioning intentions and joint commissioning intentions with Croydon Council.

It supports the implementation of national, London and South West London priorities as well as our local Health and Well Being Strategy and the Croydon Health and Care Plan.

Health and care in Croydon have been on a journey to sustainably transform health and care services in Croydon for several years. The One Croydon Alliance, formed in April 2017, created a step change in how partners work together to achieve this. The initial focus of the One Croydon Alliance was people aged over 65; however, in April 2018 the Alliance agreed to build on the approach and extend the One Croydon Alliance Agreement for a further nine years and extend its scope to the whole population. This is the foundation for an Integrated Care System for Croydon and sets a context for changes in what and how services are commissioned and delivered.

The Croydon Transformation Board has developed the One Croydon Health and Care Plan which sets out the ambition for system wide, whole population transformation of health and care. The Croydon's Health and Care Plan can be found <https://www.croydonccg.nhs.uk/get-involved/Pages/Croydon-Health-and-Care-Plan.aspx>

In order to integrate our health and care services and thereby provide seamless, integrated services for our local population, health and care organisations are coming together to remove the organisational barriers that have historically slowed service integration progress. As part of this journey the CCG and Croydon Health Services NHS Trust have appointed a single place-based leader, and in October there will be a single executive team across the two organisations. By April 2020 the aim is for a Croydon Health and Care Board to be in place.

The One Croydon Health and Care Plan is leading to changing the way health and care work together. This document therefore sets out some significant changes to the way we approach the delivery of our plans.

2. Changing the approach to delivery

The Health and Care Plan sets out our system wide, whole population approach to integrating services.

2.1 Our priorities

The immediate priorities are:

- to ensure we have locality-based services that prevent unnecessary admissions into hospital and enable the discharge of those in hospital safely and in a timely manner and that we unlock the power of communities to prevent issues becoming problems and prevent escalating need, and
- to ensure Croydon has a sustainable modern acute local mental health and physical provision

Our focus for 2020/21 is to continue to:

- **Reduce Unnecessary Admissions** – The development of our Integrated Community Network Plus which is being piloted during 2019/20 and will roll out across Croydon, the expansion of Community Intermediate Care Service (CICS) and continence service transformation will support unnecessary admissions through preventative models of care being further developed.
- **Elective Activity: Reduce overall elective activity, but increase overall activity at CHS, by reducing activity in other providers** – It is important for CHS to become the local provider of

choice for patients to make large-scale pathway development easier due to the higher volumes going through a single provider/single pathway model. In addition to the 2019/20 repatriation plans of £5.1m, a further £5.1m is anticipated to be repatriated from out of sector providers, independent and SWL acute trusts.

- **Reduce Unnecessary Outpatients** – Identifying alternative outpatient arrangements and technological solutions to improve elective care services and referral pathways will support the reduction of unnecessary outpatient appointments and increase their effectiveness. Improving access to elective care services, enabling shorter waits for planned care and ensuring patients receive diagnosis, treatment and care in the way that is most appropriate for them, first time, every time; and enhance clinical quality in elective care, leading to improvement in patient outcomes and improved quality and quantity of life.
- **Mental health – co-location of mental health wellbeing hubs** - Will provide accessible and effective community-based support and treatment for service user referred and for self-referrals, which comprises of less intensive support and an alternative to acute provision and A&E.
- **Child and Adolescent Mental health** – We will implement the emotional wellbeing and mental health local transformation plan (LTP) including support teams in schools.

Our health and care delivery plans and commissioning intentions are set out later on by our Health and Care Plan programme.

3. Changing how we procure and contract services

Extending the One Croydon Alliance to the whole population is impacting on how we procure and contract service delivery. We will aim to utilise local partners as well as potentially extend the Alliance as necessary, to better accelerate redesigning, testing and implementing improved pathways of care within the whole system budget. We are moving towards commissioning for outcomes, not activity and across providers where it makes sense. Our approach will follow the CCG's Procurement Framework (November 2018).

In addition, the CCG and Council have developed a joint Market Position Statement (MPS) aimed at both existing and potential providers of adult care and all aged disabilities services. The MPS contains some market opportunities for partners that will aim to help identify what the future demand for care and support might look like.

The CCG and Croydon Council will continue to review its jointly commissioned services and will continue to seek opportunities to further effectively plan and commission service provision in a more co-ordinated way. Those joint opportunities are set out later on.

Whatever our route we will always ensure contestability.

There are several contracts held with the CCG that are due to end by March 2021. We will take the opportunity to review the service need and the mechanism for their provision. Set out later on is our procurement plan in three categories:

- Contracts To Be Reviewed As Part of a System Response
- Potential New Contracts and Changes to Current Contracts
- Contract Renewals Subject To Value For Money Reviews

4. Enabling Our Plans

There are several enablers that will support the delivery of our intentions. We will build on the current plans and refresh them to ensure we have a strong infrastructure to deliver our plans. We are also

working with partners to ensure our enabling functions support the development of the One Croydon Transformation Plans.

4.1 Primary Care Networks

We will support and enable PCNs to manage population health and care as part of the wider plans for delivering integrated care. Our aims for developing PCNs are set out in our primary care commissioning strategy.

4.2 Workforce

We are currently reviewing our health and care system wide workforce and will be considering how to support the development of multi skilled professionals to work in new models of care and develop a recruitment and retention strategy, working with the communications and engagement teams to support a campaign to attract staff to Croydon. This will be linked to the plans for recruitment and retention being developed by the local training hub.

4.3 Information Technology and Digital Solutions

During 2020/21 we will continue to improve IT infrastructure to provide a high capacity digital platform for new applications and new ways of working across the primary care , acute and social care health economy to improve transparency and interoperability such as rolling out of new higher capacity devices to improve workforce productivity and delivering new applications, such as assistive solutions that will provide enhanced patient care and support productivity and workforce development.

4.4 Estates

During 2020/21 we will continue to focus on investment in new primary care and out of hospital estate to meet the needs of an expanding Croydon population eg the current projects in East Croydon, New Addington and Coulsdon. We are currently developing a Croydon wide estates strategy which will identify the next phase of pipeline schemes needed in Croydon.

4.5 Data Requirements From Other Trusts

A key enabler to early identification of risks and therefore mitigation in implementing our 'provider of choice' programme will be securing relevant data sets from non Croydon Health Services NHS Trust (CHS) providers. Data requirements from other trusts will include local referral data sets and PTL information.

5. Health and care delivery plans and commissioning intentions by programme

5.1 Locality Development (including non- elective)

HEALTH AND CARE PLAN IMPLEMENTATION PLAN	19/20				20/21				Beyond
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Roll out Integrated Community Networks (ICN+): develop locality based out of hospital care.					●				
Co-design and establish methods of engagement between the local community and the ICN+ leadership team.			●						
Establish an ICN Plus leadership team in each network.									●
Commission PICs for under 65s and mental health, to sit within the ICN+ team.				●					
High Frequency Users project targeting the under 65s - PIC type intervention			●	●	●	●	●	●	
Implement Primary Care Working at Scale and development of existing Integrated Community Networks	●								
Local authority localities work to strengthen localities in three pilot areas.			●	●					
Develop community network through the Local Voluntary Partnership programme.					●				
Develop the Social Prescribing model to support the new Primary Care Network Link workers.				●					
Develop LIFE at Scale			●		●				
Implement Community Led Support across health and social care.									
Develop carers support within each locality.									
Increase usage of GP Extended Access Hubs			●	●	●	●	●	●	
Review ambulatory emergency care		●	●	●	●				
Develop a consistent approach to the prevention and proactive management of Long Term Conditions				●					
Undertake population segmentation of networks.									

Impact on Contracts	Description of scheme	Impact on Services/demand/system (acute provider/non-acute provider/health care system)	Description of Potential Savings/improved quality/impact of system	Key impact Financial (saving / investment) Activity (increase / reduction) Quality
Reducing acute bed stock in the Croydon Health System to optimal level	Further work to streamline inpatient care and reduce avoidable admissions will lead to reductions in number of acute beds for 20/21	Healthcare System	Improved patient care by reducing LOS, avoiding admission. Reduced hospital spend through ability to optimise acute bed stock.	Quality improvement Financial saving
Care homes	Developing and optimising pathways between telemedicine and local services to support admission avoidance	Reduction in non-elective demand on hospital and local services (i.e. LAS)	System wide benefits by reducing demand which impacts Trust bed stock. Avoiding acute admission and subsequent associated health risks	Quality improvement Financial saving

Impact on Contracts	Description of scheme	Impact on Services/demand/system (acute provider/non-acute provider/health care system)	Description of Potential Savings/improved quality/impact of system	Key impact Financial (saving / investment) Activity (increase / reduction) Quality
Optimising Huddles (ICN)	Ensuring maximise impact through management of people at high risk of admission	Reduction in non-elective demand on hospital services	System wide benefits by reducing demand	Quality improvement Activity reduction
Falls prevention	Roll out of community preventative falls clinic	Healthcare system including social care	Reduction in admissions due to falls, with emphasis on 0-1 LOS.	Quality improvement Financial saving
Non-elective Stranded patients	Reduce number of 14+ and 21+ LOS patients	Healthcare system Acute providers	Enable reduction in bed stock and subsequent cost to system	Quality improvement Financial saving
Reduced acute LoS for stroke and neuro patients on HASUs and on stroke unit in CHS. Reduced number of admissions to specialist units such as the Wolfson	Additional community stroke and neuro rehab capacity	Healthcare system Acute providers	Reduced PBR Spend on non-CHS acute Trusts for Croydon System Improved patient outcomes enabling more patients to access 90% on a designated stroke ward	Quality improvement Financial saving
Admissions avoided for frail elderly patients requiring respite and rehab	Better use of step-up capacity, and reduced acute LoS for patients being discharged into CICS Expansion of Community Intermediate Care Service (CICS)	Healthcare system	Reduced hospital spend through ability to reduce acute bed stock and subsequent spend to system. Patients retain independence and risk of hospital acquired infection	Quality improvement Financial saving
Reduced admissions for UTIs and other continence related conditions.	Continence service transformation - Shift focus of continence care to rehab and community intervention, rather than reliance on products	Healthcare system	Key initiative to reduce length of stay in local acute trust and enable reduction in NEL bed stock and subsequent spend	Quality improvement Financial saving

5.2 Modern Acute – Physical Transformation

HEALTH AND CARE PLAN IMPLEMENTATION PLAN	19/20				20/21				Beyond
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Develop a strategy for the provision of physical health acute treatments for a clinical sustainable hospital including diagnostics			●	●					
Develop models of care and enablers to support the strategy including community facing services and ITU redevelopment	●	●	●	●	●	●	●	●	
Implement the ‘provider of choice’ programme	●	●	●	●	●	●	●	●	
Optimise acute pathways and improving integration and review discharge pathways	●	●	●	●	●	●	●	●	
A&E transformation	●	●	●	●	●	●	●	●	

Impact on Contracts	Description of scheme	Impact on Services/demand /system (acute provider/non-acute provider/healthcare system)	Description of Potential Savings/improved quality/impact of system	Key impact Financial (saving / investment) Activity (increase / reduction) Quality
<p>Support CHS as the provider of Choice for the local population</p> <p>Increase elective activity in CHS and reduce activity in other providers</p>	<p>We will continue to implement plans developed in 2019/20</p> <p>Customer Service – a Patient Helpdesk and GP problem solver helpline</p> <p>Referral Navigation – set up of the “blue button” functionality on eRS providing both advice and guidance and clinical triage</p> <p>Booking Service – contacts patients discuss appointment</p> <p>Clinical Engagement – “Collaboration charter” across primary and secondary clinicians.</p> <p>Marketing and Communication – awareness raising of local services</p> <p>Quality and Patient Experience – timely and appropriate access to care</p> <p>Performance and Productivity – service</p>	<p>Clinically appropriate referrals to secondary care</p> <p>Establish CHS as the provider of choice</p>	<p>In addition to the 19/20 repatriation plans of £5.1m, a further £5.1m is anticipated to be repatriated from OOS, independent and SWL acute trusts. Improved pathways implemented at CHS will enable streamlined re-provision of care at CHS which will provide a system-wide benefit (i.e. improved F:FU ratios, one-stop shops etc)</p>	<p>Financial saving</p> <p>Financial saving</p> <p>Activity increase (CHS)</p> <p>Activity decrease (Overall)</p> <p>Quality improvement</p>

	<p>development and improvement plans</p> <p>Innovation – new ways of working, use of digital solutions and reduce wastage across the system.</p> <p>Focus in reduced waits for first appointment, and continued compliance of RTT targets, and ‘treat to 26 weeks’</p>			
Reducing unnecessary elective activity	<p>CHS becoming the provider of choice will enable large-scale pathway efficiencies easier as higher volumes going through a single provider/single pathway model.</p> <p>A system approach with risk share also resolves historical conflicts of interest created through Payment by Results.</p>	<p>Improved F:FU ratios, One-stop pathways, increased % of procedures undertaken as OP Procedure or Daycase rather than inpatient. Targets based on moving local trust towards top decile of Dr Foster benchmarking data</p>	Approx. 34% activity reduction	Financial saving Activity decrease
Reducing unnecessary outpatient attendance appointments	<p>A strategy and plan will be developed detailing how the requirements of the NHS LTP plan ambitions are achieved. This will include:</p> <p>Alternative outpatient arrangements and technological solutions</p> <p>Shared decision making and improved self-management</p> <p>Improve access to elective care services</p> <p>Enhance clinical quality in elective care.</p>	<p>Reduce face to face outpatient appointments</p> <p>Consultant/Clinician sessions Reduction in waiting times</p>	Reduction in consultants/locums	Financial saving Activity decrease
Integrated services model	<p>We will continue work to develop integrated care models by speciality to boost patient experience and efficiency with a focus on Diabetes</p>	<p>Healthcare system Non-acute providers</p>	Reduction in duplication, acute activity	Quality improvement

5.3 Mental Health (Modern Acute – Physical and Health and Well Being)

HEALTH AND CARE PLAN IMPLEMENTATION PLAN	19/20				20/21				Beyond
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Developing a vision for modern acute mental health and sign off mental health crisis and community pathways transformation business case, which includes increasing the community provision				●					
Improving the acute and crisis pathway, including increasing the psychiatric liaison offering, reducing A&E presentations and reducing OBD's				●					
Improve the pathways between primary and secondary mental health care; including embedding the GP advice line and implementing the locally commissioned service for health checks				●					
Implement community mental health hubs, including the initial pilot ahead of wider implementation								●	
Improve the housing pathway including ensuring there is sufficient housing and accommodation support provision								●	
Improve and implement the autism diagnostic pathway							●		
Expand access to perinatal mental health services so that more women in Croydon receive support and care over the next five years, for up to two years post-birth, and develop pathways for partners									●

Impact on Contracts	Description	Impact on Services/demand/system (acute provider/non-acute provider/healthcare system)	Description of Potential Savings/improved quality/impact of system	Key impact Financial (saving / investment) Activity (increase / reduction) Quality
Intermediate supported accommodation provided to support the step down of patients from inpatient care (ie similar to a step down Crisis House)	Providers of supported accommodation Social care provision and LA initiative to target and improve complex and high values service user and family groups	Improve self care management and independent living Voluntary sector organisations providing MH GPs taking on 'responsible clinician' responsibility for MH patients hitherto considered too unwell / risky to treat in the community	SLAM inpatient activity and costs Shorter ALOS and fewer OBDs Reduce readmissions, presentations at A&E Increase treatment in the community	Quality improvement Patient outcomes improvement Financial saving
SLAM BLOCK: Increase the ability of HTT to support patients in the community, and will prevent a cohort of patients from rebounding back from discharge to presentation at A&E	Adequate and appropriate Home Treatment Team and Crisis response services providing 24/7 support enabling treatment of patients in the least intensive community-based settings	GPs taking on 'responsible clinician' responsibility for MH patients hitherto considered too unwell / risky to treat in the community	SLAM inpatient activity and costs Shorter ALOS and fewer OBDs Reduce readmissions, presentations at A&E Increase treatment in the community	Quality improvement Patient outcomes improvement Financial saving

SLAM BLOCK: 'Single point of access' across the four SLAM boroughs, involving a phone line linked to 111	Crisis support and various MH services will be accessed, and staffed by 'telecoaches' triaging callers, supported by crisis resolution and home treatment clinicians	Reduced A&E attendance Reduced inpatient admission GPs – ability to quickly and effectively refer and deal with patient MH crises Voluntary sector – provision of MH	Speedy resolution of crises Reduced A&E attendance Reduced inpatient admission	Patient outcomes improved Patient experience improved Financial saving Activity decrease (CHS) Activity Increase (Overall) Quality improvement
Repurposing MH voluntary sector contacts: Support implementation of MH Strategy and the various 'wellness' hubs	In 3 locations (Thornton Heath, New Addington and Central/East Central Croydon) Will provide accessible and effective community-based support and treatment for service user referred and for self-referrals, which comprises of less intensive support and an alternative to acute provision and A&E	Voluntary sector providers LA Localities SLAM clinical in-reach in community settings GPs referring and signposting to collocated Hubs Primary Care Social Prescribing Provision of social support and advice Multiple public sector and law and order agencies	Reduced A&E attendance Reduced inpatient admission efficient use of voluntary sector resource Reduction in ALOS and OBDS	Patient outcomes improved Patient experience and satisfaction improved Quality improvement Increased community and primary care activity Activity decrease (CHS) Financial saving

5.4 Proactive and Preventative Care

HEALTH AND CARE PLAN IMPLEMENTATION PLAN	19/20				20/21				Beyond
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Prevention, Early Intervention, Early Detection									
Implement proactive and prevention engagement framework to test developing business cases for prevention approaches	●								
Develop case for change to enhance MECC offer and implement				●	●				
Implement new integrated healthy lifestyle offer including review the Active Lives Programme and its role in proactive and preventative care						●	●	●	●
Improve National Diabetes Prevention programme (Healthier You)					●				
Improve health screening including health checks through LTC programme				●					
Develop approach to and use of digital technology					●	●			
Develop social prescribing at scale across the borough	●	●	●	●	●	●	●	●	●
Co-produce prevention model to inform commissioning decisions			●	●	●	●	●	●	●
Maximise opportunities presented by general practice working at scale	●	●	●	●	●	●	●	●	●
Self-Care and Self-Management									

HEALTH AND CARE PLAN IMPLEMENTATION PLAN	19/20				20/21				Beyond
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Review the Healthy Pharmacy Hub				●					
Review use of Patient Activation Measure (PAM) and next steps					●				
Expand E-Market approach and align with social prescribing - Onboarding of e-market place				●					
Maximise opportunities around community pharmacy e.g. through ICN+				●					
Review offer for diabetes structured education				●					
Consider use of "Nudge theory" to guide behaviour and activities							●		
Shared Decision Making									
Expand expert patients programme				●					
Build into LTC business case/create subsidiary business case				●					
Expand group consultation at scale across settings and for all conditions		●	●						
Roll out Shared Decision Making (SMD) toolkit		●	●	●	●	●			
Active and Supportive Communities									
Develop Local Voluntary partnerships (LVPs), including social prescribing, ABCD	●	●	●	●	●	●	●	●	
Allocate grant funding to community groups through the Local Voluntary Partnership programme (£148,000 per year for two years)	●	●	●	●	●	●	●	●	
Social Care Community led support pilot in Thornton Heath		●	●						
Develop strengths-based approaches across disciplines		●	●	●	●	●			
Long Term Conditions									
Implementation a business case for developing a Long-Term Conditions service	●	●	●	●					
Implementation a business case for developing a diabetes	●	●	●	●					
Implement systematic case finding for patients with COPD, asthma, Atrial Fibrillation, hypertension pre-diabetes and diabetes (subject to funding through business case)					●	●	●	●	
Implement lifestyle support interventions and self-management tools to support patients identified with these conditions (subject to funding through business case)					●	●	●	●	

Impact on Contracts	Description	Impact on Services/demand/system (acute provider/non-acute provider/healthcare system)	Description of Potential Savings/improved quality/impact of system	Key impact Financial (saving / investment) Activity (increase / reduction) Quality
Health Lifestyle Service (to be commissioned by public health in 2020/21)		To be worked up in business case Q4	To be worked up in business case Q4	To be worked up in business case Q4

5.5 Better Start in Life (0-19 years or 0-25 for CYP with SEND) including Maternity

HEALTH AND CARE PLAN IMPLEMENTATION PLAN	19/20				20/21				Beyond
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Whole system approach to preventive, early help and acute models - establish governance for integration strategy and agree focus areas for integrated transformation first phase)	●	●	●	●					
Implement recommendations from DPH 2018 Annual Report - First 1000 days - with a focus on the 4 key priority areas		●	●	●	●	●	●	●	
Integrate locality based early years offer - establish multi-agency working group and collaboratively develop implementation plans	●	●	●	●	●	●			
Implement 0-19 Early Help strategy - agree shift to early help funding for SLT/OT to meet education needs, establish multi-agency working group and collaboratively develop implementation plans	●	●	●	●					
Healthy mind: Implement emotional wellbeing and mental health local transformation plan (LTP) - establish the Mental Health Support Teams in Schools trailblazer			●	●	●	●	●	●	

Implement SEN and Disability Strategy including commissioning for Early Help SLT/OT and SLT/OT to meet education needs.	●	●	●	●	●	●	●		
Explore funding opportunities to pilot family resilience model (adult mental health, substance misuse and domestic abuse)				●	●	●			
Implement recommendations of the vulnerable adolescents steering group - develop plan for multi-agency implementation, directed through new Safeguarding Partnership			●	●	●	●	●	●	
Expand the adult healthy weight strategy to become the All Age Healthy Weight strategy			●	●	●	●	●		
Redesign asthma pathway	●	●	●	●	●	●	●	●	
Redesign paediatric urgent care pathway	●	●	●	●	●	●	●	●	
Deliver looked after children health action plan - review provision and ensure commissioning of LAC health assessments	●	●	●	●					
Deliver the improvements to maternity services agreed across SWL as part of the Long-Term Plan (enhanced continuity of carer, halve it ambition, saving babies lives care bundle, promoting CHS as a provider of choice so more babies are born within Croydon (increase 5%))	●	●	●	●	●	●			
Deliver improved pregnancy and postnatal care through multi-agency steering groups (immunisations, breast feeding, parenting support)	●	●	●	●	●	●	●	●	

Impact on Contracts	Description	Impact on Services/demand/system (acute provider/non-acute provider/healthcare system)	Description of Potential Savings/improved quality/impact of system	Key impact Financial (saving / investment) Activity (increase / reduction) Quality
Improvements to children's urgent care pathway	Integrated Paediatric Centre plans agreed by start of 2020/21 to support implementation of short stay provision to minimise the amount of time CYP stay in hospital.	CHS	Reduced A&E attendance Reduced emergency inpatient spells Reduced length of stay	Financial saving Financial investment
Increased integration of CCG and LBC emotional wellbeing and mental health services	Review and refocus service specifications to improve outcomes including data requirements for providers of emotional wellbeing and mental health services	SLAM Off the record Croydon Drop In NSPCC	Better use of commissioning resources to improve health outcomes.	Financial saving Potential realignment of existing investment

5.6 Better Life for People with Disabilities

HEALTH AND CARE PLAN IMPLEMENTATION	19/20				20/21				Beyond
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Mental health & Learning Disabilities – review CCG/LA funding approach, employment, increase step down provision, placement function and seek opportunities for Capitated budgets and Alliance Contracting / Outcome Based Commissioning							●		
Active lives – improve the Autism service including the diagnostic pathway and seeking opportunities for community opportunities and co-production with service users							●		
Map, plan and prepare for young people who transition into adult services	●	●	●	●	●	●	●		
Develop digital (the emarket place) and assistive technology solutions	●	●	●	●	●	●	●		
Enhance supported living, to enable people to step down from acute physical and mental health settings through	●	●	●	●	●	●	●		
Implement community led support across health wellbeing and adults, commissioning and procurement, and localities.	●	●	●	●	●	●	●		
Enhance the 'Direct payments first' offer	●	●	●	●	●	●	●		
Develop the locality-based outreach service	●	●	●	●	●	●	●		

HEALTH AND CARE PLAN IMPLEMENTATION	19/20				20/21				Beyond
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
To develop the principles of 'a Compassionate Croydon' specifically in relation to dementia and autism initially	●	●	●	●	●	●	●		
Support system wide transformation of community and acute adult mental health services.	●	●	●	●	●	●	●		
Neuro rehab development			●	●	●	●			

Impact on Contracts	Description	Impact on Services/demand/system (acute provider/non-acute provider/healthcare system)	Description of Potential Savings/improved quality/impact of system	Key impact Financial (saving / investment) Activity (increase / reduction) Quality
Rolling the SLAM Learning Disabilities 3 Borough ADHD community service in Q3 / Q4 2019/20	Assessment and diagnosis service for ADHD and ASC with treatment recommendations and short-term treatment and medication / talking therapies	Improve the support and treatment provided to people with ADHD	Patient outcomes and experience	Improved patient outcomes Patient experience Improved

6. Joint commissioning between Croydon CCG and Croydon Council

We jointly commission several services. We are reviewing how we can improve on some of this including:

- Children's Services and Early Help
- Mental Health, Substance misuse and Domestic Violence
- Learning Disabilities
- Better Care Fund
- Market management

Improving current areas

- Health promotion and prevention
- Primary Care Commissioning
- Children's Services
- Learning Disabilities
- Mental Health and Substance misuse

Further opportunities

- Locality approach - to look at re-focussing priorities in line with emerging health strategy and new operating model
- Transitions and pathways
- Strengthening joint approach to commissioning Emotional Wellbeing and Mental Health services for children
- Children's governance - Consider using the refreshed children's partnership for this.
- Relationship with Croydon One Alliance - Joint Commissioning Executive commissioning arm ie inclusion of voluntary sector MH organisation in strategic alliance or just in tactical procurement agreements (SOMS (integrated contracts) / Talking Points)

7. Procurement Plan

Contracts to be Reviewed as Part of a System Response

Current Provider	Contract description	Programme
Age UK Croydon	The Provision of Falls prevention service	Locality Development
Bromley Healthcare CIC Ltd	Diabetes Service - Bromley Healthcare CICs	Planned Care
Broomwell Healthwatch Ltd	Cardiac Test Equipment and Interpretation (ECG)	Planned Care
Croydon Voluntary Action	Make Every Contact Count	Planned Care
Hayes Court nursing home & Parkview nursing home	Intermediate Care Bed Service	Locality Development
Locally commissioned services	A range of services	Primary Care
Mind in Croydon	Mind in Croydon Services	Mental Health
Off the Record	Off the Record Services	Mental Health
Urgent Integrated care Service	Croydon Urgent Care Alliance	Urgent Care

Potential New Contracts and Changes to Current Contracts

Current Provider	Contract description	Programme
Oxleas NHS Trust	Potential new four Boroughs Cross Border mental health services contract	Mental Health
Penrose	Novation of Forensic Mental Health services contract from CCG to SWL Partnership	Mental Health

Contract Renewals Subject to Value for Money Review

Current Provider	Contract description	Programme
Age UK Croydon	Personal Independence Coordinator Service	Locality Development
Alzheimer Society - Dementia Advisors	The Alzheimer's Society - Dementia Advisors	Mental Health
Croydon BME Forum	Croydon BME Forum SLA	Mental Health
Croydon BME Forum	BME Forum - BME Community Development Workers 18/19	Mental Health
Croydon Drop In	Counselling and Advocacy Services (Children & Young People)	Children
Hear Us	Hear Us - Service User Involvement & Linkworker Projects	Mental Health
Hearing Resource Centre	Hearing Resource Centre	Planned Care
Immedicare	Telehealthcare homes	Locality Development
Marie Curie Cancer Care	Planned Variable Night Nursing Service	Locality Development
Marie Stopes	Termination of Pregnancy Service	Planned Care
North Croydon Medical Centre	Looked after children health assessments	Children
Off The Record	Young Carers	Children
Off the Record	Counselling & Advocacy (Children & Young People)	Children
Parents in Partnership - Croydon	Supporting engagement of children and families in commissioning	Children
St Christopher's hospice	End Of Life Care Initiatives	Locality Development

Current Provider	Contract description	Programme
St Christopher's hospice (consortium with other CCGs)	CCG Consortia Palliative Care Service	Locality Development
St Christopher's hospice	St Christopher's Hospice (Respite) personal care department	Locality Development
Surrey & Borders NHS FT	Cross Border mental health services	Mental Health
SWL and St Georges	Cross Border mental health services	Mental Health
The Stroke Association - Croydon	The Stroke Association	Planned Care

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REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 30 October 2019
SUBJECT:	Health Protection update: Immunisation Steering Group and Annual Seasonal Flu Plan (For Information only)
BOARD SPONSORS:	Rachel Flowers Director of Public Health
BOARD PRIORITY/POLICY CONTEXT: HWBB strategy priorities and outcomes, in particular 'A better start in life' (Priority 1) and 'A stronger focus on prevention' (Priority 7)	
FINANCIAL IMPACT: All actions within the draft Seasonal Flu Plan will be absorbed within current resources, hence there are no financial implications.	
1 RECOMMENDATIONS: 1.1 The Health and Wellbeing Board is asked to note the contents of the report and to encourage its members to work in an integrated manner regarding the delivery of the actions derived from the draft Seasonal Flu Action Plan.	

2 EXECUTIVE SUMMARY

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

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.

- 2.1 The Croydon Health Protection Forum (HPF) was established in July 2015 as the local mechanism by which to deliver against this statutory duty. It does so by:
- Obtaining & feeding back to members, a strategic overview of current and emerging health protection matters
 - Seeking assurance that arrangements currently in place to protect the health of residents are robust and implemented appropriately to local health needs.
- 2.2 The health protection issues discussed at the Forum include (but are not limited to) adult and child immunisation programmes, national screening programmes.
- 2.3 This report seeks to inform The Board that the Croydon Immunisations Steering Group, as a subsidiary group of the HPF, has undertaken system wider work to develop a local seasonal flu action plan.

2.4 The seasonal flu action plan follows a coordinated and evidence-based approach to planning for the demands of flu across Croydon and is one part of a wider winter preparedness work stream. Flu vaccination aims at reducing the transmission of seasonal flu across the community, and to minimise disruption of care to vulnerable people.

2.5 A brief summary of flu vaccination rates in Croydon residents in Croydon for 18/19 are illustrated in the table below:

Population group (and 2019/20 target)	Vaccination rate (%)	London vaccination rate (%)	GP Variation
Over the age of 6 months with a long-term condition	45.5%	44.4%	35.1% to 65.6%
Aged 2-3 years (>50%)	32.5%	32.4%	n/a
Reception to Year 5 (aged 4-10 years) (65%)	53.8%	49.4%	n/a
Aged 65 and over (75%)	65.0%	65.4%	49.9% to 78.2%
Women who are pregnant (55%)	41.1%	39.1%	21.4% to 65.6%
Living in care	No data currently available	No data currently available	No data currently available
Carers	32.3%	Not available on Immform	8.1% to 83.3%
Frontline health and social care workers	60.0%	Not available on Immform	42.5% - 71.1%

Sources:

Where possible, figures taken from publicly released data <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-winter-2018-to-2019> and <https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-children-of-primary-school-age-winter-2018-to-2019>

<https://www.england.nhs.uk/wp-content/uploads/2019/03/annual-national-flu-programme-2019-to-2020-1.pdf>

Where unavailable (carers, healthcare workers and GP variation), figures taken directly from Immform website <https://portal.immform.dh.gov.uk/Home.aspx>

2.6 There is a particular risk of severe illness from flu for the following cohorts:

- older people
- the very young
- pregnant women
- those with underlying disease, particularly chronic respiratory or cardiac disease
- those who are immunosuppressed

2.7 Croydon's systems approach to flu is based on a strong partnership approach between the CCG, Public Health, more recently the Immunisation Steering Group and local stakeholders. This winter, there are no issues anticipated with the supply chain nor with venues (such as GP practices and pharmacies) having access to adequate supplies of flu vaccinations.

2.8 Eligibility criteria for free flu vaccination have recently been widened by NHS England to include an extension of the programme to children in school year 6. This means that all primary school aged children will now be offered the vaccine for the first time in England.

- 2.9 The local draft action plan has proposed work streams covering the following areas:
- Work with national and regional teams to ensure local delivery of ambitions and targets
 - Work in partnership with local providers to establish a multi-agency steering group
 - Communication (joint communication is being planned between the CCG, Public Health and local partners)
 - General Practice Preparedness
 - School Age Children
 - Care Home Residents and Staff
 - Frontline Health Care Workers (FHCW)
 - Monitoring Performance & Improving Reporting
- 2.10 In addition to the local action plan, Croydon CCG submitted a local action plan to NHS England, as part of their annual requirement around flu planning. The local version includes reference to the Croydon system approach.
- 2.11 The London region of NHS England have developed some local targets which include the following:
- To increase vaccination uptake rates in clinical 'at risk' groups (6 months to 64 years) to 50%
 - To increase vaccination uptake rates of >65s in London to 2018/19 national level of 71.3%
 - To increase vaccination uptake rates of pregnant women to 2018/19 national level of 45%
 - To increase delivery of child 'flu vaccination services across all primary school year groups and increase uptake to >50%
 - To attain 40% national standard for age 2 and age 3 child 'flu vaccinations in general practice
 - To streamline the time-consuming multiple reporting processes on 'flu vaccination rates during 'flu season
 - To assure that all general practices are prepared for the extra demand and capacity that 'flu vaccinations place on winter primary care services
 - To increase uptake amongst frontline health care workers to 80% including primary care staff
 - To improve access to vaccinations for London's homeless population by bringing vaccinations to them via pharmacy, general practices that specialise in caring for the homeless populations and voluntary organisations that do outreach work
- 2.12 Consistent communication and awareness raising to staff groups across Croydon is being planned. This communication will be targeted at staff who work with high risk groups such as those working with patients, young people, disabled people and older people.

3. CONSULTATION

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

4. SERVICE INTEGRATION

- 4.1 Both the immunisation steering group, and the flu action plan require a continuation of close synergy between all partners involved, CCG, Croydon Council, NHSE, Public Health England, and local stakeholders committed to delivering this work stream.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 5.1 All actions within the draft Seasonal Flu Plan will be absorbed within current resources, hence there are no direct financial implications from this report

Approved by: Josephine Lyseight, Head of Finance on behalf of Lisa Taylor, Director of Finance, Investment and Risk and S151 Officer

6. LEGAL CONSIDERATIONS

- 6.1 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

7. EQUALITIES IMPACT

- 7.1 The flu 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 flu and may lack protection if they are unable to have vaccination due to underlying conditions.

- 7.2 There is a particular risk of severe illness from flu in the following cohorts:

- Older people
- The very young
- Pregnant women

Approved by: Yvonne Okiyo, Equalities Manager

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APPENDICES

None

BACKGROUND DOCUMENTS

None

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